8th Grade Outline & Session Objectives

8th Grade Session 1 .........................................................161
Understanding Sexual Health
Students will:
1. Describe characteristics of healthy relationships.
2. Distinguish humans as Physical, Social, Mental, Emotional, and Spiritual / Moral beings.
3. Evaluate how the decisions we make influence every part of who we are.
4. Define sexual health as a state of physical, social, mental, emotional and spiritual / moral wellness, not merely the absence of disease or dysfunction.
5. Identify their parents’ expectations and perceptions of them as adolescents.

HOMEWORK: My Teen Is...

8th Grade Session 2 .........................................................177
Influencers Of Truth
Students will:
1. Evaluate how they are influenced by the people in their lives & their culture.
2. Define natural consequences and their role in making healthy decisions.
3. Analyze media messages about sexuality.
4. Identify three positive purposes of sex inside of marriage: reproduction, unity, and pleasure.
5. Share their parents’ expectations and perceptions of them as adolescents.

8th Grade Session 3 .........................................................183
Choosing Positive Influences
Students will:
1. Identify current personal role models in their lives.
2. Understand the influence that friends can have on their choices.
3. Identify personal short and long-term goals as well as strategies for accomplishing them.

HOMEWORK: GOALS You Can Achieve

8th Grade Session 4 .........................................................193
The Implications of Pornography
Students will:
1. Discuss their goals and strategies for accomplishing them.
2. Vocalize how they expect to be treated by others.
3. Identify actions that tear down universal relational expectations.
4. Define pornography and its relational and social consequences.
5. Examine how pornography influences males and females differently.

HOMEWORK: X3 issues
### 8th Grade Session 5 ...............................205

**What is Love?**

Students will:
1. Identify the differences between Love and Infatuation.
2. Define fidelity.
3. Evaluate the importance of fidelity in current and future relationships.
4. Identify the differences between healthy and unhealthy relationships.

**HOMEWORK:** *Dating Standards*

### 8th Grade Session 6 ...............................217

**Healthy Boundaries**

Students will:
1. Share personal & parental standards for dating relationships.
2. Analyze the pros and cons of abstinence.
3. Establish personal physical boundaries in relationships outside of marriage.
4. Describe how healing and restoration are possible after sexual activity outside of marriage.
5. Compare definitions of abstinence, sexual activity and virginity.

### 8th Grade Session 7 ...............................233

**STDs & STIs**

Students will:
1. Define & distinguish STD (Sexually Transmitted Disease) and STI (Sexually Transmitted Infections).
2. Recognize the probability of transmitting an STD / STI.
3. Summarize the facts of the 5 most common curable and 5 most common non-curable STD's / STI's.
4. Identify the circumstances in which STI/STD testing would be necessary and how to do so.
5. Analyze the effectiveness & remaining risks of condom use.
6. Identify abstinence from sexual activity as the only 100% effective method of prevention against STI/STD transmission.

### 8th Grade Session 8 ...............................265

**Criminal Sexual Conduct Laws**

Students will:
1. Explain that the purposes of laws include protection and safety.
2. Identify the purposes and implications of the Criminal Sexual Conduct Laws.
3. Classify specific situations into the 4 degrees of CSC convictions.
4. Identify characteristics of sexual abuse and discuss the importance of reporting.
5. Identify the dangers of Date Rape and Date Rape Drugs.
6. Discuss the Safe Delivery Act and its implications.

### 8th Grade Session 9 ...............................383

**Your Journey: Where You’ve Been and Where You’re Going**

Students will:
1. Identify what gives each of them value as an individual.
2. Identify past experiences and the impact of those experiences on their lives.
3. Compose a Time Capsule Letter to themselves.

**HOMEWORK:** *Letter To Myself*

### 8th Grade Session 10 ...............................293

**Wrap Up**

Students will:
1. Summarize what they have learned from the a - t e a m sessions and the importance of learning these concepts.
2. Demonstrate what they have learned from the a - t e a m sessions by taking a Post-Test.
8th Grade Session 1
Understanding Sexual Health

Objectives:
Students will:
1. Describe characteristics of healthy relationships.
2. Distinguish humans as Physical, Social, Mental, Emotional, & Spiritual/Moral beings.
3. Evaluate how the decisions we make influence every part of who we are.
4. Define sexual health as a state of physical, social, mental, emotional and spiritual/moral wellness, not merely the absence of disease or dysfunction.
5. Identify their parents’ expectations and perceptions of them as adolescents.

Overview:
1. Introduction - Who We Are, What We Do
2. Handout - Pre-Test and Name Tents
3. Activity - Characteristics of A Healthy Relationship
4. Discussion - The Mix Is What Matters
5. Discussion - Defining Abstinence and Sexual Health
6. Handout - Homework: My Teen Is…”

Materials:
1. a - t e a m question box
2. Extra homework binder
3. Handout - 8.5 x 11 blank cardstock (1 per student)
4. Markers
5. Handout - Pre-Test (1 per student)
6. Definition Sign: Abstinence
7. Handout - Homework: My Teen Is…” (1 per student)
8th Grade : Session 1

Understanding Sexual Health

- **Introduction** -
  Who We Are, What We Do

1. **Who we are**
   - Personal introduction.
   - Lakeshore Pregnancy Center offers FREE services
     - pregnancy confirmation / testing
     - ultra sounds
     - crisis / unplanned pregnancy counseling
     - parenting & prenatal classes
     - materials service (clothing, diapers, formula, strollers…)
     - information about pregnancy, abortion, adoption & STDs/STIs
     - referrals for medical care, counseling, adoption, etc.
   - a - t e a m Abstinence Education Program
   - What does the a - t e a m offer?
     - sexual health classes to schools, youth groups, clubs.
     - parent sessions on relating with your teen.
     - sessions on different topics important to sexual health:
       - personal values
       - healthy/unhealthy relationships
       - social influences
       - puberty & anatomy
       - healthiest sexual practices and boundaries
       - STDs/STIs
       - Laws
       - Harassment
       - Respect & Communication
       - Implications of pornography

2. **Question Box**
   - Remains in the classroom from 1st session of a - t e a m through final session of a - t e a m.
   - Questions may be placed in the box at any time.
   - Providing your name is optional.
   - Questions will be addressed during a - t e a m sessions.

3. **Classroom Rules**
   - Mutual respect: respect teacher and one another.
   - If you have a question or have something to say, raise your hand.
   - Use appropriate language.
   - Do not use specific names when sharing a story, say “someone I know”.
   - Come to class prepared; have a writing utensil, homework and handouts.
Feel free to ask questions and share your thoughts openly.

4. Homework
- Always due the a - t e a m session after assigned.
- Most assignments require participation and signature of parent. If parent participation is not an option, homework may be completed with and signed by another adult who is at least out of high school (aunt/uncle/teacher).
- Extra Homework Binder remains in classroom for the replacement of lost, stolen or eaten homework.
- Completed but unsigned homework will not be accepted.

- Handout -

Pre-Test

1. Explain to the students that...
   ...they will take 2 tests in the a - t e a m, a Pre-Test and a Post-Test.
   ...after they take the Post-Test on the last day of a - t e a m, we’ll be able to compare the Pre-Tests with the Post-Tests and measure what they learned.

2. Give students the following instructions while writing on the board...
   ...fill in all of the information on the top, then answer every question.
   ...take their time; this is not a race.
   ...when finished, they may turn in their completed tests and pick up a sheet of cardstock & marker to make a name tent for themselves.

3. Distribute tests.

4. Students take Pre-Test.

5. Students hand in test and make name tents.

- Activity -

Characteristics Of A Healthy Relationship

1. Divide students into pairs or groups of 3.

3. Instruct students to...
   ...individually make a list of characteristics of a healthy relationship on the back side of their name tent. What makes a relationship a good one?
   ...share their list with their partner(s).

4. Ask students to share, one at a time, what characterizes a healthy relationship. Keep track of their responses on the board.
Here are ideas from *It Takes Courage! Creating a vision for life*, page 182 to prompt the students if needed:

- Commitment to character (honesty, trust, respect, kindness, fairness, integrity, support, encouragement, graciousness, loyalty, faithfulness, serving, compromise…)
- “We” mentality
- Knowing one another
- Communication
- Unconditional love
- Willingness to be vulnerable
- Openness to grow
- Commitment to work through conflict
- Interdependence
- Time to play
- Ready forgiveness
- Balance

5. Explain that we will be revisiting this list in a later *a - t e a m* class.

### Discussion

**The Mix Is What Matters**

1. Explain to the students that...

   ...health is so much more than “not getting sick”.
   ...as we talk about making healthy choices throughout the *a - t e a m* classes, we want to look at making those healthy choices for every part of who we are.
   ...as human beings, although we are all unique individuals, there are 5 basic characteristics that we all share no matter who we are or where we are from:
   - Physical
   - Social
   - Mental
   - Emotional
   - Spiritual / Moral

   ...the choices we make affect all 5 areas of who we are.

   ...in order to be the healthiest individuals, we have to be aware of our health in each of the areas of who we are and make intentional choices to maintain a healthy balance among every part of who we are.

   ...this can be compared to a mixing / sound board; there are many different parts contributing to one sound. Each part can be adjusted and tuned, better complimenting the other parts or creating conflict. The choices we make adjust the “tone” in each of the 5 areas of who we are.

   - I can choose to come home from work and decide to eat a bag of
potato chips and play video games for 3 hours, or I can take my dog for a walk and mow the lawn.
- I can choose to eat breakfast or lunch or neither.
- I can choose to take the elevator or the stairs.
- I can choose ride my bike or drive my car.
- I can choose to be at home alone with the opposite gender, or not put myself into a situation that could lead to unhealthy choices.

…we can all make decisions everyday without even realizing it or taking the time to think about how these seemingly small choices affect each part of who we are (flirting, what we wear, how we talk, what we joke about, what we allow ourselves to do with the opposite sex, situations we put ourselves in, etc.).

- **Discussion**

**Defining Abstinence and Sexual Health**

1. Explain to students that…

…the Medical Institute for Sexual Health states that “sexual health is a state of physical, intellectual [mental], emotional, relational, and spiritual well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity.”

…sometimes we make choices with our sexuality, many times without realizing that they affect every part of who we are (flirting, what we wear, how we talk, what we joke about, what we allow ourselves to do with the opposite sex, situations we put ourselves in, etc.).

…being sexually healthy involves intentionally making the best possible choices for ourselves.

…sexual health is not only important for us as individuals but for the health of our communities and our world.

…one of the big concepts of sexual health we’ll be looking at in the a - t e a m sessions to come is abstinence.

2. Ask students…

…what is abstinence / to abstain ?

- To choose to not do something is to abstain from that thing. We can abstain from anything really. I can choose to not eat chocolate, or ride a bike, or drink pop, or do drugs & alcohol.

- When we talk about abstinence in the a - t e a m we are specifically referring to making an informed decision to not participate in sexual activity outside of marriage.

- “Sexual activity” includes any activity involving sexual stimulation (sexual intercourse, outercourse, oral sex, anal sex, and mutual masturbation).

- Basically the a - t e a m wants to show you how to be the healthiest individuals possible. The choices we make about friends,
sex, abstinence, drugs, alcohol, pornography, and understanding how our bodies work are all part of understanding how to be sexually healthy for ourselves and our communities.

3. Ask the students rhetorically...

...so, as we go through these a - t e a m classes, we want you to think about the choices that you are going to make. Will you make choices that build real sexual health in your life by choosing abstinence until marriage? ...we hope to show you why this makes the most sense for you and your sexual health, but the choice is yours to make, not ours, not your parents’, not your teachers’, not your friends’.

- Handout -
Homework: My Teen Is...

1. Distribute and explain homework: My Teen Is.

2. Remind the students that homework is due the next a - t e a m class which is on (day of week / date).
- Handouts, Materials, References & Resources -
PRE-TEST for 8th GRADE Students

Circle the answer that makes the MOST SENSE for each question. Read all of the options before choosing. Each answer is worth 1 point.

1) Choosing abstinence means choosing...
   a) ...to have sex.
   b) ...to NOT participate in sexual activities until I am married.
   c) ...to have sex every once in a while.
   d) ...to participate in some sexual activities WITHOUT going “all the way” to sex.
   e) ...I don’t know what “abstinence” means.

2) Being sexually healthy means intentionally making good choices for your...
   a) ...physical health.
   b) ...social health.
   c) ...emotional health.
   d) ...mental health
   e) ...spiritual/moral health.
   f) ...all of the above

3) The purpose(s) of sex include...
   a) ...pleasure / fun.
   b) ...unity / intimacy.
   c) ...reproduction.
   d) ...all of the above.
   e) ...I don’t know.

4) People who set clear goals for themselves are...
   a) ...more likely to fail.
   b) ...less likely to get frustrated.
   c) ...more likely to make healthy choices.
   d) ...not sure what they want out of life.
   e) ...going to get what they want 100% of the time.

5) The media typically sends accurate, healthy messages about sexuality.
   a) ...I strongly agree.
   b) ...I agree.
   c) ...I don’t know.
   d) ...I disagree.
   e) ...I strongly disagree.

6) Fidelity means...
   a) ...being highly emotional.
   b) ...acting on your impulses.
   c) ...keeping your promises and showing loyalty.
   d) ...growing up quickly.
   e) ...I don’t know what “fidelity” means.
7) Sexual abuse...
   a) ...is never deserved.
   b) ...can involve manipulation and “tricking” a person into thinking this is normal.
   c) ...includes physical, emotional or sexual harm as well as sexual exploitation.
   d) ...should always be reported.
   e) ...all of the above.

8) Pornography...
   a) ...creates unrealistic expectations.
   b) ...can be extremely addictive.
   c) ...degrades men and women.
   d) ...devalues sex.
   e) ...all of the above.

9) If someone sends me a sexually explicit image through email or text...
   a) ...it’s ok to pass it on, especially if it’s just a joke.
   b) ...I should delete it immediately.
   c) ...there could be serious consequences for the person who sent it and for me.
   d) ...it’s not a big deal, people do it all the time.
   e) ...answers “b” and “c.”

10) Love and Infatuation are...
    a) ...the same thing.
    b) ...both good when working together in a healthy relationship.
    c) ...don’t go together at all.
    d) ...all of the above.
    e) ...I don’t know.

11) Someone who has been sexually active outside of marriage...
    a) ...can begin making healthier choices at any point in his/her life.
    b) ...needs to be tested for STD’s/STI’s.
    c) ...can still be abstinent until marriage from now on.
    d) ...all of the above.
    e) ...I don’t know.

12) Sexual activity includes...
    a) ...sexual intercourse.
    b) ...sexual intercourse and oral sex.
    c) ...sexual intercourse, mutual masturbation, oral sex and anal sex.
    d)...oral sex and mutual masturbation.
    e) ...I don’t know what sexual activity means.

13) STI’s/STD’s can generally be transmitted from an infected person through...
    a) ...toilet seats, blood, and tears.
    b) ...blood, tears, and sexual fluids.
    c) ...sexual fluids, blood, breast milk, and contact with infected area.
    d) ...only sexual fluids (semenal + vaginal).
    e) ...I don’t know.
14) The only 100% effective way to avoid an unplanned pregnancy is...
   a) …using birth control.
   b) …using condoms.
   c) …getting an operation.
   d) …abstinence from sexual activity.
   e) …I don’t know.

15) My experiences throughout life...
   a) …have no effect on my personal choices.
   b) …can influence me in positive or negative ways.
   c) …will determine exactly what I choose to do in the future.
   d) …are important stories that can teach me valuable lessons.
   e) …answers “b” and “d.”

MATCHING

Match one answer from the left and one answer from the right with the items in the center column by writing the corresponding answer on each line. Each blank is worth a 1/2 point.

| A) Up to 15 years in prison | 16) 4th degree    | E) Penetration only |
| B) Up to Life in prison     | 17) 3rd degree    | F) Contact with aggravation / harm |
| C) Up to 15 years in prison | 18) 2nd degree    | G) Penetration with aggravation / harm |
| D) Up to 2 years in prison  | 19) 1st degree    | H) Contact only |
+ $500 in fines               | CSC Laws          | CSC Laws            |

SHORT ANSWER

Answer the following using your own words. Answers will vary. Each blank is worth 1 point.

20) List THREE characteristics of a healthy relationship.

_______________________________________
_______________________________________
_______________________________________

21) List TWO signs or “red flags” of an unhealthy relationship.

_______________________________________
_______________________________________
22) List TWO people you know who possess character traits you admire and who encourage you toward making healthy decisions in life.
_______________________________________
_______________________________________

23) List TWO expectations you know your parents/guardians have for you as an adolescent.
_______________________________________
_______________________________________

24) List ONE goal you have for yourself (short-term or long-term), ONE strategy you’ll use to accomplish it, and ONE distraction you’ll need to avoid.
Goal - ________________________________________________________________
Strategy - ________________________________________________________________
Distraction - ________________________________________________________________

25) List TWO standards you’ve set for yourself to follow in dating relationships.
_______________________________________
_______________________________________

Finish this sentence using your own words:
26) Fidelity is important in dating and marriage relationships because...
___________________________________________________________________________

27) List ONE important thing you learned from a - t e a m and WHY it’s important.
_______________________________________

You did it! Well done.
Thanks for your best effort.
Sincerely,
Parent Assignment: My Teen Is...  

Name: ____________________  
Date: ____________________

Parent, Guardian or Trusted Adult: Being a teen is about more than just a person’s age. What characteristics and qualifications would you require that a person must have before he or she could earn the privileges of teen independence and responsibility. Please list 5 (or more) of these standards and expectations below.

5 things I / We expect from _____________ are…

(student’s name)

1. _______________________________________________________________________________

2. _______________________________________________________________________________

3. _______________________________________________________________________________

4. _______________________________________________________________________________

5. _______________________________________________________________________________

Parent Assessment:

1. My son’s / daughter’s greatest strength (s) is / are: _________________________________________  
________________________________________________________________________________________

2. One thing I would never change about my child is: __________________________________________
________________________________________________________________________________________

3. I feel pleased when my child: ______________________________________________________________
________________________________________________________________________________________

4. One thing I really enjoy about my son / daughter is: __________________________________________
________________________________________________________________________________________

5. One thing I’d like to say to my child is: ______________________________________________________
________________________________________________________________________________________

I participated in this assignment with my child.

________________________________________________________
Signature of Parent/Guardian
Objectives:
Students will:
1. Evaluate how they are influenced by the people in their lives & their culture.
2. Define natural consequences and their role in making healthy decisions.
3. Analyze media messages about sexuality.
4. Identify three positive purposes of sex inside of marriage: reproduction, unity, and pleasure.
5. Share their parents’ expectations and perceptions of them as adolescents.

Overview:
1. Discussion - Influences In Our Lives
2. Discussion / Activity - True & False: The Way The World Works
3. Discussion - Messages We Get
4. Discussion - Purposes Of Sex
5. Discussion - Homework: My Teen Is…

Materials:
1. Attendance & Homework Record
2. Thick rubber bands (1 per student)
Influencers Of Truth

- Discussion -
Influences In Our Lives

1. After welcoming students, divide students into pairs.

2. Explain to students that...
   ...you are going to read a scenario or two to the class.
   ...with their partner, they will decide what influences may have taught the behavior portrayed in each scenario.

3. Read one or two of the following scenarios to the class, allowing students time to discuss what influences may have taught the behavior portrayed.
   - Someone cheats on a test.
   - Someone finds a wallet full of cash and he/she returns it to the owner.
   - Someone takes steroids to improve his/her game.
   - Someone talks behind his/her friend’s back.

4. Keeping track of their responses on the board, ask the students...
   ...to share what they discussed with their partner; where might we learn what to do in situations like the ones portrayed in these scenarios?

- Discussion / Activity -
True & False: The Way The World Works

1. Referring to the list on the board, ask students...
   ...How do we know who to listen to?
   ...Which of these sources are reliable and true and which ones are not?
   ...How do we know? What establishes what is true and what is not?

2. Explain to students that...
   ...if we look at the world and the way it works it doesn’t take long to observe that there is some sort of order; established realities of our existence and the way things work.

   ...there are NATURAL results for our actions. If I make a healthy choice there is most likely going to be a healthy result. On the other hand, if I make an unhealthy choice there is most likely going to be an unhealthy consequence.
FOR EXAMPLE:
- If I throw a $100.00 bill in a fire, it will burn.
- If I lie to my friends, I am going to lose their trust.
- If I choose to do drugs, it is going to eventually damage so many brain cells that I will not be able to think the way I should.
- If I crash my parents car doing donuts on the ice, I am going to be consumed with fear and worry for when they find out and what they’ll do.
- If I cheat on a test, I not only lose the trust of the teacher, I also have to deal with the guilt of being dishonest.

3. Distribute a rubber band to each student.

4. Instruct students to...
   - slightly stretch the rubber band between their thumb and forefinger.
   - place the slightly stretched rubber band lightly on their thigh or knee.

5. Ask the students...
   - what will happen if you snap the rubber band against your leg with your other hand?
   - will it still hurt even if you don’t want it to? Why?
   - what if you launch the rubber band at someone across the room from you, what are the natural consequences for them? (pain, anger, resentment, etc.) For you? (guilt, fear of what the teacher might do, punishment).

6. Explain to students...
   - there are natural reactions to all of our actions from hitting a classmate with a rubber band to breaking curfew to lying to a friend.
   - if we are making choices based on true ideas that are healthy for us, we are more likely to experience order in our lives.
   - if we are making choices based on false ideas that are unhealthy for us, we are more likely to experience chaos in our lives.

   **Things that are true establish and maintain order; things that are not true bring chaos.**

7. Collect rubber bands.

8. Explain to students...
   - you can probably identify many potential natural consequences for choosing abstinence or sexual activity outside of marriage.
   - we’ll be taking a closer look at these in a later a - t e a m lesson.
- Discussion -
Messages We Get

1. Recording their responses on the board, ask students what movies, TV shows, songs / music / bands, video games they like.
2. Continuing to record their responses on the board, ask students…
   …what do these people / things say it means to be a man or a woman?
   …what do they do with their free time?
   …how do they treat the opposite sex?
   …what do they say is important in life?

- Discussion -
Purposes of Sex

1. Write “Purposes of Sex:” on the board.
2. Ask the students…
   …what do these people / things communicate about sex?
   …what do they say are the purposes / points of relationships and sex?
   …what other ideas about sex do we hear, good and bad, true and false?
   …when does sexual activity bring chaos and instability?
   …when does sexual activity bring order and stability?
   …are the things we are choosing to let influence us growing us to live in order or chaos?

3. Ask students if they can identify the 3 purposes of sexual activity:
   • Reproduction (sex is how we reproduce and build families).
   • Pleasure (sexual activity is supposed to be enjoyable).
   • Unity (sexual activity connects people in a way that no other act does; a level of intimacy that only works well in a marriage relationship).

4. Explain to students…
   …sex is not a bad thing.
   …we want you to understand that sex is a good thing, designed for three positive purposes, which can be experienced in the best, healthiest ways inside of a marriage relationship.

5. Ask students…
   …do you get this same message from the media influences you’ve listed?

6. Encourage students…
   …to consider the messages they receive from different media sources.
   …the choice about what you listen to, watch or play is yours, but we hope you will carefully think about whether or not you agree with the messages you are being sent, especially when it comes to messages of sexuality and how they might influence you.
- Discussion -

Homework: My Teen Is...

1. Explain to students that …
   …our parents are often a significant influence in our lives, this is the reason behind the homework assignment that is due today.

2. Instruct students to take out their completed “My Teen Is…” homework.

3. Ask students to share 1 thing their parents shared that was surprising to them or they are glad to hear.

4. Instruct the students to…
   ...look through the 5 expectations that their parents recorded, writing “fair” or “unfair” next to each.

5. Ask students to share an expectation that they feel is NOT fair.

6. Ask students to share an expectation that they feel is fair.

7. Collect homework.
8th Grade Session 3
Choosing Positive Influences

Objectives:
Students will:
1. Identify current personal role models in their lives.
2. Understand the influence that friends can have on their choices.
3. Identify personal short and long-term goals as well as a strategies for accomplishing them.

Overview:
1. Activity - Examples We Look To
2. Discussion - The Value of Role Models
3. Demonstration - How Friends Influence Us
   Option 1: Tell a personal story of being influenced by friends
   Option 2: Colored Water Demo
4. Discussion - Choosing Positive Influences
5. Handout - Homework: GOALS You Can Achieve

Materials:
1. Attendance & Homework Record
2. Play Doh™ for Activity - Examples We Look To (1 can per student)
3. Hand sanitizer for use before and after Play Doh™
4. Demonstration - How Friends Influence Us Option 2
   - 2 bottles of water labeled “A” and “B”, 3/4 full
   - Food coloring
5. Handout - Homework: GOALS You Can Achieve (1 per student)
8th Grade : Session 3

Choosing Positive Influences

- Activity -

Examples We Look To

1. Distribute a piece of paper to each student.

2. Instruct students to think and write down the names of up to 3 people who meet ALL of the following criteria:
   • they look up to or admire for specific character traits (redirect students who list admirations such as money, attraction, material possessions, etc.).
   • are older than they are.
   • they know personally, not a professional athlete or musician, unless they know them personally.

3. Instruct students to write what they admire about each person they listed.

4. Distribute Play Doh™ to each student while explaining that they will have 3 minutes to form something out of their Play Doh™ that represents what they admire about one of the people they listed.

- Discussion -

The Value Of Role Models

1. Ask students to share with the class what they created with their Play Doh™, who it represents and what they admire about that person.

2. Ask students...
   …why is it important to have role models who are generally older than you are?

3. While interacting with students’ responses, explain that role models are important because...
   …with them, we know we are not alone
   …we can go to them when we are going through something we don’t understand
   …we can learn from them
   …they support us
   …they encourage us
   …they challenge us
   …they guide us into maturity
- Demonstration -
Stories Of How Friends Influence Us

1. Ask students…
   …Think about who you would consider to be your best friend right now. What are some of their character qualities?
   …Can you remember a time when a friend convinced you to do something bad?
   …Can you remember a time when a friend convinced you to do something good?
   …Do you think that the friends you have matter when it comes to your decision to be abstinent? To NOT do drugs? To NOT drink alcohol? (yes, they might warn you that certain people are “bad news” or that the boy/girl you are dating is pulling you down. They might listen to you about your temptations or what you’re going through and support, encourage, and challenge you.)

2. Option 1: Share a personal story of a time you were influenced by friends.
   Option 2: Demonstrate the influence of friends via “Colored Water Demo”.

   * * * The “Colored Water Demo” works well if you integrate it while sharing a personal story of a time when you were influenced in a positive or negative way by friends. If you don’t have a personal story that demonstrates this well, use the demonstration without the story. If you have a story, but would rather not use the demonstration, tell your story without the demonstration.

   • Take 2 bottles of water filled 3/4 full, labeled “A” and “B”, each representing a character in the story you are sharing.
   • While telling a story of the influence of friends in your life, add food coloring to bottle “A” as character “A” makes bad choices.
   • As character “A” begins influencing character “B” pour small amounts of the colored water from bottle “A” into bottle “B”, demonstrating how we are influenced, positively or negatively, by the people we with whom we spend our time.

- Handout -
Homework: GOALS You Can Achieve

1. While distributing homework, explain to students that…
   …people who have clear goals for themselves are more likely to make healthy choices throughout their lives.
   …the people and things we let influence us, significantly contribute to whether or not we accomplish our hopes, goals, and dreams.
   …if we surround ourselves with people who have similar hopes, goals, and dreams to our own, or simply support us and encourage us in our
goals, we will be much more likely to accomplish them. On the other hand, if we surround ourselves with people who conflict with our hopes, goals and dreams, it is going to be much more difficult to accomplish the things we set out to accomplish.

2. Once distributed, explain homework: GOALS You Can Achieve.

3. Remind the students that homework is due the next team session which is on (day of week / date).
People who have clear goals for themselves are more likely to make healthy choices throughout their lives.

Use this form to write out some specific goals you’d like to accomplish. In the first column, list your goals (ex: run a mile in 8 minutes). In the second column, list things you know you’ll need to do to be successful (ex: run for 30 min. 4-5 times each week, drink lots of water, eat healthy). In the third column, list things you know you’ll need to avoid—things that could distract you or prevent you from being successful (ex: sleeping too much).

<table>
<thead>
<tr>
<th>GOALS</th>
<th>STRATEGIES</th>
<th>DISTRACTIONS</th>
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This Year...

In High School...

By the time I’m 30...

During my lifetime...

Student Name: _________________________________

Parent/Guardian Signature: _________________________________
8th Grade Session 4
The Implications of Pornography

Objectives:
Students will:
1. Discuss their goals and strategies for accomplishing them.
2. Vocalize how they expect to be treated by others.
3. Identify actions that tear down universal relational expectations.
4. Define pornography and its relational and social consequences.
5. Examine how pornography influences males and females differently.

Overview:
1. Discussion - Homework: GOALS You Can Achieve
2. Discussion - Relational Expectations
3. Discussion - Pornography
4. Display - Sex and The Brain
5. Optional Activity - Pornography Statistics Quiz
6. Handout - Homework: X3 issues

Materials:
1. Attendance & Homework Record
2. Definition Sign: Pornography
3. Display - Sex & the Brain
4. Optional Activity - Pornography Statistics Quiz (1 per student)
5. Handout - Homework: X3 issues (1 per student)
Implications Of Pornography

- Discussion -

Homework: GOALS You Can Achieve

1. Instruct students to take out their “GOALS You Can Achieve” homework.

2. Ask students to share one goal that they listed, along with the strategies and potential distractions that go with that goal.

3. Collect homework while reiterating that...
   
   ... people who have clear goals for themselves are more likely to make healthy choices throughout their lives.
   
   ... the people and things we let influence us significantly contribute to whether or not we accomplish our hopes, goals, and dreams.
   
   ... if we surround ourselves with people who have similar hopes, goals, and dreams to our own, or simply support us and encourage us in our goals, we will be much more likely to accomplish them. On the other hand, if we surround ourselves with people who conflict with our hopes, goals and dreams, it is going to be much more difficult to accomplish the things we set out to accomplish.

- Discussion -

Relational Expectations

1. Explain to the students that today we will be revisiting their list of characteristics of healthy relationships from the first day of class.

2. Recording responses on the board, ask the students...
   
   ... how do you expect to be treated by people such as friends, family, teachers, boyfriend/girlfriend, future husband/wife, strangers, etc.?
   
   ... what characteristics do you expect to have in your relationships?
   
   - Trust
   - Respect
   - Honesty
   - Loyalty
   - Grace / Forgiveness
   - Understanding

2. Continuing to record responses on the board, ask the students...
   
   ... what are some things that we can do to break down these things that we all desire in our relationships?
   
   - Lying
   - Murder
   - Fighting
   - Cheating

3. Ask the students...
...what about pornography?
...does this tear down any of the things we expect in our relationships?
...is there anything on the list that pornography does NOT tear apart?

- Discussion -

Pornography

1. Explain to students that pornography is any sexually explicit image, writing, or other material whose primary purpose is to cause sexual arousal. (This could include explicit internet sites, text messages, magazines, books, billboards, movies or any other form of media that is intended to cause sexual arousal).

2. Ask students...
   ...what might be some of the problems with pornography?
   ...what makes pornography an unhealthy thing?
   ...what do you think might motivate the people who make porn to do so?
   ...what do you think might motivate the people who use porn to do so?
   ...what kind of a person do you imagine when you think of someone who uses pornography?
   ...what problems does pornography create in relationships?
   ...what reasons do you have to steer clear from pornography?

2. Refer to or be familiar with the “Sex & The Brain” resource.

3. Explain to students...
   ...There are a few damaging affects of pornography that contribute to its destructiveness in relationships.
   - Pornography establishes unrealistic expectations of relationships and sex.
   - Pornography is highly addictive, causing unhealthy habits and dependency (display: “Sex and the Brain”).
   - Pornography degrades men/women.
   - Pornography desensitizes us and therefore devalues sex.

4. Briefly explain that...
   ...pornography as it traditionally exists tends to effect guys and girls differently; even so, it causes extreme relational breakdown which affects everyone.
   ...there are a lot of differences between guys and girls and how we’re wired.
   ...one of these differences is that guys tend to be more visually stimulated and girls tend to be more emotionally stimulated. This doesn’t mean that guys aren’t emotional or that girls aren’t visual. It simply means that visual things tend to grab a guy’s attention more than other things and emotional things tend to grab a girl’s attention more than other things.
- Optional Activity -

Pornography Statistics Quiz

1. Distribute and explain to the students that…
   …they will take a quiz related to current pornography statistics.
   …the pornography quiz is not for credit, it will simply demonstrate
   the astounding statistics related to pornography production and use.

2. Allow students time to take quiz.

3. Ask how the students answered each question as you share the correct
   answer with the class.

4. Encourage students to share their thoughts/concerns about the statistics
   presented in the quiz.

- Handout -

Homework: X3 issues

1. Distribute and explain homework: “X3 issues”.

2. Remind the students that homework is due the next a - t e a m session,
   which is on (day of week / date).
- Handouts, Materials, References & Resources -
**Sexual Activity & the Brain**

**Brain releases chemicals:**
- **Dopamine** (dulls pain)
- **Norepinephrine** (raises heart rate)
- **Serotonin** (affects emotions)
- **Oxytocin** (bonds sexual partners)

I feel GOOD!

---

**Addicted to Love?**

Caution: The effect of these chemicals has the same addictive qualities as cocaine! Find healthier ways to feel good — like creativity or exercise!

---

**Brain (in)Activity**

According to brain scan studies, the prefrontal cortex (responsible for using good judgment) shuts down when we’re “in love” with someone — and it’s the last part of the brain to mature.
QUIZ: Pornography Stats

1. Which industry brings in the most revenue?
   a. professional sports (NFL + NHL + NBA)
   b. “adult” entertainment (pornography)
   c. television networks (ABC + CBS + NBC)

2. The following effects have been documented in kids & teens who have been directly exposed to pornography:
   a. Lasting negative or traumatic emotional responses.
   b. Earlier onset of first sexual intercourse, (increasing the risk of STD's over the lifespan).
   c. The belief that being married or having a family are unattractive prospects.
   d. Increased risk for developing sexual compulsions and addictive behavior.
   e. All of the above.

3. Which is more frequently visited by adolescents?
   a. pornographic web sites  
   b. facebook  
   c. game sites  
   d. google

4. TRUE or FALSE : 70% of adolescents say they have accidentally stumbled across pornography online.

5. TRUE or FALSE : Researchers have found links between frequent pornography use and feelings of loneliness & depression in adolescents.

6. TRUE or FALSE : Research shows that steady use of pornography frequently leads to cheating on one’s girlfriend.

7. What percentage of teenagers say they have received nude or seminude photos of people they only know online?
   a. 5%  
   b. 15%  
   c. 50%  
   d. 35%

8. What percentage of teenagers say they have sent nude or seminude pictures of themselves?
   a. 20%  
   b. 5%  
   c. 75%  
   d. 50%

9. TRUE or FALSE : Sending nude pictures of yourself or someone else might be gross, but it can’t really get you in trouble.

10. What is the average age for first exposure to internet pornography?
    a. 18  
    b. 4  
    c. 11  
    d. 14

Compiled by the a-team Abstinence Staff [June 2010]
Resources:
http://www.covenanteyes.com
http://www.healthymind.com
http://internet-filter-review.toptenreviews.com
http://www.time.com
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Resources:
http://www.covenanteyes.com
http://www.healthymind.com
http://internet-filter-review.toptenreviews.com
http://www.time.com
Take a minute or two and talk through the following questions with your parent(s) / a guardian or another adult you trust. Don’t feel like this should be an easy conversation, it won’t be, but it will be good to know what you think and why. After talking, write down the thoughts you came up with.

DEFINING PORNOGRAPHY:
Any sexually explicit pictures, writing, or other material whose primary purpose is to cause sexual arousal.

1. // What motivates people to get involved with pornography? Those who make it? Those who use it?
   Your thoughts:

2. // If you think about someone who is addicted / involved in porn, what kind of person do you picture in your mind?
   Your thoughts:

3. // What problems or issues might pornography create?
   Physically?
   Your thoughts:

   Relationally?
   Your thoughts:

   Intellectually?
   Your thoughts:

   Emotionally?
   Your thoughts:

   Spiritually / Morally?
   Your thoughts:

4. // What reasons do you have to steer clear of pornography?
   Your Thoughts:

Directions:

Name: __________________________

Due Date: ________________________

I have reviewed and discussed this assignment with this student.

Signature of Parent / Guardian / Adult
Objectives:
Students will:
1. Identify the differences between Love and Infatuation.
2. Define fidelity.
3. Evaluate the importance of fidelity in current and future relationships.
4. Identify the differences between healthy and unhealthy relationships.
5. Establish personal standards for dating relationships.
6. Identify their parents’ expectations of them in dating relationships.

Overview:
1. Collect/Discuss Homework: x3 issues
2. Activity/Discussion - What Is Love?
3. Handout - Homework: Dating Standards
4. Activity - Relationship Bingo

Materials:
1. Homework & Attendance Record
2. Poster paper and markers for Activity - What Is Love?
3. Definition Sign: Fidelity
4. Handout - Homework: Dating Standards (1 per student)
5. Bingo supplies
What Is Love?

- Discussion -

Homework: x3 issues

1. Instruct students to take out their “x3 issues” homework.

2. Ask students to share one of the things they found most interesting or surprising from their homework assignment.

3. Collect homework while reiterating that…
   ... pornography tears apart relationships
   ... if we ever find ourselves caught up with pornography we should talk to a trusted adult about it in an effort to overcome the potentially addictive behavior.

- Activity / Discussion -

What is Love?

1. Divide students into pairs or groups of 3 or 4.

2. Distribute poster board and markers / paper to each group.

3. Write on the board while instructing students to…
   ... draw a line down the middle of their paper.
   ... write and underline “Love” on the top of the left column.
   ... write and underline “In Love” on the top of the right column.
   ... with their group, write down as many things as they can think of to describe “Love” and “In Love”.

4. Ask students to…
   ... share what “Love” is, recording their responses on the board.
   ... share what “In Love” is, recording their responses on the board.

5. At an appropriate time in the discussion (if mentioned by a student, or at the end as you add your own thoughts), add the term “fidelity” to the “Love” list, displaying its definition card.

6. Explain to students that…
   ... fidelity means keeping one’s promises & showing loyalty in relationships.
   ... according to the Medical Institute for Sexual Health, showing fidelity “contributes to stable families and societies.” Why might this be true?
7. Explain to students that…

…“Love” and being “In Love” are very different.

…“Love” is based on a choice, a commitment that we choose to follow through on. Wedding vows, for example, basically communicate “I am going to choose to love you, even when I don’t like you very much”.

…Being “In Love” or “Infatuated” is based on emotions, which change frequently. Being in love is not bad, unless it’s all the relationship is built on.

…If a relationship is ONLY based on the commitment of love, it is going to last a long time, but it isn’t going to be very much fun.

…If a relationship is ONLY based on the emotions of infatuation, the relationship is going to change with the emotions. It might be fun for a short time, but it will not last.

…When a relationship is based on the commitment of “Love” while working at keeping the emotions of “Infatuation” alive, the result is a relationship that is long lasting, secure, safe, fun and exciting.

…Which kind of relationships do you want in your life?

• Long lasting but apathetic and dull (Love only)
• Short, but fun while it lasted (Infatuation only)
• Fun, safe, and long lasting (Love & Infatuation working together)

- Handout -

Homework: Dating Standards

1. Explain to students that, as they think about the relationship they desire with their spouse someday, it is important to think about what relational standards they will hold to in their friendships and dating relationships now.

2. Distribute and explain homework: “Dating Standards”.

3. Remind the students that homework is due the next a - t e a m session, which is on [day of week / date].

- Activity -

Relationship Bingo

1. Distribute bingo card & chips to each student.

2. Randomly draw and call out cards as students mark their bingo cards.

***As the game proceeds, take advantage of teachable moments by processing why certain items are in the various categories.
- Handouts, Materials, References & Resources -
My Personal Dating Standards

To help you establish your personal dating standards, consider the following:

1. What characteristics or qualities do I want my date to possess?
   1. ________________________________________________________________________________
   2. ________________________________________________________________________________
   3. ________________________________________________________________________________
   4. ________________________________________________________________________________

2. What characteristics or qualities disqualify a person as a potential date for me?
   1. ________________________________________________________________________________
   2. ________________________________________________________________________________
   3. ________________________________________________________________________________
   4. ________________________________________________________________________________

3. What values do I hold that I would like my date to share?  
   (Examples: political views, religious views, family relationships)
   1. ________________________________________________________________________________
   2. ________________________________________________________________________________
   3. ________________________________________________________________________________
   4. ________________________________________________________________________________

4. What behaviors/activities will I participate in during a date?
   1. ________________________________________________________________________________
   2. ________________________________________________________________________________
   3. ________________________________________________________________________________
   4. ________________________________________________________________________________

5. What behaviors/activities will I not allow myself to participate in during a date?
   1. ________________________________________________________________________________
   2. ________________________________________________________________________________
   3. ________________________________________________________________________________
   4. ________________________________________________________________________________

Name:_____________________
Due Date:__________________

Continued on BACK
My Family’s Dating Standards

Discuss the following with an parent/guardian to clearly establish your parents’ guidelines for you about dating.

1. What type of person would you like me to date? Why do you feel these qualities are important?

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

2. What standards of behavior do you hope I will maintain while dating?

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

3. What rules have/will you establish for dating? Why did you establish each rule?

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

I participated in this interview assignment with my child.

____________________________________
Signature of Parent/Guardian
### Healthy Relationships Bingo for Teens

<table>
<thead>
<tr>
<th>Things to Look for in a Relationship</th>
<th>Red Flags</th>
<th>Obstacles to a Healthy Relationship</th>
<th>Green Flags</th>
<th>Skills to Build a Healthy Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talks about feelings</td>
<td>Abuses substances</td>
<td>Mind reading</td>
<td>Have fun together</td>
<td>Focus on strengths</td>
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<tr>
<td>Has self-directed goals</td>
<td>Blaming</td>
<td>Doesn’t listen</td>
<td>Respects limits</td>
<td>Share responsibility</td>
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<td>Listens</td>
<td>Angers easily</td>
<td>Sincere</td>
<td>Fight fair</td>
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<tr>
<td>Has good family relationships</td>
<td>Calls names/put downs</td>
<td>Woulda shoulda coulda</td>
<td>Respectful</td>
<td>Share feelings</td>
</tr>
<tr>
<td>Positive outlook</td>
<td>Disrespectful</td>
<td>All-or-nothing thinking</td>
<td>Attentive</td>
<td>Spend time together</td>
</tr>
</tbody>
</table>

**FREE SPACE**
Activity Guide: Relationship Bingo

Healthy Relationships Bingo

RESOURCES NEEDED
A group facilitator
8” x 10” HEALTHY RELATIONSHIPS BINGO cards (16)
5 sets of “Calling” cards
BINGO chips
Small prizes (healthy food snacks, gum, breath mints, note cards, mini calendar, address book)

LEARNING OBJECTIVES
By the end of the group, participants will be able to:
• Identify at least 4 things to look for in a relationship
• Identify at least 4 ‘red flags’
• Identify at least 4 obstacles to a healthy relationship
• Identify at least 4 ‘green flags’
• Identify at least 4 skills used to build a healthy relationship

TIME NEEDED
45-60 minutes

INTRODUCTION
1 Introduce players to concept that the HEALTHY RELATIONSHIPS BINGO combines learning with active group participation. Discuss that the purpose of the game is to learn about healthy relationships.

2 As needed, offer a general informative introduction:

THINGS TO LOOK FOR IN A HEALTHY RELATIONSHIP – What are the qualities one looks for in a relationship? For example: does the person have a history of good social relationships? Does s/he have a sense of humor?

‘RED FLAGS’ – Demonstration of these behaviors is a “red flag” that a person you are getting to know may not be able to form a healthy relationship. These red flags may appear after a relationship is formed and would indicate that the person is unable to maintain a healthy relationship.

OBSTACLES TO A HEALTHY RELATIONSHIP – These are things that might get in the way of a healthy relationship. These can be recognized and changed.

‘GREEN FLAGS’ – These are indicators that the person you are getting to know will most likely be able to form and maintain a healthy relationship. ‘Green flags’ are good signs and may be seen or recognized in ongoing relationships.

SKILLS TO BUILDING A HEALTHY RELATIONSHIP – These are skills that can be useful in developing a healthy relationship.

3 Explain that the game is divided into 5 sections as already discussed:

B THINGS TO LOOK FOR IN A HEALTHY RELATIONSHIP
I ‘RED FLAGS’
N OBSTACLES TO A HEALTHY RELATIONSHIP
G ‘GREEN FLAGS’
O SKILLS TO BUILDING A HEALTHY RELATIONSHIP

[over]
**Activity Guide: Relationship Bingo**

**Facilitator’s Tips**

- Familiarize self with each Bingo term and concept before playing.
- Each card is a potential topic for discussion dependent upon the needs and interests of the group.
- Terms that are unfamiliar/confusing to group members will provide an opportunity for clarification and education.
- When explaining new concepts use examples whenever possible:
  a) **Controlling**: Do you need to justify where you go, what you do or who you see?
  b) **Guilt tripping**: A ‘red flag’ that occurs when one member of the relationship tries to force hasty decisions or manipulate/modify behavior through the use of instilling guilt.
  c) **Unrealistic expectations**: Thinking that your friend is the solution to all your problems.

**Play**

1. Distribute BINGO chips and one HEALTHY RELATIONSHIPS BINGO card to each player. Shuffle ‘Calling cards’ together.
2. Group facilitator draws a “Calling” card, reads it aloud and places it face up on the table. If a participant has that term on his/her card, s/he covers it with a bingo chip. Each called card provides an opportunity for teaching and discussion.
3. Winners may be:
   - The first person who gets a BINGO going horizontal, vertical, or as an X.
   - The first player to cover a pre-agreed-upon pattern of squares (e.g., a letter ‘T’, ‘L’, two horizontal lines, in any corner-postage stamp, 4 in every corner).
   - Any two BINGOS on the same card – after the first BINGO, players leave previously “called” cards marked and continue.
   - A complete coverall for the grand prize. Again, players leave their previously called cards marked and the game continues on for the coverall. The first player to completely cover his/her card is the winner.

Vary group play according to group attention span, needs, enthusiasm, etc. The items within each section are meant to be thought provoking and good prompts for discussion, but they are not meant to be exhaustive. Facilitate sharing of non-listed thoughts by group members as well.

4. Distribute photocopies of HEALTHY RELATIONSHIPS Handouts if desired for reinforcement of material covered.
5. Wrap up by summarizing each of the main themes. Process, making sure each participant has met learning objectives.
6. Offer motivational prizes to winners.

_Nancy Anne Dricoll, MS, RNCS, Creator of HEALTHY RELATIONSHIPS BINGO_

_With acknowledgement to Brian J. Bergen, MSc, Cpjac_
Healthy Relationships for Teens

There are many aspects to healthy, and unhealthy, relationships. Here are a few ideas to get you thinking...

1. **Things to Look for in a Relationship:**
   a. Do they have a sense of humor and good existing social relationships?
   b. Are there similar interests and compatible spirituality?
   c. Do they have a balanced work/play lifestyle?
   d. Are they self-confident, with a positive outlook on life and the future?

2. **Look for Relationship ‘Red Flags’:**
   a. Are they jealous of your relationships with other friends/family?
   b. Are they verbally abusive? Call you names and put you down?
   c. Does one partner use anger to control the relationship agenda?
   d. Do they only want to talk about themselves (self-centered)?

3. **Obstacles to a Healthy Relationship:**
   a. Someone who is ‘always’ right.
   b. A person who jumps to conclusions.
   c. Lack of communication.
   d. Rigid, all-or-nothing way of thinking.

4. **Look for Relationship ‘Green Flags’:**
   a. A partner who is trustworthy, respectful, and honest.
   b. There is ‘give and take’ in the relationship and difficult decisions are negotiated.
   c. Each person accepts responsibility for his/her actions.
   d. Each person is accepting of minor flaws and mistakes.

5. **Skills to Building a Healthy Relationship:**
   a. Practice listening and communicating.
   b. ‘Fight fair.’ Recognize that there will be differences of opinion and learn to use disagreements for growth. Concentrate on the present disagreement and not on past issues.
   c. If there is a lack of ‘fun’ in the relationship — schedule it in.
   d. Acknowledge your friend when s/he accomplishes something (take him/her out for ice cream).
   e. ___________________________
   f. ___________________________
8th Grade Session 6

Healthy Boundaries

Students will:
1. Share personal & parental standards for dating relationships.
2. Weigh the pros and cons of abstinence.
3. Establish personal physical boundaries in relationships outside of marriage.
4. Describe how healing and restoration are possible after sexual activity outside of marriage.
5. Compare definitions of abstinence, sexual activity and virginity.

Overview:
1. Collect and Discuss Homework: Dating Standards
2. Discussion - Differentiating Abstinence, Sexual Activity & Virginity
3. Discussion - Pros and Cons of Abstinence
4. Activity / Discussion - Establishing Personal Boundaries
5. Discussion - Restoration In Light of Mistakes

Materials:
1. Attendance & Homework Record
2. Blank paper (1 per student)
3. Where Do You Stand? Cards [Red, Green & Yellow]
4. Definition Cards: Abstinence, Sexual Activity & Virginity
5. Handout - How Far is Too Far? (1 per student)
- **Discussion** -

**Healthy Boundaries**

1. Instruct students to take out their *Dating Standards* homework.

2. Ask students to share 1 item from each side of homework.

4. Collect homework.

- **Discussion** -

**Differentiating Abstinence, Sexual Activity & Virginity**

1. Define & compare definitions of Abstinence, Sexual Activity & Virginity.

   - **Explain...**
     ...in our first session, we discussed what the Medical Institute for Sexual Health says about sexual health, that it “is a state of physical, intellectual [mental], emotional, relational, and spiritual well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity.” ...we need to understand a few basic ideas before we look at what this means. We looked at these ideas last year too, so they should be familiar.

   - **Display/Explain “Abstinence” definition...**
     ...“Making an informed decision to not participate in sexual activity outside of marriage”

   - **Display/Explain “Sexual Activity” definition...**
     ...“Any form of oral sex, anal sex, sexual intercourse, intercourse, or mutual masturbation.”

   - **Display/Explain “Virginity” definition...**
     ...“To not have had sexual intercourse”

...this is a “technical” term that has value but falls short of what we’re talking about.
A commitment to abstinence suggests...
...an expectation higher than simply “remaining a virgin.”
...a life full of healthy intimacy, with sexual activity reserved for marriage.
...making healthy choices that are consistent with this commitment.

- Discussion -
Pros and Cons of Abstinence

1. Explain to the students while distributing blank paper to each...
...choosing to be abstinent until marriage is not always the easiest choice to make.
...as is true of any decision we make in life, we are significantly more likely and able to stand on any given principal if we understand why it is important to us.
...so why is abstinence important to you, or why isn’t it?

2. While writing on the board, instruct students to...
...write and underline “abstinence” at the top center of their paper.
...draw a line down the center of their paper under “abstinence”.
...centered at the top of the left column, write “pros”.
...centered at the top of the right column, write “cons”.
...write as many different pros and cons that they can think of for making the choice to be abstinent.

***While examining the pros and cons of abstinence the list should naturally demonstrate that the pros far outweigh the cons and therefore, WAITING to participate in sexual activity until marriage makes logical sense. Delve into this idea with the students as you tie up the loose ends and transition into the next activity.

- Activity / Discussion -
Establishing Personal Boundaries

1. Read aloud the following:

Impulsiveness [im·pul·sive·ness] or impetuousness [im·pet·u·ous·ness]:

Definition: pertaining to, or characterized by sudden or rash action, emotion, etc.

Antonyms (words that mean the opposite): planned, careful.

2. Explain to the students that...
...we live in a culture of impulsiveness, we make sudden or rash decisions
based on our emotions without carefully planning. **We get what we want when we want it.** …the problem with this is that impulsive decisions are usually not the best decisions that could be made. Be it with how we spend our money or the choices we make about sexual activity, it’s a good idea to have a plan ahead of time to avoid making impulsive decisions and stay committed to our goals.

3. Ask the students to think of and share examples in our culture that demonstrate our impulsivity and / or getting what we want right away.
   - Fast food
   - Smart phones
   - Google

4. Explain to students that…
   …there are a lot of areas of our lives in which we have the potential to act impulsively, including sexual activity.
   …it is extremely easy to get caught up in the moment.
   …it is also extremely dangerous to get caught up in the moment.
   …this puts us at risk for the natural consequences that can come from participating in sexual activity outside of marriage.
   …in order to build the healthiest relationships and avoid the risk of these natural consequences, we need a plan.

- **Activity** -

  **Where Do You Stand?**

1. Explain to students that…
   …they began this plan, by completing the Dating Standards homework.
   …to continue formulating this plan, we are going to play a game.
   …this game is going to involve everyone moving around the room a lot, so keep in mind that this is a non-violent, no-contact game.

2. Designate “green”, “yellow”, and “red” spaces in the room as you continue to explain to the students that…
   …different situations will be read off one at a time.
   …they have to individually decide if each situation read is “not risky”, “might be risky if…”, or “risky / could lead to trouble”.
   …”not risky” = moving to the GREEN area in the room.
   …”might be risky if…” = moving to the YELLOW area in the room.
   …”risky / could lead to trouble” = moving to the RED area in the room.

10. Once activity and rules have been explained…
   …read each situation from **Activity Guide: Where Do You Stand?** to the class one at a time, allowing them the appropriate amount of time to move to the GREEN, YELLOW, or RED area of the room.
   …ask one student from each area to explain why they made the decision to
stand where they are.
...repeat for as many situations as time allows, keeping in mind that you will need approximately 10 minutes to complete the rest of this lesson. ...once done, ask students to return to their seats.

11. While distributing Handout: “How Far Is Too Far”, explain to students that...
... that was a fun game to get us started, and demonstrates how boundaries include knowing which types of situations to avoid. ...another step in putting together a plan is determining where we draw the line on which expressions of intimacy/affection are appropriate and which are not appropriate outside of marriage. ...now they’ll each determine where they draw the line with specific kinds of physical affection. ...they will individually look through the list and make an informed decision, establishing physical boundaries for themselves in their dating relationships. This is a plan for how they will respect themselves and their partner by making sure the physical affection remains appropriate for each stage of the relationship. ...the purpose of boundaries is to know when we’re going to stop. Stopping in the right spot, however, requires an understanding of when we need to start slowing down, similar to driving a car up to a stop sign; I need to stop at the stop sign, but I begin slowing down / stopping at the “stop ahead” sign.

***In order to effectively establish physical boundaries for any dating relationship, we not only need to set the “stop here” line, but the “stop ahead” or “start slowing down” line as well. If we do not establish both, we will likely slide through our stop sign and wonder why we didn’t stop where we had intended.

***It can be helpful to illustrate this idea on the board by drawing an intersection and a car and a stop sign and a stop ahead sign.

12. Allow students time to determine their physical boundary for themselves. Encourage students to take this seriously and to understand why they feel their boundary is appropriate.

- Discussion -
Restoration In Light of Mistakes

1. Explain to students that...
...we each have a choice to make, and we’ll probably all make this choice several times. ...we can choose to stand strong until we are married to participate in sexual activity or we can choose to not wait.
* * * We have to also remember that sometimes we mess up, we make mistakes because we’re human. What happens with mistakes related to our relationships and sexual integrity? Are we stuck making those mistakes for the rest of our lives? No. We can always begin making healthy choices, even if we have made unhealthy choices along the way. Making this shift from unhealthy to healthy choices isn’t usually easy, but it is worth it and there is hope for change.

2. Ask the students…

...what are some things that could help you maintain your expectations and boundaries?

...A few practical things we can do to ensure that we maintain our expectations of ourselves and our boundaries could include:
- surrounding yourself with friends who share your values and will challenge you when you need to be challenged.
- have a plan; know what situations get you into trouble and avoid them.
- always have an escape route, a friend who will pick you up or something planned at the end of your date.
- spend most of your time together with groups of friends or family. Being alone too much lends way to temptation for you, me or anyone else that is human.
- Handouts, Materials, References & Resources -
Activity Guide: Where Do You Stand?

Directions:
Around the classroom, designate three separate spaces using the three colored signs (green, yellow, red).

After the educator reads a potential dating activity, students must decide “where they stand” by moving to one of the three spaces. Students should consider if the activity given is appropriate or not for a dating couple (Could it be risky/lead to trouble?)...

- Green — Yes, that’s just fine. [Not a risky behavior]
- Yellow — Well, that depends... [Might (not) be risky if...]
- Red — No way. [Could be risky/lead to trouble]

Important Rules:
Students have a limited amount of time (5-10 seconds?) to make their choices.
Students must keep their hands to themselves.

As students place themselves, ask a “spokesperson” from each space to explain why he/she made that choice. As students share, encourage critical thinking. Ask them if they think their parents would agree with their choice.

Remind students they are not being asked to share whether they have or have not done any of these things in the past. They are being asked to consider if each activity is appropriate for a dating couple or not. Could the activity have damaging consequences? Could the activity lead them to doing more than they had planned? There is no rule book we can follow to determine the right answers, but we want to start a discussion with their honest answers.

WHERE DO YOU STAND?

| ...holding hands with my date? | ...putting my arm around my date’s shoulders? |
| ...being alone in a house with my date? | ...hanging out in my date’s bedroom? |
| ...cuddling on the couch with my date? | ...taking a nap on the couch with my date? |
| ...”French” (open-mouth) kissing my date? | ...touching my date in a “bathing suit area”? |
| ...talking on the phone every night? | ...giving my date a massage/back rub? |
| ...going to a party with no adults? | ...having a “tickle war” with my date? |
| ...kissing on the cheek? | ...resting my hand on my date’s thigh? |
| ...kissing on the mouth (not open-mouth)? | ...making out with my date? |
| ...giving my date a hug? | ...sitting on my date’s lap? |
| ...watching an “R” rated movie (with sexual content) on my date? | ...going into a bedroom with a closed door? |
| ...watching a “PG-13” rated movie (with sexual content) on my date? | ...going for a walk with your date? |
| ...wearing sexy/revealing clothing on a date? (girls) | ...sneaking out of your house to meet up with a date? |
| ...going out with someone who wears sexy/revealing clothing? (boys) | ...parking in a car on an empty road? |
| ...going on a double date with another couple? | |
“ not risky ”
“might be risky if... ”
“risky / could lead to trouble...”
How Far is Too Far?
The Steps toward Sex in a Physical Relationship

- Eye Contact
- Talking / Flirting
- Holding Hands
- Hugging
- Casual Kissing
- Lingering Kissing
- Intimate Touch with Clothes On
- Intimate Touch with Clothes Off
- Sexual Intercourse (Vaginal, Anal or Oral Sex)
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8th Grade Session 7
STDs & STIs

Objectives:
Students will:
1. Define & distinguish STD (Sexually Transmitted Disease) and STI (Sexually Transmitted Infections).
2. Recognize the probability of transmitting an STD / STI.
3. Explain facts of 5 most common curable and 5 most common non-curable STD's / STI's.
4. Identify the circumstances in which STI/STD testing would be necessary and how an individual can be tested.
5. Analyze the effectiveness and remaining risks associated with condom use.
6. Identify abstinence from sexual activity as the only 100% effective method of prevention against STI/STD transmission.

Overview:
1. Activity – Spit Drink: Evaluating The Risks of STDs/STIs
2. Define STD and STI
3. Explain difference between curable (bacterial) and non-curable (viral) STD's/STI's
4. Option 1: Students present facts on STDs/STIs (* * *If choosing option 1, a - t e a m educator needs to notify and provide students with STD information handouts at least one week prior to session 7.)
   a. Name STD/STI
   b. List 2 Facts
   c. Explain how STD/STI is transmitted
   d. List the symptoms
   e. Explain treatment options
   f. Explain complications caused by STD/STI
   Option 2: a - t e a m educator presents facts on STDs/STIs
   a. Present facts on 5 most curable STD's/STI's
   b. Female activity – Sticky sponge
   c. Present facts on 5 most common non-curable STD's/STI's
   d. Male activity – Cilia on strike
5. Handout - STD Testing: Get The Facts
6. Discussion - What About Condoms?

Materials:
1. Attendance & Homework Record
2. 4 cups, 16 ice cubes (4 for each cup), and 2 cans of Sprite / 7-Up.
3. Handout - STD Testing: Get The Facts
4. Option 1: Students present
   - STD/STI sign up / grading grid
   - USB Flash drive
   - STD packets for curable & non-curable (1 per student)
   - STD summary charts (1 per student)
   Option 2: a - t e a m educator presents
   - STD handouts for curable & non-curable STD's/STI's & STD summary charts (1 of each per student)
STDs/STIs

- Activity -

*Spit Drink: Evaluating The Risks of STDs/STIs*

1. Select 4 volunteers.

2. Have each volunteer suck on 1 ice cube.

3. Hold out 1 cup for all 4 volunteers to spit their ice cubes into, so that all 4 slobbery ice cubes end up in THE SAME CUP.

4. Thank and dismiss the volunteers to their seats.

5. Take remaining 3 empty cups, 12 ice cubes, and Sprite / 7-Up out of sight of class, putting 4 clean ice cubes in each of the empty cups and equal amounts of pop in all 4 cups so that they all look the same.

6. Present the 4 cups of pop to the class inquiring if anyone would like to drink the cup of their choice.

**Do NOT** allow students to drink any of the 4 cups of pop, even voluntarily.

7. Discussion prompts...

...even if someone wanted to and was permitted to drink one of these glasses of pop, would they have any way of knowing 100% that they didn’t drink the glass containing the ice that our volunteers had sucked on? (No.)

...There is a 25% chance that the contaminated cup would not be chosen, why would most of us still choose to not drink any of the 4 cups? (Because 25% chance of getting the contaminated cup is still significant.)

...These chances are comparable to the chance of a sexually active teen getting an STD/STI transmitted to them. 1 in every 4 (25%) of all sexually active teens in the United States has an STD/STI. We’ve talked about the fact that sexual activity is not limited to sexual intercourse and that sexual activity includes things like oral sex, anal sex, outercourse, and even mutual masturbation.

...If 25% is too high risk for getting a few people’s spit in my drink, how much more serious is a 25% chance of getting an STD/STI if I choose to be sexually active before I am married?

...Let’s take a closer look at what this risk of STDs/STIs means.
- Discussion -

Defining and Differentiating STD & STI

1. Ask students if they can state what the following acronyms stand for...
   …“STI” (sexually transmitted infection)
   …“STD” (sexually transmitted disease)

2. Explain to the students that...
   …the difference between an STI and an STD basically comes down to the fact that a disease is caused by an infection. An infection has the potential of causing a disease, though, if caught and treated in time, the infection can be stopped before it escalates to causing a disease.

3. Explain to students that...
   …there are 2 categories or classifications of STDs/STIs: Curable and Non-Curable.
   - **Curable** simply means that it can be treated and cured, these STDs/STIs tend to be caused by a bacterial or parasitic infection.
   - **Non-Curable** simply means that, while the symptoms can usually be treated, the actual disease that causes the symptoms, cannot be cured. These are typically caused by a viral infection.
   …there are numerous STDs/STIs. Today we are going to discuss the 5 most common curable and the 5 most common non-curable STDs/STIs in the United States.

- STD/STI Information -

Option #1: Students Present Facts on STDs/STIs

OR

Option #2: a - t e a m Educator Presents on STDs/STIs

**Option 1:** Students present facts on STDs/STIs

( **If choosing option 1, a - t e a m educator needs to notify, instruct from #’s 1 - 3 above, and provide students with STD information handouts at least one week prior to session 7.)

1. As students present the following information...
   …check off the appropriate category on the “Student STD/STI Presentations Grading Rubric.”
   a. Name STD/STI
   b. List 2 Facts
   c. Explain how STD/STI is transmitted
   d. List the symptoms
   e. Explain treatment options
   f. Explain complications caused by STD/STI
   …as the educator, interact and interject as necessary.
Option 2: a - t e a m educator presents facts on STDs/STIs

a. Distribute STD information packets
b. Present facts on 5 most curable STD’s/STI’s.
c. Activity: Cilia On Strike (***Male Volunteers Only)
   • Select at least 11 male volunteers.
   • Instruct the lightest male in the class to stand to the side for now.
   • Instruct the remaining 10 volunteers to form 2 equal lines facing each other.
   • Explain that they will be demonstrating the damaging effects of Pelvic Inflammatory Disease (PID), one of the STDs/STIs previously discussed. In order to do this the 10 guys that are lined up facing each other are going to be acting as the inner wall / cilia in the fallopian tubes, they will carefully pass the “egg” through the fallopian tube. The one remaining volunteer is going to act as the “egg”.
   • The a - t e a m educator will act as the ovary, helping the “egg” up into the fallopian tube and the uterus, helping the “egg” down from the fallopian tube.
   • Instruct volunteers to act out each situation as they are explained.

- Healthy fallopian tubes: Once a month an egg or ova is released from the ovary into the fallopian tube. The egg is carried through the fallopian tube to the uterus via the cilia that are attached to the walls of the fallopian tube. If the egg is fertilized during this process the fertilized cell will attach itself to the wall of the uterus and the baby will begin growing and developing. If not fertilized the female’s body proceeds with it’s menstrual cycle.

- Fallopian tubes scared by P.I.D. (instruct a few volunteers from each side of the fallopian tube line to return to their seats, explaining that PID actually causes the cilia in the fallopian tubes to die. Ask students to rhetorically think about what is going to happen without enough cilia.)

As in the previous example, once a month an egg or ova is released from the ovary into the fallopian tube. The egg is carried through the fallopian tube to the uterus via the cilia that are attached to the walls of the fallopian tube. THIS TIME, however, several of the cilia have been killed by PID. Without enough cilia to carry the egg to the uterus, it will remain in the fallopian tube. If the egg is fertilized during this process, the fertilized cell will remain in the fallopian tube which is approximately as wide as a strand of spaghetti. A baby that is 4-6 weeks along is going to be straining the fallopian tube, by the 9th week the mother is at extremely high risk of the tube bursting, if it has not happened already.
d. Activity: Sticky sponge (**Female Volunteers Only)**
- Select 2 volunteers.
- Provide each volunteer with a paper plate containing coffee grounds.
- Provide 1 volunteer with a dry sponge.
- Explain that a female’s reproductive system isn’t fully developed until she is in her mid to late twenties. Until this time females are much more susceptible to infections, including STDs/STIs.

***While describing the following, instruct the volunteers to demonstrate what is being described.

The cervix of a woman with a fully developed reproductive system (early - mid twenties) is going to be more able to fight off infections than that of a younger woman. This can be compared to a dry sponge when pressed into coffee grounds. Not many coffee grounds stick to it. The cervix of a younger woman, whose reproductive system is not fully developed, is more like a wet sponge when pressed into coffee grounds. The wet sponge is barely visible. As a result of an under-developed reproductive system, teen girls who are sexually active are more susceptible than males and older women to infections, including STDs/STIs.

e. Present facts on 5 most common non-curable STD’s/STI’s.

- **Discussion**
- STD/STI Testing: Get the Facts

1. Distribute “STD/STI Testing” handout to students.

2. Explain to students...

   ...it is very important for anyone who has been sexually active or had any sexual contact to be tested for STD’s/STI’s.
   ...many STD’s/STI’s can have seriously damaging, long-term effects, especially if they go untreated.
   ...to prevent serious damage and receive treatment, an individual can see his/her family doctor for testing, or visit a clinic through the county health department.
   ...the handout provided describes more specifically why and how an individual should be tested for STD’s/STI’s

- **Discussion**
- What About Condoms?

1. Explain to the students that...

   ...condoms are a thin sheath, usually made from a type of rubber called latex, designed to be worn on the penis during sexual activity.
   ...the function of a condom is to prevent semen from entering the vagina,
lowering the risk of pregnancy. Evidence shows that condoms are typically 85% effective as a method of birth control. ...condoms can also reduce (not eliminate) the risk of STI/STD transmission. Consistent condom use has been shown to reduce the risk of pregnancy by 85%, Chlamydia and Gonorrhea by 50%, Syphilis by 30%, and HIV by 85%. ...many STI/STD’s are transmitted through skin to skin contact with an infected area, not limited to the area covered by a condom, so condoms are not necessarily able to prevent or reduce the risk of the transmission of several STI/STD’s. ....the only “safe” sex is between two mutually monogamous, uninfected partners. This would mean remaining abstinent from all sexual activity outside of one life-long relationship with an uninfected person.
- Handouts, Materials, References & Resources -
### 5 Most Common CURABLE STDs / STIs

<table>
<thead>
<tr>
<th>Presenter's Names:</th>
<th>STD</th>
<th>How is it transmitted?</th>
<th>What are the symptoms?</th>
<th>How is it treated?</th>
<th>What are some complications?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gonorrhea</td>
<td>Vaginal, anal or oral sex with an infected person.</td>
<td>Discharge.</td>
<td>May require surgical removal of intestines and ovaries.</td>
<td>Serious damage to the pelvic organs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Can be passed to infants during birth.</td>
<td>Abdominal pain.</td>
<td></td>
<td>Causes eye problems and pneumonia for infants.</td>
</tr>
<tr>
<td></td>
<td>Syphilis</td>
<td>Sexual contact with any infected person.</td>
<td>Often no symptoms.</td>
<td>Antibiotics.</td>
<td>Infertility.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Can be passed to infants during birth.</td>
<td>Painless sores.</td>
<td></td>
<td>Serious damage to eyes, heart, joints, and urinary system if untreated.</td>
</tr>
<tr>
<td></td>
<td>Pubic Lice</td>
<td>Sexual contact with any infected person.</td>
<td>Often no symptoms.</td>
<td>Antibiotics.</td>
<td>Infertility.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Contact with infested bedding or clothing.</td>
<td>Rash, fever and blisters.</td>
<td></td>
<td>Serious damage to eyes, heart and brain.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Contact with infected body fluids.</td>
<td>Discharge.</td>
<td></td>
<td>Increases susceptibility of contracting HIV.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>General irritation.</td>
<td></td>
<td>Premature birth and/or babies with low birth weight (less than five pounds).</td>
</tr>
</tbody>
</table>
### 5 Most Common NON-CURABLE STDs / STIs

<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>Human Papilloma Virus (HPV)</td>
<td>* Vaginal, anal or oral sex with an infected person.  * Skin-to-skin contact with infected area.</td>
<td>* Warts ranging in size from microscopic to visibly large form at the site of infection.  * Itching and burning pain.  * Most commonly form in throat, mouth or genital areas.</td>
<td>* No Cure.  * Warts may be removed, but the virus is still present.</td>
<td>* Surgical removal; Laser or chemical treatments.  * Women must be checked regularly for cervical cancer.</td>
</tr>
</tbody>
</table>
# The 5 MOST Common CURABLE STDs / STIs

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<tbody>
<tr>
<td></td>
<td>★ Can be passed to infant during birth.</td>
<td>★ Discharge.</td>
<td>★ May require surgical removal of uterus and ovaries.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>★ Abdominal pain.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>★ Pain when going to the bathroom.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>★ Vaginal, anal or oral sex with an infected person.</td>
<td>★ Often there are none.</td>
<td>★ Antibiotics.</td>
<td>★ Infertility. ★ Serious damage to eyes, heart, joints, and urinary system if untreated.</td>
</tr>
<tr>
<td>“The Clap”</td>
<td>★ Can be passed to infant during birth.</td>
<td>★ Yellow or white discharge.</td>
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<tr>
<td></td>
<td></td>
<td>★ Painful urination.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>★ Can be passed to infant during birth.</td>
<td>★ Painless sores.</td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>★ Rash, fever and fatigue.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Lice</td>
<td>★ Sexual contact with any infected person.</td>
<td>★ Lice are visible in the pubic hair.</td>
<td>★ Can be cured by medicated soaps.</td>
<td>★ Irritation and discomfort.</td>
</tr>
<tr>
<td>“Crabs”</td>
<td>★ Contact with infested bedding or clothing.</td>
<td>★ Severe itching.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trichomoniasis</td>
<td>★ Vaginal, anal or oral sex with an infected person.</td>
<td>★ Typically none.</td>
<td>★ Antibiotics</td>
<td>★ Increases susceptibility of contracting HIV. ★ Premature birth and/or babies with low birth weight (less than five pounds).</td>
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<tr>
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<td>★ Contact with infected body fluids.</td>
<td>★ Discharge.</td>
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<td>★ Genital irritation.</td>
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<td></td>
<td>★ Painful intercourse.</td>
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Compiled by the a I t e a m Abstinence Staff
Intended for use by Lakeshore Pregnancy Center
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p: 616.396.5840 e: ateam@lpcenters.com
## The 5 Most Common NON-CURABLE STDs / STIs

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<tr>
<td>Herpes (HSV)</td>
<td>★ Vaginal, anal or oral sex with an infected person.</td>
<td>★ Usually none.</td>
<td>★ No Cure.</td>
<td>★ Lifelong outbreaks of painful sores.</td>
</tr>
<tr>
<td></td>
<td>★ Skin-to-skin contact with an infected area.</td>
<td>★ Flu-like symptoms</td>
<td>★ Medication can reduce the number of outbreaks but cannot cure the virus.</td>
<td>★ Depression.</td>
</tr>
<tr>
<td></td>
<td>★ Can be passed to infant during birth.</td>
<td>★ Burning pain in genital area.</td>
<td></td>
<td>★ May lead to cancer.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>★ Blisters which secrete fluid, then scab and heal.</td>
<td></td>
<td>★ Can result in serious nervous system damage in infants.</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>★ Vaginal, anal or oral sex with an infected person.</td>
<td>★ Fever, sore throat, weight loss, fatigue.</td>
<td>★ No Cure.</td>
<td>★ Immune system deteriorates.</td>
</tr>
<tr>
<td></td>
<td>★ Sharing IV needles.</td>
<td>★ Drug treatment can slow immune system deterioration.</td>
<td></td>
<td>★ Serious infections and cancers develop, eventually resulting in death.</td>
</tr>
<tr>
<td></td>
<td>★ Contact with infected blood or body fluid.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>★ Tattooing &amp; piercing.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>★ Can be passed to infant during birth.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>★ Vaginal, anal or oral sex with an infected person.</td>
<td>★ Often no symptoms.</td>
<td>★ No Cure.</td>
<td>★ Serious damage to liver and kidneys.</td>
</tr>
<tr>
<td></td>
<td>★ Sharing IV needles.</td>
<td>★ Flu-like symptoms and jaundice.</td>
<td>★ Vaccines can prevent future infection.</td>
<td>★ May lead to liver cancer and cirrhosis.</td>
</tr>
<tr>
<td></td>
<td>★ Contact with infected blood or body fluid.</td>
<td>★ Dark Urine.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>★ Tattooing &amp; piercing.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>★ Can be passed to infant during birth.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Papilloma Virus (HPV)</td>
<td>★ Vaginal, anal or oral sex with an infected person.</td>
<td>★ Warts ranging in size from microscopic to visibly large form at the site of infection.</td>
<td>★ No Cure.</td>
<td>★ Warts may increase in size and spread.</td>
</tr>
<tr>
<td></td>
<td>★ Skin-to-skin contact with infected area.</td>
<td>★ Most commonly form in throat, mouth or genital areas.</td>
<td>★ Warts may be removed, but the virus is still present.</td>
<td>★ Causes most cervical cancers.</td>
</tr>
<tr>
<td></td>
<td>★ Can be passed to infant during birth.</td>
<td>★ Itching and burning pain.</td>
<td>★ Surgical removal; Laser or chemical treatments.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>★ Women must be checked regularly for cervical cancer.</td>
<td></td>
</tr>
<tr>
<td>Pelvic Inflammatory Disease (PID)</td>
<td>★ Long-term consequence do to contracting other uncured STD’s like Chlamydia and gonorrhea.</td>
<td>★ Often no symptoms.</td>
<td>★ No Cure.</td>
<td>★ Infertility.</td>
</tr>
<tr>
<td></td>
<td>★ Can only be contracted by females.</td>
<td>★ Often mistaken for menstrual cramps.</td>
<td>★ Surgical removal of reproductive organs may be necessary.</td>
<td>★ May lead to cancer of the reproductive organs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>★ If conception does occur, it is often an Ectopic (tubal) pregnancy.</td>
</tr>
</tbody>
</table>
5 Most Common CURABLE STIs / STDs

Chlamydia
Gonorrhea
Syphilis
Trichomoniasis
Pubic Lice (Crabs)
Chlamydia

Facts:
Most common bacterial STD in the US.
Over 3 million Americans develop a new Chlamydia infection each year – most of which are teens and young adults.
30-40% of sexually active teen girls are believed to be infected with Chlamydia.
Teen girls are at a higher risk than any other group – an immature reproductive system is unable to protect itself against the infection.
Increases the risk of HIV infection 2-3 times.

Symptoms:
Females: vaginal discharge; painful burning with urination; urgency/frequency of urination; pain in lower abdomen; fever
Males: penile discharge of pus; painful burning with urination
85% of infected females and 40% of infected males are “asymptomatic,” which means “no signs, no symptoms, but still contagious.”

Transmission:
Bacterial infection
Vaginal, oral or anal sex with an infected person.

Treatment:
Curable with antibiotics if you know you have it.

Potential Outcomes:
Females: Pelvic Inflammatory Disease (infection in uterus, fallopian tubes and ovaries); tubal pregnancies, miscarriages and potential infertility
Males: potential sterility (infertility)
Children: serious eye infections and blindness; middle ear infections; pneumonia
Gonorrhea

Facts:
Teenage girls ages 15-19 have the highest rates of gonorrhea in the US.
Estimated 650,000 new cases each year
30% of people with gonorrhea also have Chlamydia.
Increases the risk of HIV infection by 2-3 times.

Symptoms:
Pus-like discharge in males and females
Frequent or painful urination
Joint pain and swelling
Females: possible extreme pelvic pain

Transmission:
Bacterial infection
Vaginal, oral or anal sex with an infected person.

Treatment:
Curable with antibiotics if you know you have it.

Possible Outcomes:
Sterility in males and females
Females: PID which can result in tubal pregnancies or sterility; PID can require a hysterectomy (surgical removal of uterus).
Septic arthritis
Throat infections
Heart disease
Blindness
Syphilis

Facts:
90% of all untreated pregnant females will transmit the infection to the baby.
Appears in three stages over several months/years
Symptoms may come and go, even without treatment, but the infection remains highly contagious.

Symptoms:
Stage 1: painless sore(s) at point of invasion (genitals, mouth or lips)
Stage 2: rash, fever, fatigue, etc.
Stage 3: permanent (and often fatal) damage to heart, brain, blood vessels, nervous system, bones or skin

Transmission:
Bacterial infection
Vaginal, oral or anal sex with an infected person.
Direct contact with highly infectious sores (usually on mouth or genitals).
Passed from pregnant mother to baby.

Treatment:
Antibiotics can cure most syphilis infections and prevent further damage;
however, they will not repair damage already done.

Possible Outcomes:
Without treatment:
  brain damage, heart disease, blindness, dementia, paralysis, death
For infected unborn children:
  birth defects, brain damage, death
Trichomoniasis

Facts:
5 million cases estimated annually
Caused by a flagellated parasite
Increases risk of HIV infection

Symptoms:
There are often no signs or symptoms.
Vaginal or penile discharge
Genital irritation
Painful intercourse
Burning sensation during urination

Transmission:
Parasitic infection
Contact with infected body fluids
Vaginal, oral or anal sex with an infected person

Treatment:
Can be treated with oral medication, but the medication often causes side effects

Possible Outcomes:
Causes sterility
Highly associated with cancer of the female reproductive organs
If conception occurs, it is often an ectopic pregnancy (fertilized egg implants itself in a Fallopian tube).
Premature labor in pregnant women
Pubic Lice (Crabs)

Facts:
Technically it’s not a “disease,” it’s an “infestation”.
Lice and their eggs cannot survive long on a toilet seat.
“Making out” is the #1 method of transmission.

Symptoms:
Lice are often visible in the pubic hair.
Eggs (nits) are stuck to the pubic hair close to the skin.
Severe itching.

Transmission:
Close bodily contact with an infested person.
Contact with infested clothing or bedding.

Treatment:
Prescription medicated soaps will kill the lice and their eggs.

Possible Outcomes:
If left untreated…
Itching will become more intense.
Irritation and discomfort.
Redness of skin intensifies.
A Few Things To Keep In Mind

The ONLY 100% sure way to prevent contracting an STI / STD is ABSTINENCE from SEXUAL ACTIVITY.

If you or someone you know has already been sexually active, remember that we can always begin making healthy choices again. Don’t let the mistakes of your past dictate who you are becoming, you can make the choice to commit to abstinence again.

If you have been sexually active, get tested and next time be sure to have all of the facts before making a decision.

Statistics from the Medical Institute for Sexual Health
5 Most Common NON-CURABLE STIs / STDs

Hepatitis B
HPV (Human Papilloma Virus)/Genital Warts
Herpes Simplex Virus (HSV)
HIV/AIDS
Pelvic Inflammatory Disease (PID)
Hepatitis B

Facts:
Two-thirds of Hepatitis B cases are spread by sexual contact.
1 out of 20 develops serious chronic infections.
Vaccines are now available for future prevention.
Medical authorities recommend that all newborns be vaccinated in hopes of eradicating the disease.

Symptoms:
Often no symptoms
Yellowing of the skin and eyes (jaundice)
Lack of energy
Nausea
Vomiting
Dark urine

Transmission:
Viral blood borne disease
Vaginal, oral or anal sex with an infected person.
Contact with infected blood or body fluids.

Treatment:
There are no sure treatments and no cures for this disease.

Possible Outcomes:
Long term damages include severe liver damage, usually liver cancer or cirrhosis.
Death
70-90% of babies born to infected mothers will be infected.
HPV (Human Papilloma Virus) / Genital Warts

Facts:
Very difficult to treat due to 60+ different viral strains identified
One person may have several different strains
Condoms do NOT prevent spread of HPV
The CDC is on the verge of categorizing HPV an incurable disease

Symptoms:
Most people don’t know they have it
Warts can appear on genitals, thighs, buttocks, throat or tongue – pretty much anywhere on the body
Often microscopic (not visible) or internal
Sexually active females should have regular pap smears to detect HPV

Transmission:
Viral infection
Skin-to-skin contact with an infected person.
Contact with infected body fluids.
Most often spread by sex play or by vaginal, oral or anal sex.

Treatment:
Warts can be treated, but the virus remains – which means the warts could return.
The earlier HPV is detected, the greater the chances of successful treatment.

Possible Outcomes:
HPV is highly associated with cancer in both males and females.
HPV is linked with 99% of all cervical cancer in females
Pregnant women can pass HPV their unborn children
Herpes Simplex Virus (HSV)

Facts:
Teen girls are twice as likely as boys to become infected.
Often, the emotional impact (depression, fear of rejection, loss of sexual pleasure) is worse than the physical pain – which is considerable.
HSV can be passed to a sexual partner even when no symptoms exist.

Symptoms:
Lesions at site of infection
Open sores, eruption of blisters and ulcers anywhere on the body
75% of disease carriers show no symptoms – often for many years.

Transmission:
Vaginal, oral or anal sex with an infected person.
Direct contact with infected fluids or sores.
Passed from mother to child during delivery.
Type 1 (cold sores) and Type 2 (genital sores) are now “crossing over.”

Treatment:
Herpes is not curable.
Medications for suppressive therapy can reduce the severity and frequency of outbreaks, but doesn’t prevent infecting others.

Possible Outcomes:
Since there is no cure, HSV infected people experience life-long, unpredictable, continuous outbreaks of symptoms.
Children: HSV infected newborns have a 50% chance of mental retardation. Infants infected at birth have a 50% chance of death. 100% of these babies will be HSV infected for life.
HIV/AIDS

Facts:
95% of all HIV infected people develop AIDS within 10 years.
There is no cure – 100% of AIDS cases die from it.
The presence of any STD in any person’s body increases that person’s risk of HIV infection.
48% of HIV infected males and 22% of HIV infected females knew about their infection but did not tell a sex partner.
HIV/AIDS is the #1 cause of death among black males ages 15-44.

Symptoms:
Often none – dormancy can last from 3-7 years
Fever, sore throat, fatigue, swollen lymph nodes, Candida (fungal) mouth infections
Severe weight loss, diarrhea, malaise

Transmission:
Viral blood borne disease
Vaginal, oral or anal sex with an infected person.
Contact with infected blood or body fluids.
Passed from pregnant mother to baby.

Treatment:
Medication can prolong the life of an infected person, but the drugs are expensive, difficult to take and have unpleasant side effects.

Possible Outcomes:
Breakdown of immune system (which means you are more susceptible to other illnesses), death.
Pelvic Inflammatory Disease (PID)

Facts:
Not technically an STD because it only affects females – guys can’t get it!
Long-term, severe consequence associated primarily with Chlamydia or gonorrhea or both.
Gonorrhea and/or Chlamydia cause 80% of PID in women 25 or younger.

Symptoms:
There are often no signs or symptoms; when they are present, they are often mistaken for menstrual cramps.

Transmission:
You can’t “catch” PID. It’s a result of having other untreated STDs.

Treatment:
PID is not curable.
Surgical removal of reproductive organs may be necessary.

Possible Outcomes:
Chronic pelvic pain
Infertility
Highly associated with cancer of the female reproductive organs
If conception occurs, it is often an ectopic pregnancy (fertilized egg implants itself in a Fallopian tube).
A Few Things To Keep In Mind

The ONLY 100% sure way to prevent contracting an STI / STD is **ABSTINENCE from SEXUAL ACTIVITY**.

If you or someone you know has already been sexually active, remember that we can always begin making healthy choices again. **Don’t let the mistakes of your past dictate who you are becoming, you can make the choice to commit to abstinence again.**

If you have been sexually active, get tested and next time be sure to have all of the facts before making a decision.

*Statistics from the Medical Institute for Sexual Health*
WHEN should someone get tested?
An individual should get tested for STD’s/STI’s once a year if he/she has had any sexual contact...OR immediately if he/she is showing any of the following symptoms:

• Unusual discharges from penis or vagina
• Pain in the pelvic area
• Burning or itching around the genitals
• Irregular bleeding from penis or vagina
• Sores, bumps or blisters near the sex organs, rectum or mouth
• Frequent and/or painful urination
• Swelling or redness in the throat
• Flu-like feelings, with fever, chills & aches
• Swelling in the groin

WHERE can someone get tested?
Option 1: Make an appointment with your family doctor. (Recommended)

Option 2: Visit a clinic through your county’s Health Department.

WHY?
STD’s/STI’s can have very serious and permanently damaging effects, especially if they go untreated.

Many people who have STD’s/STI’s don’t know it because they can’t see any symptoms.

If you test positive for an STD/STI, you have a responsibility to inform any previous partners, who should also be tested.

Remember...
The only 100% sure way to avoid getting an STD/STI is abstinence from sexual activity until marriage.

If you have not had any sexual contact, you have no reason to fear having an STD/STI.

Today is a perfect day to start making healthy choices for yourself. No matter what you’ve done or been exposed to in the past, you can begin to make healthier decisions right now.

County Health Department—STD/STI Clinics

To make an appointment, call:
616.396.5266 [Ottawa County—Holland]
616.846.8360 [Ottawa County—Grand Haven]
269.686.4524 [ Allegan County]

When will I know the results?
In about one week

Testing is CONFIDENTIAL
(parent participation of minors is encouraged, but not required)

HOW much does it cost?
$0—$40, depending on the test and how much you are able to pay

WHAT do they test for?
Gonorrhea, Chlamydia, Syphilis, HIV, Hepatitis B & Hepatitis C
(routine clinical testing does not include Herpes or HPV)
Condoms: The Facts

What is a condom?
A condom is a thin sheath (usually made of latex, a type of rubber) that can be worn on the penis during sexual activity. Condoms are designed to keep semen (the fluid that contains sperm) from entering the vagina.

Do condoms work?
Condoms are typically 85% effective as a method of birth control in the first year of use. (15 out of 100 couples who are having sexual intercourse and using condoms in a year become pregnant).

If a sexually active 15-year-old girl practices a typical use of condoms, she has a 50% chance of becoming pregnant before she is 20.

Consistent 100% use of latex condoms reduces the risk of some common STI's such as Gonorrhea and Chlamydia, by about 50%. Inconclusive or No Evidence is available for whether or not condom use can effectively reduce the risk of several STI's. Several STI's are transmitted through skin to skin contact or sores in infected areas not covered by a condom. There is no significant evidence that condoms reduce the risk of some STI's such as Trichomoniasis, Pubic Lice or Hepatitis B.

Consistent 100% use of latex condoms can significantly reduce but does not eliminate the risk of transmitting or acquiring HIV infection.

Condoms are often used inconsistently and incorrectly by adolescents.

References:

<table>
<thead>
<tr>
<th>STD/STI</th>
<th>Risk Reduction w/ Condom Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia 1</td>
<td>50%</td>
</tr>
<tr>
<td>Gonorrhea 2</td>
<td>50%</td>
</tr>
<tr>
<td>Syphilis 3</td>
<td>Less than 30%</td>
</tr>
<tr>
<td>Trichomoniasis 4</td>
<td>Inconclusive Evidence</td>
</tr>
<tr>
<td>Pubic Lice (Crabs)</td>
<td>No Evidence</td>
</tr>
<tr>
<td>Hepatitis B 5</td>
<td>No Evidence</td>
</tr>
<tr>
<td>HPV 6</td>
<td>60-70%</td>
</tr>
<tr>
<td>Herpes 7</td>
<td>60-70%</td>
</tr>
<tr>
<td>HIV/AIDS 8</td>
<td>85%</td>
</tr>
</tbody>
</table>

1 (Maria & Thickstun, 2002)
2 (Maria & Thickstun, 2007)
3 (Oligney & Klepacki, 2005)
4 (Oligney & Klepacki, 2005)
5 (Sense & Sexuality, 2009)
6 (Sense & Sexuality, 2009)
7 (Life Choices, 2007)
8 (Oligney & Klepacki, 2005)
9 (Hirsch, 2007)
10 (Oligney & Klepacki, 2005)
11 (Maria & Thickstun, 2007)
12 (Oligney & Klepacki, 2005)
13 (Life Choices, 2007)
14 (Maria & Thickstun, 2007)
15 (Maria & Thickstun, 2007)
16 (Oligney & Klepacki, 2005)
Objectives:
Students will:
1. Explain that the purposes of laws are for our protection and safety.
2. Identify the purposes and implications of the Criminal Sexual Conduct Laws.
3. Classify specific situations into the 4 degrees of CSC convictions.
4. Identify characteristics of sexual abuse and discuss the importance of reporting.
5. Identify the dangers of Date Rape and Date Rape Drugs.
6. Discuss the Safe Delivery Act and its implications.

Overview:
1. Discussion - Establishing The Purpose of Rules And Laws
2. Activity - Criminal Sexual Conduct Laws
3. Handout - Reporting Sexual Abuse / Community Resources
4. Handout - Date Rape Drugs
5. Handout - Safe Delivery Act
6. Optional Activity: Safe Delivery Act Race

Materials:
1. Homework & Attendance Record
2. Handout - CSC Laws
3. Activity - CSC Laws - Magnetic cards
4. Handout - Date Rape Drugs
5. Optional Activity - Jason & Amber - (2 copies of Jason & Amber)
6. Handout - Safe Delivery Act
7. Optional Activity: Safe Delivery Act Race
   - Safe haven signs
   - Team Package for each group (name tags, diaper, baby food and spoon, bottle of milk)
8th Grade : Session 8

Criminal Sexual Conduct Laws

- Discussion -

Establishing The Purpose of Rules And Laws

1. Ask students to...
   ...name/list some rules that are in place at school.
   ...name/list some rules that are in place at home.
   ...name/list some rules/laws that are in place in society.

2. Ask students to...
   ...name/list some reasons that these rules and laws are in place.
   - to protect us.
   - to keep us safe.
   - for our own good and the good of society as a whole.

3. Explain to students that...
   ...the previous sessions of a - t e a m have included discussions about the importance of each of us making healthy choices for ourselves. In today’s session we will examine some laws that are in place to protect us - not from our own choices but, from the unhealthy choices that others sometimes make that can effect us. These laws are called the Criminal Sexual Conduct Laws (CSC Laws).

- Activity -

Criminal Sexual Conduct Laws

1. Explain to students...
   ...there are 4 levels of CSC conviction including 1st, 2nd, 3rd, and 4th degrees.
   ...each degree is a progressively worse punishment; the worse the crime committed, the more extreme the punishment / conviction. 1st degree is the most severe, 4th degree is the least.

2. Distribute CSC Laws handout.

3. Discuss/Explain the definitions of Penetration, Sexual Contact & Aggravation at the top of the handout.

4. Explain to students...
   ...you will have 1-2 minutes to study the circumstances which apply to one of the four degrees of conviction under the CSC Laws.
...after this 1-2 minute study time is past, everyone will put their CSC sheet out of sight and receive at least one situation card.

...for each situational card you are given, you will decide which degree of CSC conviction applies.

5. Divide students into groups of 4, instructing them to designate who will study each of the four degrees of CSC conviction.

6. Students study CSC Laws for 1-2 minutes.


8. Instruct students to put CSC Laws handout away.

9. Write on board while explaining to students that...

...CSC 1st degree = Sexual Penetration & Aggravation or any sexual penetration of a minor under the age of 13.

...CSC 2nd degree = Sexual Contact & Aggravation or any sexual contact of a minor under the age of 13.

...CSC 3rd degree = Sexual penetration or any penetration of a minor age 13-15

...CSC 4th degree = Sexual contact or any sexual contact of a minor 13-15 if the perpetrator is 5 or more years older than the victim.

9. Distribute all CSC situation cards.

10. Select one row or grouping of students at a time to place their cards on the board in the appropriate category, processing each card with the class before moving on to the next group.

- Discussion / Handout -
Reporting Criminal Sexual Conduct / Sexual Abuse

1. While referencing the Handout: Sexual Abuse on the reverse side of the Handout: CSC Laws explain to students that...

...sexual abuse is sexual contact or penetration of anyone under the age of 16 (current Michigan Law) or anyone of any age who is being sexually overpowered.

...It is not uncommon for the perpetrator to use manipulation (guilt, shame, threats) on the victim. These are lies; it is not the victim’s fault and no one ever deserves to be treated this way by anyone.

...if you or someone you know is being sexually abused, it is important to
tell an adult you trust. Keeping the abuse a secret doesn’t protect anyone from being abused; it only makes it more likely that the abuse will continue.

...to report abuse, call or visit:
- Department of Human Services (1.800.942.4357)
- www.michigan.gov/dhs
- 24/7 National Abuse Hotline (1.800.4.A.CHILD)
- Michigan Assault Hotline (1.800.NO.MEANS.NO)
- If you are ever in Immediate Danger you should always call 911

- **Handout** -
  Date Rape Drugs

1. Distribute and explain Handout: Date Rape Drugs.

2. Optional Activity: Jason & Amber Role Play.

- **Handout** -
  Safe Delivery Act


Handouts, Materials, References & Resources
Criminal Sexual Conduct Laws

Terms to Know...

**Penetration:** Intrusion into genital, anal or oral openings using genitals, fingers, or other objects

**Sexual Contact:** Intentional touching of intimate parts or clothing covering intimate parts for the purpose of sexual arousal or gratification

**Aggravation:** Any personal injury to the victim other than the penetration/contact itself; this could include any physical injury occurring to the victim or any emotional trauma or mental anxiety the victim experiences as a result of the incident.

1st Degree CSC —
- Sexual penetration with aggravation (with or without incapacitation)
- Sexual penetration of a minor under age 13
- Sexual penetration of a minor age 13-15 by someone in a position of power over the victim
- Felony punishable by up to life in prison

2nd Degree CSC —
- Sexual contact with aggravation
- Sexual contact with a minor under age 13
- Felony punishable by up to 15 years in prison

3rd Degree CSC —
- Sexual penetration of a minor age 13-15 (If peers, both partners can be charged!)
- Sexual penetration through use of force or coercion
- Sexual penetration of an incapacitated victim (intoxicated, drugged, asleep)
- Felony punishable by up to 15 years in prison

4th Degree CSC —
- Sexual contact of a minor age 13-15 by a person 5 or more years older than the victim
- Sexual contact through use of force or coercion
- Sexual contact on an incapacitated victim (intoxicated, drugged, asleep)
- High Court Misdemeanor punishable by up to 2 years in prison and/or fine of $500 (This means that if a felony is committed in the future, this crime will be upgraded to a felony.)

You Need to Know...

In the state of Michigan, the legal "age of consent" is 16. This means that having sex with an individual under the age of 16 is a crime punishable by imprisonment. Being convicted of this crime can also result in being listed on the sex offender registry on the internet for at least 25 years.
Sexual Abuse

What is it?
Sexual Abuse includes engaging in sexual contact or sexual penetration with an individual under 16, or if one person sexually overpowers another, regardless of age. This includes unwanted touching or kissing or forcing sex by use of threats or accusations.

Sexual Exploitation includes allowing, permitting, or encouraging a minor to engage in prostitution or to be photographed or filmed in a sexual act.

Physical, emotional, or sexual harm as well as sexual exploitation are all forms of abuse.

It’s not your fault.
Abuse is not a normal or healthy way to treat people. Sometimes abusers will say or do things to make their victims think they were “asking for it.” These are lies. Everyone deserves to be treated respectfully.

Identifying Sexual Abuse...
People can sometimes have trouble recognizing that they are being abused. This may be especially difficult for someone who has lived with it for many years. A person might think that it's just the way things are and that there's nothing that can be done. If you think you might be a victim of abuse, it’s always ok to talk to a friend or adult you trust.

Speaking Up...
If you or someone you know is being abused, tell your parents or another adult you trust.

Teachers and other school employees are “mandatory reporters.” They are required to inform the Department of Human Services (DHS) of any suspected abuse.

To report abuse and get connected with local DHS authorities in Michigan, you can call:

1-800-942-4357

Local DHS offices can also be accessed at:
www.michigan.gov/dhs

24/7 National Abuse Hotline
1.800.4.A.CHILD (1-800-412-4453)

Michigan Assault Hotline
1.800.NO.MEANS.NO

If you are ever in immediate danger: call 911
<table>
<thead>
<tr>
<th><strong>1st Degree</strong></th>
<th><strong>2nd Degree</strong></th>
<th><strong>3rd Degree</strong></th>
<th><strong>4th Degree</strong></th>
<th><strong>Legal</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Felony: Up to LIFE in prison</td>
<td>Felony: Up to 15 years in prison</td>
<td>Felony: Up to 15 years in prison</td>
<td>High Court Misdemeanor: Up to 2 years in prison and/or a fine of $500</td>
<td>No Legal Consequence: Unless the behavior is unwelcome/unwanted</td>
</tr>
<tr>
<td>Penetration with aggravation</td>
<td>Sexual contact with aggravation</td>
<td>Two 14 year olds have sex together</td>
<td>Sexually touching someone who is sleeping</td>
<td>Holding hands with a 12 year old</td>
</tr>
<tr>
<td>Sex with someone under 13 years old</td>
<td>Letting hands “wander” while making out with a 12 year old</td>
<td>Oral sex with someone who is drunk</td>
<td>Sexually touching someone who is drunk or drugged</td>
<td>Giving a 13 year old a kiss</td>
</tr>
<tr>
<td>A coach or teacher penetrates a minor 13-15 years old</td>
<td>Sexually touching a minor under age 13</td>
<td>Forced or coerced penetration</td>
<td>A 14 year old is intimately touched by a 20 year old</td>
<td>Accidentally touching someone in their “bathing suit area”</td>
</tr>
<tr>
<td>Oral sex with a 12 year old</td>
<td>Intimate touching with injury/harm</td>
<td>Sexual penetration with someone who is 13-15 years old</td>
<td>Using force to grab someone in a “bathing suit area”</td>
<td>A married couple having sex</td>
</tr>
<tr>
<td>Penetration with injury</td>
<td>Using fingers to penetrate a 12 year old</td>
<td>Having oral sex with someone who has been smoking marijuana</td>
<td>Putting an arm around a 13 year old’s shoulders</td>
<td>A physician touches a teen’s genital area during a medical exam</td>
</tr>
<tr>
<td>Using fingers to penetrate a 12 year old</td>
<td></td>
<td>Using fingers to penetrate a 13-15 year old</td>
<td>Giving a hug to a minor</td>
<td></td>
</tr>
</tbody>
</table>
Date Rape Drugs

These are drugs that are sometimes used to assist a sexual assault (any type of sexual activity that a person does not agree to including inappropriate touching, vaginal penetration, sexual intercourse, rape or attempted rape). Because of the effects of these drugs, victims may be physically helpless, unable to refuse sex, and can’t remember what happened. The drugs are easily added to flavored drinks without the victim’s knowledge. These drugs have been used on both men and women. The drugs can affect you quickly. The length of time that the effects last varies depending on how much of the drug is taken and what it is mixed with. Alcohol can worsen the drug’s effects and can cause more health problems.

**Rohypnol**
A.k.a: Roofies, Rope, Ruffies, R2, Ruffles, Roche, Forget-Pill

Colorless, odorless and tasteless tranquilizer which acts as a sedative and can cause amnesia, difficulty talking and seeing, confusion, nausea, muscle relaxation and slowing of psychomotor response. Rohypnol is typically dissolved in beverages. Newer Rohypnol pills turn blue when added to liquids, but older pills are still available and do not turn colors.

Rohypnol can take effect in approximately 10-20 minutes, can last for 2-24 hours depending on what it is mixed with and can be detected in blood for 24 hours and in urine for 48 hours.

**Ketamine Hydrochloride**
A.k.a: Special K, Vitamin K, Ket, “K”

This powerful anesthetic is used as an animal tranquilizer that causes hallucinations, amnesia and out-of-body experiences, difficulty breathing, convulsions, vomiting, numbness, loss of coordination, slurred speech and distorted perceptions of sight and sound. It comes in liquid, powder or pill form.

**Fry Cigarettes**
A.k.a: Fries

These are cigarettes that have been soaked in embalming fluid (made of a mixture of formaldehyde, methanol, ethanol and other solvents) and offered for smoking. These altered cigarettes can cause hallucinations, delusions, unconsciousness or even death.

Continued on Back
Ecstasy
A.k.a: MDMA, Adam, XTC, “E”, “X”

Ecstasy is a drug that can make people trust each other, break down barriers and make one feel “loving” towards another. It can cause feelings of confusion, depression, severe anxiety, muscle tension, involuntary teeth clenching, faintness and increased heart rate and blood pressure.

GHB — Gamma Hydroxy Butyrate
A.k.a: Liquid Extacy, Liquid X, Scoop, Easy Lay

Colorless, odorless liquid depressant with anesthetic qualities causing feelings of dizziness, drowsiness, relaxation, nausea, black outs, sweating, problems seeing and loss of inhibitions (especially in women). GHB can also result in seizures, coma and death. It is also distributed in powder or tablet forms commonly dissolved in water.

GHB can take effect in 10-15 minutes and may last for 2-30 hours, depending on what it is mixed with.

Alcohol

Alcohol itself can be used as a date rape drug because it causes difficulty in thinking clearly, difficulty in resisting sexual assault, black outs and memory loss. Fatal overdose is possible. Alcohol is involved in 50-70% of sexual assaults. Even if a victim of sexual assault drank alcohol willingly, he or she is NOT at fault for being assaulted.

If you think (or know) that you’ve ingested a rape drug:

• Call 911 for medical help or have someone drive you to the nearest hospital. Do NOT drive yourself!
• If possible, bring your beverage/cigarette for testing.
• Ask to be tested for rape drugs right away — evidence can disappear within just a few hours.
• Ask to be examined for sexual assault.

Just part of the fun?

Anyone found guilty of delivering, possessing with intent to deliver or manufacture these drugs faces serious fines and serious prison time. Using the drug to commit rape is punishable by up to life in prison. Also, simply having these in your possession is considered a felony and can mean prison, a fine or both. Abuse of these drugs will not be considered an innocent prank.

Sources: www.mckinley.uiuc.edu; www.4woman.gov
Optional Activity

Directions:
1. Select 2 Volunteers, 1 male & 1 female if possible.
2. Provide each volunteer with a copy of “Jason & Amber” role play.
3. Explain that they will take turns reading through the role play sequentially 1-8.
4. Allow volunteers to review script as you explain to the class that “Jason” and “Amber” are going to act out a role play that demonstrates an example of a date rape situation.
5. Distribute discussion questions to students and instruct students to be thinking about these questions as they listen to “Jason” and “Amber”.

Jason & Amber
Role Play

Jason
1. I noticed Amber right away at the dance. She looked really sexy. She kept looking at me and smiling. We talked and danced a lot that night. I could tell she really liked me.

When she said she’d ride with me to the party after the dance, I knew this would be a great night.

At the party we stayed in the car to talk. We started kissing and then all of a sudden she told me to stop and struggled to get away. Girls always act like that so they don’t seem too easy.

I don’t know why she kept crying afterwards. I heard she had done it before. If she didn’t want to have sex, why did she go to the party with me? Why is she making such a big deal about it?

Amber
2. When Jason asked me to ride to the party after the dance, I hesitated because I didn’t know him that well. But he seemed nice and I wanted to get to know him better.

When we got to the party he pulled over on this dead end street and we talked for awhile. Then we started kissing, which was okay; I really liked him.

I didn’t want him to think that I was a baby, but when he started to touch me and go too far, I told him to stop. He was on top of me and I couldn’t get away. I was crying but he didn’t even care.

He forced me to have sex. He didn’t seem to think it mattered that much, but it mattered to me.
Discussion Questions for Jason & Amber’s Story

1. Discuss Jason’s perspective of situation.

2. Discuss Amber’s perspective of situation.

3. Did Jason communicate with Amber about what she wanted or didn’t want that night?

4. Was this incident Amber’s fault? Jason’s fault?

5. What could Amber do in the future to protect herself?

6. When should Amber have known Jason was bad news?

7. What could happen to Jason?

8. Does an innocent person ever get accused of date rape? How could students protect themselves from false accusations?
In a Nutshell…

To prevent babies from being thrown away, laws have been set that allow a new parent to abandon his/her newborn at a Safe Haven with no penalties.

“Safe Haven” Means…

The newborn may be left with an employee at one of these locations.
- Hospital
- Police Station
- Fire Department

No Strings Attached IF…

The baby must be no more than three days old and have had its basic needs met. Either the mother or the father of the newborn must be present — only the parent(s) may hand the baby over.

A parent leaving a baby at a Safe Haven does not have to answer any questions. However, it is encouraged that some basic medical history be left for the baby’s medical records. (Family history of heart attack, high blood pressure, diabetes, etc.)

You’re Held Responsible IF…

A parent will be held legally responsible for abandoning a child who
- has been abused or neglected,
- has health problems from the mother’s drug or alcohol abuse,
- is clearly more than three days old.

Call Toll-Free for More Information
1-866-733-7733
Safe Delivery Laws

In a Nutshell...
To prevent babies from being discarded, laws have been set that allow a new parent to abandon his/her newborn at a Safe Haven with no penalties.

"Safe Haven" Means...
The newborn may be left with an employee at one of these locations.
- Hospital
- Police Station
- Fire Department

No Strings Attached IF...
The baby must be no more than three days old and have had its basic needs met. Either the mother or the father of the newborn must be present — only the parent(s) may hand the baby over.

A parent leaving a baby at a Safe Haven does not have to answer any questions. However, it is encouraged that some basic medical history be left for the baby’s medical records. (Family history of heart attack, high blood pressure, diabetes, etc.)

You’re Held Responsible IF...
A parent will be held legally responsible for abandoning a child who
- has been abused or neglected,
- has health problems from the mother’s drug or alcohol abuse,
- is clearly more than three days old.

Call Toll-Free for More Information
1-866-733-7333

Optional Activity

Safe Delivery ACTivity

Materials:
- Safe haven signs
- Team Package for each group
  - name tags (mom, dad, friend, baby)
  - diaper
  - baby food
  - spoon
  - bottle containing 3 oz. of milk
- Small cooler for the bottles of milk.
- Ziploc bag for used baby food spoons.
- Trash bag for baby food containers.

Directions:
1. Distribute & explain the “Safe Delivery Laws”, highlighting the points in the left example.
2. Select a few volunteers to tape the safe haven signs and set up the 3 stations (bottles of milk, baby food, and diapers) around the room.
3. Divide students into groups of 4 if possible.
4. Distribute name tag set to each group.
5. Explain to students that...
   ...they each need a name tag; 1 baby, 1 dad, 1 mom and a friend or two (depending on group size of 4 or 5).
   ...there are 4 tasks that they have to accomplish in 3 minutes or less; the baby must be fed a whole container of baby food, drink all 3 oz. of milk, and have a diaper put on. Once all 3 of these stations are completed the “parents” must take the baby to a legitimate safe haven.
   ...the first team to complete all 3 stations and deliver their baby to a legitimate safe haven in less than 3 minutes, wins.
6. a - t e a m educator can instruct all groups to begin at the same time, or if time allows, instruct only 1 group to go at a time, keeping track of how long each group takes to complete all 4 tasks.
Objectives:
Students will:
1. Identify what gives each of them value as an individual.
2. Identify past experiences and the impact of those experiences on their lives.
3. Compose a Time Capsule Letter to themselves.

Overview:
1. Discussion - Defining Yourself: What Really Matters?
2. Activity - Journey Wall
3. Discussion - Where Are You Going?
4. Activity / Handout - Personal Reflections & A Letter To Myself

Materials:
1. Attendance & Homework Record
2. Journey Wall handout - Blank White 11 x 17 paper
3. Post-it™ notes [minimum of one 100 sheet pad per 3 students]
4. Ink Pens - Red & Green (1 of each per student)
5. Activity / Homework - A Letter To Myself
8th Grade : Session 9

Your Journey:
Where You’ve Been and Where You’re Going

- Discussion -
Defining Yourself : What Really Matters?

1. Explain to students that...
   ...in session #2 of a - t e a m we looked at people who influence us; parents, friends, teachers, TV, movies, music, etc.
   ...then we talked about what some of these people and the media tell us about the world and ourselves.
   ...every day there are many influences pressuring us to act, dress, think, talk, even smell a certain way.

2. Ask students...
   ...do you ever feel pressure to live a certain way?
   ...what are some of the pressures you feel you have to live up to in order to be successful, good enough, or be accepted?

3. Record student’s responses on the board.

4. Ask students...
   ...on which of these things do you really want people to base their perception of you?
   ...which of these things are really important? Why?
   ...when it comes to defining who you are, what do you really want people to look at / care about?

5. Circle the items that the students feel are actually important.

- Activity -
Journey Wall

1. Explain to students that...
   ...as we have previously discussed, there are many things in life that influence who we are including the people in our lives as well as things that we have experienced, good and bad.
   ...today, they will be focusing on events, relationships, and circumstances in their lives that have influenced them - some in small ways, others in big ways.
   ...they will be given a pad of Post-it ™ notes and two colored pens.
   - Green pens will be used to record positive events,
relationships, and circumstances.
- Red pens will be used to record negative or painful events, relationships, and circumstances.
...they will record 1 event, relationship, or circumstance on the top of each Post-it™.
...on the bottom of each note, they will record the impact/influence they feel that situation had/has on them, using the correct color to imply if they felt it was a positive or negative effect.

2. Distribute Post-it™ notes and allow students 10–15 minutes to record events, relationships, and circumstances from their lives.

3. Interact with students as they work. Prompt them with ideas such as:
- People they remember who were important to them / influenced them
- Places they went
- Experiences they remember having
  - During Vacations
  - During the Summer time
  - During Christmas break
  - During Spring break
  - During School
- Family (changes or major events)
- Friends (gaining, losing, experiences together, conflict)
- Dating relationships
- Things their family did together
- Activities they joined/quit
- Major changes in location or situation

4. Distribute a single 11 x 17 sheet of paper to each student and direct them to organize their Post-it™ notes in a timeline fashion on the page.
- (A) Place Post-it™ notes between lines on 11 x 17 paper, beginning with the earliest memory on top far left.
- Add notes in chronological order downward. When bottom line is reached, begin a new column.
- Timeline will read top to bottom and left to right.

5. Optional (this may work well with groups who have an abundance of experiences recorded): Instruct students to...
... (B) divide the timeline into 3-5 key phases or chapters of their lives, moving some of the Post-it™ notes around if needed.
... (C) give each phase or chapter a title that best describes what was going on during that time. Record this in the top margin.
... (C) record in the bottom margin what they may have learned or can learn from each phase or chapter in their life.
**- Discussion -**

Where Are You Going?

1. **Emphasize** to students that...
   ...the experiences of our past heavily influence us but do not dictate who we are becoming.
   ...we choose how to take the things we have experienced and apply them to who we are and who we want to be.

2. Share a personal experience and/or highlight someone from history who has overcome adversity and has become a positive influence in our world.

**- Activity / Handout -**

*Personal Reflections & A Letter To Myself*

1. **Ask the students**...
   ...if they have ever thought about who they want to become. If so, great; if not, here’s their opportunity.
   ...to think about how they are going to take the lessons from the different phases of their life and apply them to who they want to become.

2. **Distribute Handout - A Letter To Myself.**

3. **Explain to students that**...
   ...for their homework they are going to have the opportunity to answer a few important questions and write a letter to themselves.
   ...next class, when they come with their completed homework, they will be putting it into an envelope that they will open at a later time in their lives. (Perhaps when they graduate from high school, get married or get their first job.)
   ...the purpose of the letter is to tell themselves the important things they know now that they don’t want to forget later in their journey.

4. **Instruct students to**...
   ...begin answering the questions on the “Personal Reflections” side of the “Letter To Myself” Handout.

5. **Give students time to work on the Personal Reflections & A Letter to Myself.**

6. **If time allows, give the opportunity to share how they answered some of the Personal Reflection questions.**

***Remind students that the next session is the final session of a - t e a m. The final session is the last day that any late a - t e a m homework will be accepted for partial credit.***
A Letter to Myself

-Briefly answer each of the following questions in the space provided.

Who do I want to be like? List two or three people you look up to as examples and what you admire about them. Why do you want to be like them?

Who am I now? What 5 words would best describe you now? What words would you like to add to the list that you don't think are true of you right now?

What do I think is the biggest problem in the world? What can you do right now to help solve this problem?

What do I think makes a difference? What jobs/roles in the community do you think are most important? Which ones would you most like to do and why?

What will people remember about me? If you were to hear people talking about you at your funeral, what do you hope they would say? What do you want to be remembered for?
A Letter to Myself

Based on what you’ve written on the first side of this handout, use the space below to compose a letter to yourself to be opened sometime in the future. (Have a specific time in mind — for example: your high school graduation day, your 30th birthday, your wedding day).

As you continue on your journey, what do you want to be sure to remember? What have you learned so far that you don’t want to forget when you’re at this future point in your life?

Today’s Date: ____________________

_____________________________________

_____________________________________

_____________________________________

_____________________________________

_____________________________________

_____________________________________

Sincerely,

_____________________________________

Modified by the A-Team Abstinence staff of Lakeshore Pregnancy Center Holland, MI from IT TAKES COURAGE! Creating a vision for life, Activity # 12  Permission to reproduce, © 2004 Kerus Global Publishing
Objectives:
1. Summarize what they have learned from the a - t e a m sessions and the importance of learning these concepts.
2. Demonstrate what they have learned from the a - t e a m sessions by taking a Post-Test.

Overview:
1. Before/As class begins…
   - Collect any remaining late a - t e a m homework for partial credit.
   - Distribute Staff Survey, Educator Evaluation & Parent Surveys
2. Discussion - Homework: A Letter To Myself
3. Discussion - Answering Any Remaining Questions
4. Discussion - Personal Reflection
5. Assessment - Post-Test & Student Feedback Survey
6. Conclusion - Tying Up Loose Ends
7. After class…
   - Thank the teacher.
   - Collect extra homework binder & question box.
   - Once updated, provide final attendance & homework record to teacher.

Materials:
1. Attendance & Homework Record
2. Letter To Myself Time Capsule Envelopes (1 per student)
3. Handouts - Staff Survey & Educator Evaluation (1 of each per class) & Parent Feedback Surveys (1 per student)
4. Scrap paper for Discussion - Personal Reflection
5. Handout - Post-Test (1 per student)
6. Handout - Student Feedback Survey (1 per student)
7. Staplers (2-3)
8. Completed student homework from previous a - t e a m sessions.
8th Grade : Session 10

Wrap Up

Before / As class begins...
1. Collect any remaining late a - t e a m homework for partial credit.

2. Distribute Staff Survey & Educator Evaluation (to teacher) and Parent Survey (to office personnel or students).

- Discussion -

Homework: A Letter To Myself

1. Instruct students to take out their Homework: A Letter To Myself.

2. If there was not time during the previous class, give the students an opportunity to...
   ...share how they answered some of the Personal Reflection questions.
   ...share some of the things they wrote to themselves in their letter.

3. Ask students to have their homework visible on the table in front of them and to make sure their name is on it, whether it is completed or not.

4. As you walk around, handing an envelope to each student, take note if their homework is completed or not. If homework is not completed, mark it as such on the homework record.

5. Instruct students to...
   ...tri-fold their letter, so it fits in the envelope.
   ...place their folded letter in their envelope and seal the envelope.
   ...write their name and the date they intend to open the envelope in the blanks provided.

- Discussion -

Addressing Any Remaining Questions

1. Answer any remaining questions that the students have or that are still in the question box.
- Discussion -

Personal Reflection

1. Ask students to share at least 1 thing that they learned from the a-t e a m classes and why each is important for them to know.

2. Remind students that...

…the choice is theirs; they are able to choose to wait until they are married, but it is a choice that they have to make, not their parents, not their teachers, not anyone but themselves.

…by choosing to wait to participate in sexual activity until they are married, they are setting themselves up for a healthier life now and in the future.

…by choosing to wait they are FREE FROM things like unplanned pregnancy, STDs/STIs, feeling used, etc.

…by choosing to wait they are FREE TO accomplish their goals, finish school, and build healthy relationships based on appropriate affection / intimacy.

- Assessment -

Post-Test & Feedback Survey

1. Explain to the students that...

…today they will take the Post-Test, which will be graded.

2. Give students the following instructions while writing on the board...

…fill in the information on the top, then answer each question.

…take their time, this is not a race.

…when finished with the test, fill out the Feedback Survey.


5. Have students exchange Post-Tests so no one has his / her own test.

6. Provide students with correct answers for Post-Test, having them mark any incorrect answers on the test in front of them. (Students do NOT need to change any answers or make any other marks on the paper).

7. Instruct students to count up the correct answers for each section of the test, fill in each “# Correct” box, and return tests to their owners.

8. Return all a-t e a m homework and Pre-Tests to students,
instructing students to staple their Pre-Test (1) on top of their Post-Test (2).

9. Collect all Pre & Post-Tests and Feedback Surveys. (Students may keep homework).

- Conclusion -  
Tying Up Loose Ends

1. Thank the students and reiterate that…

...our hope for them is that they will understand and live into the truth that they can be sexually healthy throughout their lives, beginning now.

...they are fully capable of making good choices for themselves now and in the future.

2. After class is done…

...thank the teacher

...collect extra homework binder.

...collect a - t e a m question box.

...once updated, provide teachers with final attendance & homework record.
- Handouts, Materials, References & Resources -
* * * Time Capsule Envelope * * *

Dear _______________________________,

( your name )

Open this envelop on or after:

( date / time in your life i.e.: college graduation or wedding day )

Today’s date: ____________________________  Your current age: ______  Your current grade: ______

* * * Time Capsule Envelope * * *

Dear _______________________________,

( your name )

Open this envelop on or after:

( date / time in your life i.e.: college graduation or wedding day )

Today’s date: ____________________________  Your current age: ______  Your current grade: ______
1) Choosing abstinence means choosing...
   a) ...to have sex.
   b) ...to NOT participate in sexual activities until I am married.
   c) ...to have sex every once in a while.
   d) ...to participate in some sexual activities WITHOUT going “all the way“ to sex.
   e) ...I don't know what “abstinence” means.

2) Being sexually healthy means intentionally making good choices for your...
   a) ...physical health.
   b) ...social health.
   c) ...emotional health.
   d) ...mental health
   e) ...spiritual/moral health.
   f) ...all of the above

3) The purpose(s) of sex include...
   a) ...pleasure / fun.
   b) ...unity / intimacy.
   c) ...reproduction.
   d) ...all of the above.
   e) ...I don’t know.

4) People who set clear goals for themselves are...
   a) ...more likely to fail.
   b) ...less likely to get frustrated.
   c) ...more likely to make healthy choices.
   d) ...not sure what they want out of life.
   e) ...going to get what they want 100% of the time.

5) The media typically sends accurate, healthy messages about sexuality.
   a) ...I strongly agree.
   b) ...I agree.
   c) ...I don’t know.
   d) ...I disagree.
   e) ...I strongly disagree.

6) Fidelity means...
   a) ...being highly emotional.
   b) ...acting on your impulses.
   c) ...keeping your promises and showing loyalty.
   d) ...growing up quickly.
   e) ...I don’t know what “fidelity” means.
7) Sexual abuse...
   a) …is never deserved.
   b) …can involve manipulation and “tricking” a person into thinking this is normal.
   c) …includes physical, emotional or sexual harm as well as sexual exploitation.
   d) …should always be reported.
   e) …all of the above.

8) Pornography...
   a) …creates unrealistic expectations.
   b) …can be extremely addictive.
   c) …degrades men and women.
   d) …devalues sex.
   e) …all of the above.

9) If someone sends me a sexually explicit image through email or text...
   a) …it’s ok to pass it on, especially if it’s just a joke.
   b) …I should delete it immediately.
   c) …there could be serious consequences for the person who sent it and for me.
   d) …it’s not a big deal, people do it all the time.
   e) …answers “b” and “c.”

10) Love and Infatuation are...
   a) …the same thing.
   b) …both good when working together in a healthy relationship.
   c) …don’t go together at all.
   d) …all of the above.
   e) …I don’t know.

11) Someone who has been sexually active outside of marriage...
   a) …can begin making healthier choices at any point in his/her life.
   b) …needs to be tested for STD’s/STI’s.
   c) …can still be abstinent until marriage from now on.
   d) …all of the above.
   e) …I don’t know.

12) Sexual activity includes...
   a) …sexual intercourse.
   b) …sexual intercourse and oral sex.
   c) …sexual intercourse, mutual masturbation, oral sex and anal sex.
   d) …oral sex and mutual masturbation.
   e) …I don’t know what sexual activity means.

13) STI’s/STD’s can generally be transmitted from an infected person through...
   a) …toilet seats, blood, and tears.
   b) …blood, tears, and sexual fluids.
   c) …sexual fluids, blood, breast milk, and contact with infected area.
   d) …only sexual fluids (seminal + vaginal).
   e) …I don’t know.
14) The only 100% effective way to avoid an unplanned pregnancy is...
   a) ...using birth control.
   b) ...using condoms.
   c) ...getting an operation.
   d) ...abstinence from sexual activity.
   e) ...I don’t know.

15) My experiences throughout life...
   a) ...have no effect on my personal choices.
   b) ...can influence me in positive or negative ways.
   c) ...will determine exactly what I choose to do in the future.
   d) ...are important stories that can teach me valuable lessons.
   e) ...answers “b” and “d.”

MATCHING
# Correct: 4

Match one answer from the left and one answer from the right with the items in the center column by writing the corresponding answer on each line. Each blank is worth a 1/2 point.

| A) Up to 15 years in prison | 16) 4th degree ___ CSC Laws |
| B) Up to Life in prison | 17) 3rd degree ___ CSC Laws |
| C) Up to 15 years in prison | 18) 2nd degree ___ CSC Laws |
| D) Up to 2 years in prison + $500 in fines | 19) 1st degree ___ CSC Laws |
| E) Penetration only | F) Contact with aggravation / harm |
| G) Penetration with aggravation / harm | H) Contact only |

SHORT ANSWER
# Correct: 16

Answer the following using your own words. Answers will vary. Each blank is worth 1 point.

20) List THREE characteristics of a healthy relationship.

_______________________________________
_______________________________________
_______________________________________

21) List TWO signs or “red flags” of an unhealthy relationship.

_______________________________________
_______________________________________
22) List TWO people you know who possess character traits you admire and who encourage you toward making healthy decisions in life.

_______________________________________

_______________________________________

23) List TWO expectations you know your parents/guardians have for you as an adolescent.

_______________________________________

_______________________________________

24) List ONE goal you have for yourself (short-term or long-term), ONE strategy you’ll use to accomplish it, and ONE distraction you’ll need to avoid.

Goal - ________________________________________________________________

Strategy - ______________________________________________________________

Distraction - _____________________________________________________________

25) List TWO standards you’ve set for yourself to follow in any dating relationships.

_______________________________________

_______________________________________

*Finish this sentence using your own words:*

26) Fidelity is important in dating and marriage relationships because...

___________________________________________________________________________

27) List ONE important thing you learned from a - t e a m and WHY it’s important.
1) Choosing abstinence means choosing…
   a) …to have sex.
   b) …to NOT participate in sexual activities until I am married.
   c) …to have sex every once in a while.
   d) …to participate in some sexual activities WITHOUT going “all the way” to sex.
   e) …I don’t know what “abstinence” means.

2) Being sexually healthy means intentionally making good choices for your…
   a) …physical health.
   b) …social health.
   c) …emotional health.
   d) …mental health
   e) …spiritual/moral health.
   f) …all of the above

3) The purpose(s) of sex include…
   a) …pleasure / fun.
   b) …unity / intimacy.
   c) …reproduction.
   d) …all of the above.
   e) …I don’t know.

4) People who set clear goals for themselves are…
   a) …more likely to fail.
   b) …less likely to get frustrated.
   c) …more likely to make healthy choices.
   d) …not sure what they want out of life.
   e) …going to get what they want 100% of the time.

5) The media typically sends accurate, healthy messages about sexuality.
   a) …I strongly agree.
   b) …I agree.
   c) …I don’t know.
   d) …I disagree.
   e) …I strongly disagree.

6) Fidelity means…
   a) …being highly emotional.
   b) …acting on your impulses.
   c) …keeping your promises and showing loyalty.
   d) …growing up quickly.
   e) …I don’t know what “fidelity” means.
7) Sexual abuse...
   a) ...is never deserved.
   b) ...can involve manipulation and "tricking" a person into thinking this is normal.
   c) ...includes physical, emotional or sexual harm as well as sexual exploitation.
   d) ...should always be reported.
   e) ...all of the above.

8) Pornography...
   a) ...creates unrealistic expectations.
   b) ...can be extremely addictive.
   c) ...degrades men and women.
   d) ...devalues sex.
   e) ...all of the above.

9) If someone sends me a sexually explicit image through email or text...
   a) ...it's ok to pass it on, especially if it's just a joke.
   b) ...I should delete it immediately.
   c) ...there could be serious consequences for the person who sent it and for me.
   d) ...it's not a big deal, people do it all the time.
   e) ...answers “b” and “c.”

10) Love and Infatuation are...
    a) ...the same thing.
    b) ...both good when working together in a healthy relationship.
    c) ...don't go together at all.
    d) ...all of the above.
    e) ...I don't know.

11) Someone who has been sexually active outside of marriage...
    a) ...can begin making healthier choices at any point in his/her life.
    b) ...needs to be tested for STD's/STI's.
    c) ...can still be abstinent until marriage from now on.
    d) ...all of the above.
    e) ...I don't know.

12) Sexual activity includes...
    a) ...sexual intercourse.
    b) ...sexual intercourse and oral sex.
    c) ...sexual intercourse, mutual masturbation, oral sex and anal sex.
    d) ...oral sex and mutual masturbation.
    e) ...I don't know what sexual activity means.

13) STI's/STD's can generally be transmitted from an infected person through...
    a) ...toilet seats, blood, and tears.
    b) ...blood, tears, and sexual fluids.
    c) ...sexual fluids, blood, breast milk, and contact with infected area.
    d) ...only sexual fluids (seminal + vaginal).
    e) ...I don't know.
14) The only 100% effective way to avoid an unplanned pregnancy is...
   a) ...using birth control.
   b) ...using condoms.
   c) ...getting an operation.
   d) ...abstinence from sexual activity.
   e) ...I don’t know.

15) My experiences throughout life...
   a) ...have no effect on my personal choices.
   b) ...can influence me in positive or negative ways.
   c) ...will determine exactly what I choose to do in the future.
   d) ...are important stories that can teach me valuable lessons.
   e) ...answers “b” and “d.”

MATCHING

Match one answer from the left and one answer from the right with the items in the center column by writing the corresponding answer on each line. Each blank is worth a 1/2 point.

| A) Up to 15 years in prison | D) 16) 4th degree CSC Laws | H) E) Penetration only |
| B) Up to Life in prison | C/A 17) 3rd degree CSC Laws | F) Contact with aggravation / harm |
| C) Up to 15 years in prison | C/A 18) 2nd degree CSC Laws | G) Penetration with aggravation / harm |
| D) Up to 2 years in prison + $500 in fines | B 19) 1st degree CSC Laws | H) Contact only |

SHORT ANSWER

Answer the following using your own words. Answers will vary. Each blank is worth 1 point.

20) List THREE characteristics of a healthy relationship.
   trust, freedom, honesty, patience, forgiveness
   fun, service/help, encouragement, kindness
   loyalty, generosity, flexibility, respect, grace

21) List TWO signs or “red flags” of an unhealthy relationship.
   suspicion, jealousy, violence, insults, disrespect
   hurtful criticism, possessiveness, control
22) List TWO people you know who possess character traits you admire and who encourage you toward making healthy decisions in life.

*Answers will vary*

*(any serious answer is acceptable)*

23) List TWO expectations you know your parents/guardians have for you as an adolescent.

*responsibility with money, working hard in school*

*completing chores, showing respect to adults*

24) List ONE goal you have for yourself (short-term or long-term), ONE strategy you’ll use to accomplish it, and ONE distraction you’ll need to avoid.

**Goal** - *Ex: improve grades to 3.5 gpa this quarter*

**Strategy** - *Ex: turn in all assignments on time*

**Distraction** - *Ex: facebook! (limit to 30 minutes each night)*

*(any serious answer is acceptable)*

25) List TWO standards you’ve set for yourself to follow in any dating relationships.

*always make curfew, introduce all dates to my parents, share physical boundaries up front*

Finish this sentence using your own words:

26) Fidelity is important in dating and marriage relationships because…

*it improves stability/trust, it makes communities healthier, loving someone means keeping your promises to them (any answer that demonstrates understanding of “fidelity” is acceptable)*

27) List ONE important thing you learned from a - *team and WHY it’s important.*

*Answers will vary (any serious answer is acceptable)*
DIRECTIONS:
What you have to say is important to us. Your feedback will help us understand what you liked and didn’t like about the a - t e a m, which will help us know what we can do better for future a - t e a m students. We appreciate your serious and honest feedback.

Thanks,
the a - t e a m

1.) I enjoyed the a - t e a m classes.

1 - Yes, always  2 - Most of the time  3 - Some of the time  4 - No, never

2.) I think that the a - t e a m classes are valuable / important.

1 - Yes, always  2 - Most of the time  3 - Some of the time  4 - No, never

3.) The a - t e a m educator taught our class in a way that was easy to understand.

1 - Yes, always  2 - Most of the time  3 - Some of the time  4 - No, never

4.) The a - t e a m classes helped me.

1 - Yes, always  2 - Most of the time  3 - Some of the time  4 - No, never

5.) _______________________________ was (check all that you think are true) ...

[ ] Easy to understand  [ ] uncomfortable  [ ] ask questions of
[ ] Smart (they knew what they were talking about)
[ ] Fun
[ ] Boring
[ ] Kind
[ ] Made me feel
[ ] Other: ____________________________
[ ] Made me feel
[ ] Honest
[ ] Funny
[ ] Easy to talk to /

Continued on other side
6.) What did you enjoy the MOST about the a-team classes?

7.) What did you enjoy the LEAST about the a-team classes?

8.) Is there anything that you would change about the a-team? What?

9.) How would you describe the a-team to your friends?

10.) Is there anything else you would like to tell us?

11.) Is there anything else that you would like to ask us or talk to us about?

☐ Yes. ☐ No Thanks.

If yes, what is it?

Would you like us to contact you about this?

☐ Yes. ☐ No Thanks.

(if “yes”, then make sure your name is on the other side, if “no thanks”, we won’t contact you)
As one of our host teachers, your opinion is important to us. Your evaluation will help inform us of our educator’s strengths as well as areas in which he/she can improve.

Name of a - t e a m Educator ________________________________

Grade Level ____________________

School / Organization ________________________________

Dates Educator was with your students _______ / _______ through _______ / _______.

Your name ____________________________________________

☐ I understand that my evaluation may be shared with the a - t e a m Educator.
☐ I would like to remain anonymous to the Educator.

X ___________________________ Date _______ / _______ / _______.

<table>
<thead>
<tr>
<th>Superior</th>
<th>Satisfactory</th>
<th>Poor</th>
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<tbody>
<tr>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

1.) Professionalism :
Dress, demeanor, attitude, communication style, Organization, Personality qualities

2.) Knowledge of subject matter :
Presented information accurately, well prepared

3.) Instructional skill :
Ability to present material confidently and appropriately

4.) Communication skills :
Oral and written with students and school staff

5.) Relational skills :
Ability to establish and maintain rapport and environment of respect with students and staff

6.) Classroom & behavior management :
Ability to maintain order and appropriately address issues and questions as they arise

7.) Adaptability :
Ability to adjust instruction to meet needs of students both individually and collectively

Comments on reverse side please
We value your feedback as we strive to make the a-t-e-a-m Abstinence Education Program of LPC the best it can be. Please rank the following areas and provide additional comments. Any positive encouragement or constructive criticism is welcomed.

<table>
<thead>
<tr>
<th>Area</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<td>Comments:</td>
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</table>

Did your organization choose to make any parent meetings available prior to a-t-e-a-m programming?  
Yes  No

If No, would you like to in the future?  
Yes  No

Comments:  

Please include any additional comments on the back of this sheet.
**a - t e a m Abstinence Program**

**PARENT Feedback Survey**

We value your feedback as we strive to make the a - t e a m Abstinence Education Program of LPC the best it can be. Please rank the following areas and provide additional comments. Any positive encouragement or constructive criticism is welcomed.

<table>
<thead>
<tr>
<th>Area</th>
<th>Strongly Disagree</th>
<th>Unsure</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall, you were satisfied with the a - t e a m Abstinence Program being presented to your student(s).</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Comments:</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>You were aware of a - t e a m homework assignments.</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(3 for 7th grade students / 5 for 8th grade students)</td>
<td>4</td>
<td>5</td>
<td></td>
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<tr>
<td>Comments:</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td><strong>You were satisfied with the topics presented.</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Comments:</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>a - t e a m helped the quantity/quality of communication about sex &amp; relationships with your student(s).</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Comments:</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>You participated in the a - t e a m homework Assignments with your student(s).</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Comments:</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>You know how to get a hold of LPC / a - t e a m.</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Comments:</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>You would recommend the a - t e a m Abstinence Program to other schools / groups.</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Comments:</td>
<td>4</td>
<td>5</td>
<td></td>
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</tbody>
</table>

**Was a parent meeting offered prior to the beginning of a - t e a m programming at your school?**

- Yes
- No

**If Yes, did you attend?**

- Yes
- No

**If No, would you have liked the opportunity?**

- Yes
- No

Please include any additional comments on the back of this sheet.
Appendix I

A : Other Facts & FAQ’s
The following information has been compiled as a reference for a team educators when dealing with common student questions related to the lessons and topics found in this curriculum.

These materials are supplemental and are to be used for clarification when appropriate during classroom sessions or individual discussions with students.
APPENDIX: A - Other Facts & FAQ's

What is an Abortion?
An abortion is a procedure through which a pregnancy is terminated (ended).\(^1\) This can be carried out chemically (pills that are given by a doctor or clinician to induce an abortion) or surgically (procedure performed by a doctor to destruct and remove the fetus from the uterus).\(^2\)

Abortion is a permanent decision. Any woman or couple in a crisis pregnancy situation should carefully consider all of her/their options. The Lakeshore Pregnancy Center provides free services and option counseling to women and couples facing crisis pregnancies.

What does Birth Control do?
Many methods and types of birth control have been created to prevent pregnancy. Some birth control methods (pills, shots, patches) give extra hormones to a female which work to prevent her from ovulating or prevent implantation from occurring.\(^3\) Other methods (such as condoms) are used to prevent sperm from reaching and fertilizing an egg. These methods can significantly reduce the chances of pregnancy occurring, but no method besides abstinence provides 100% assurance.

What is Contraception?
Contraception is any method used to prevent pregnancy (conception). This is commonly referred to as birth control.\(^4\)

What is a Condom?
A condom is a thin sheath (usually made of latex, a type of rubber) that is worn on the penis during sexual activity. Condoms work by keeping semen (the fluid that contains sperm) from entering the vagina. They are designed to reduce the risk of pregnancy and transmission of STI's.

Do Condoms work?
Condoms are typically 85% effective as a method of birth control in the first year of use.\(^5\) (15 out of 100 couples who are having sexual intercourse and using condoms in a year become pregnant).

If a sexually active 15-year-old girl practices a typical use of condoms, she has a 50% chance of becoming pregnant before she is 20.\(^6\)

100% correct & consistent use of latex condoms can reduce the risk of some common STI's such as Gonorrhea and Chlamydia, by about 50%.\(^7\)

Inconclusive or no evidence is available for whether or not condom use can effectively reduce the risk of several STI's. Several STI's are transmitted through skin to skin contact or sores in infected areas not covered by a condom. There is no significant evidence that condoms reduce the risk of some STI's such as Trichomoniasis, Pubic Lice, or Hepatitis B. Consistent 100% use of latex condoms can significantly reduce but does not eliminate the risk of transmitting or acquiring HIV infection.\(^8\)

---

\(^1\) (Centers for Disease Control & Prevention, 2009)
\(^2\) (Heartbeat International, Inc., 2006)
\(^3\) (Association of Reproductive Health Professionals, 2004)
\(^4\) (Centers for Disease Control & Prevention, 2009)
\(^5\) (Hirsch L., 2007)
\(^6\) (Oligney & Klepacki, 2005; Oligney & Klepacki, 2005)
\(^7\) (Maria & Thickstun, 2007)
\(^8\) (Maria & Thickstun, 2007)
Condoms are often used inconsistently and incorrectly by adolescents.\textsuperscript{17}

Condom breakage and slippage rates are each between 1.5% and 3.5%.\textsuperscript{18}

**What is a C-Section?**

A *C-section (Cesarean section)* is a procedure in which a baby is delivered through surgical incisions in a mother’s abdomen instead of pushing through the *vagina*. A C-section is often used when the mother or baby’s life or health are at risk.

<table>
<thead>
<tr>
<th>STD/STI</th>
<th>Risk Reduction w/ Condom Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia\textsuperscript{9}</td>
<td>50%</td>
</tr>
<tr>
<td>Gonorrhea\textsuperscript{10}</td>
<td>50%</td>
</tr>
<tr>
<td>Syphilis\textsuperscript{11}</td>
<td>Less than 30%</td>
</tr>
<tr>
<td>Trichomoniasis\textsuperscript{12}</td>
<td>Inconclusive Evidence</td>
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<tr>
<td>Pubic Lice (Crabs)</td>
<td>No Evidence</td>
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<tr>
<td>Hepatitis B\textsuperscript{13}</td>
<td>No Evidence</td>
</tr>
<tr>
<td>HPV\textsuperscript{14}</td>
<td>60-70%</td>
</tr>
<tr>
<td>Herpes\textsuperscript{15}</td>
<td>60-70%</td>
</tr>
<tr>
<td>HIV/AIDS\textsuperscript{16}</td>
<td>85%</td>
</tr>
</tbody>
</table>

**What’s the point of Dating?**

The purposes of *dating* include:

- getting to know yourself and others
- learning to feel at ease in a healthy relationship
- experiencing companionship
- developing a sense of independence
- choosing a partner for a lifelong marriage

Not all adolescents date. When/if to date is an individual’s choice that can often be influenced by family values. Establishing healthy friendships is more important during adolescence than dating, and most dating relationships do not continue through adolescence, even those that include sexual activity.

Early dating (7th & 8th grades) is associated with early sexual activity and can adversely impact academic performance.

A delayed onset of dating is related to a delayed onset of sexual activity.

**Discharges**

A *discharge* refers to a fluid/substance produced by the *genitals*.

6 months to a year before her first period, a girl might notice an increased amount of clear vaginal discharge. This discharge is common. It serves the purpose of moistening and cleaning the *vagina*. There’s no need for a girl to worry about discharge unless it has a strong odor or causes itchiness.\textsuperscript{20}

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\textsuperscript{9} (Maria & Thickstun, 2007)
\textsuperscript{10} (Maria & Thickstun, 2007)
\textsuperscript{11} (O’Lingey & Klepacki, 2005)
\textsuperscript{12} (O’Lingey & Klepacki, 2005)
\textsuperscript{13} (Life Choices, 2007)
\textsuperscript{14} (Miriam Grossman, 2009)
\textsuperscript{15} (Miriam Grossman, 2009)
\textsuperscript{16} (O’Lingey & Klepacki, 2005)
\textsuperscript{17} (Maria & Thickstun, 2007)
\textsuperscript{18} (O’Lingey & Klepacki, 2005)
\textsuperscript{19} (Maria & Thickstun, 2007)
\textsuperscript{20} (Steven Dowshen, 2007)
APPENDIX: A - Other Facts & FAQ's

Odorous or irritating discharges can be signs of infection, and medical attention should be sought.21

What are Eating Disorders22?
Eating disorders are eating habits that are harmful to an individual and can often be a form of dependency that disturbs the balance of daily life.

Some types of eating disorders include:

Anorexia Nervosa - A disorder caused by the distortion of body image and intense fear of gaining weight. A person with anorexia might lose weight by dieting or exercising excessively, vomiting, or misuse of laxatives or other substances related to digestion.

Symptoms: Thinning of bones, brittle hair or nails, dry and yellowish skin, growth of fine hair over body, muscle weakness and loss, and severe constipation.

Treatments: Restoring individual to a healthy weight, treating the psychological issues related to the eating disorder, and reducing or eliminating behaviors or thoughts that lead to a potential relapse.

Bulimia Nervosa - A disorder in which the individual frequently eats unusually large amounts of food and then follows by vomiting, fasting or exercising excessively to compensate for the amount of food consumed.

Symptoms: Inflamed sore throat, swollen glands, worn tooth enamel, intestinal distress and irritation, kidney problems and severe dehydration.

21 (Steven Dowshen, 2007)
22 (National Eating Disorders Association, 2010)

Treatments: Nutritional counseling or psychotherapy in the form of cognitive behavioral therapy. Also some depression medications may be administered.

Binge-Eating Disorder - A disorder in which the individual feels complete loss of control over his or her eating. This includes excessive amounts of eating which normally results in the individual becoming severely overweight or obese.

Symptoms: Anxiety, depression, and/or personality disorders. Also cardiovascular disease is often highly linked with this disorder.

Treatments: Anti-depressants may be administered to reduce the over-eating episodes and help reduce the feeling of being depressed.

What should I do if I think my friend has an Eating Disorder?

"People with eating disorders need help, or they can get very sick. Try talking with your friend and expressing your concern. Encourage her to talk to a parent, counselor, or doctor about getting the help she needs. If your friend doesn't get help, you may need to talk to your parents, school guidance counselor, or nurse."

It's important to know that there is a big difference between honestly expressing your concern and accusing someone or even making fun of them. If you care about your friend's health, talk to her/him and listen with sensitivity. It is never ok to call someone anorexic or bulimic to embarrass or tease them.

23 (Hirsch, 2008)
APPENDIX : Other Facts & FAQ’s

**Eggs (Ova)**
At birth a healthy female has 1-2 million eggs in her ovaries.\(^{24}\)

At the time of puberty, this number is around 300,000. Most of her eggs have already “degenerated.”\(^{25}\)

Over the course of her life, a healthy female will release about 400 eggs.\(^{26}\)

Once released from the ovary, an egg will last for 12-24 hours before simply disintegrating.\(^{27}\)

**What do people mean by “Friends w/Benefits”?**
“Friends with benefits” refers to individuals who engage in sexual activities without expressed commitment or intention to engage in a dating relationship. This behavior attempts to isolate sex as a “physical” activity, when in reality, sex has physical, emotional, mental, social and spiritual/moral effects on an individual.

**What about Homosexuality?**
*Homosexuality* refers to sexual relationships between individuals of the same gender.

All people deserve to be treated with respect regardless of their background, gender, beliefs, race, nationality or lifestyle.

It is clear that many different opinions exist on the issue of *homosexuality* (views about personal choice or genetic predisposition, rights to marriage, morality, etc). A person’s views regarding homosexuality are likely influenced by their family, friends, religious beliefs, and educational experiences.

Individuals experiencing homosexual feelings or living a homosexual lifestyle deserve fair treatment free from harassment or discrimination.

If a student has further questions (for example, “Is it ok?”) a - t e a m suggests the student talk to his/her parents regarding this issue.

**What is the Hymen?**
A thin sheet of tissue with one or more holes in it called the *hymen* (pronounced: hi-mun) partially covers the opening of the vagina.\(^{28}\)

The *hymen* can stretch or break during a woman’s life (through sexual intercourse or even vigorous athletic activities). Using tampons or getting a pelvic exam should not damage the *hymen*.\(^{29}\) Most women do not notice or feel any changes in their *hymen*.

The “breaking” (stretching or tearing) of the *hymen* is not what decides whether or not a woman is a “virgin.”

**What is a Hysterectomy?**
A *hysterectomy* is a surgery in which a woman’s *uterus* is removed from her body. A woman could require a hysterectomy after the development of cysts or cancers on her *uterus* or for other reasons.

**What is Masturbation?**
Masturbation is an act of stimulating one’s genitals for the purpose of sexual arousal.\(^{30}\)

\(^{24}\) (Peter L. Rosenblatt, 2007)
\(^{25}\) (Peter L. Rosenblatt, 2007)
\(^{26}\) (Peter L. Rosenblatt, 2007)
\(^{27}\) (The Fertile Window - Scientific Literature Review)
\(^{28}\) (Steven Downshen, 2007)
\(^{29}\) (CYWH Staff-Children’s Hospital Boston, 2010)
\(^{30}\) (Hirsch, 2008)
Like any other sexual act, masturbation is not only a physical act, but also affects a person emotionally, intellectually, socially and spiritually (morally).

What's the Morning After Pill?
The Morning After Pill is a common term for a pill or set of pills designed to be taken within 72 hours of intercourse to prevent or end pregnancy. (Common brand names include Plan B®, Overette®, Cryselle® and Alesse®). These pills contain an extra heavy dose of hormones that work to prevent or delay ovulation or interfere with implantation of a fertilized egg (by irritating the lining of the uterus), depending on where the woman is in her cycle.31

This method is often referred to as "emergency contraception,"32 but should not be considered a routine or regular method of birth control.

If the Morning After Pill is taken after fertilization has occurred, it is not working as a contraceptive (prevention method), but as a very early abortifacient drug.33

Short-term health risks include:34
- Nausea and vomiting
- Irregular/unpredictable menstrual periods
- Breast tenderness
- Blood clots

Long-term side effects may include:35
- Ectopic (tubal) pregnancy
- Infertility
- Higher risk of cancer

What is an Orgasm?
Orgasm refers to the sudden release of sexual tensions through muscular contractions in the pelvic region that occurs at the "climax" of sexual activity.36

Why do we have Pubic Hair?
Pubic hair serves the purposes of absorbing sweat, minimizing odor, and diffusing (spreading) pheromones (chemicals created by our bodies related to sexual attraction).37

Does Sex hurt?
Sex is designed to be a pleasurable experience for both partners. However, it is possible for some females (and sometimes males) to experience discomfort during sexual intercourse, especially at first. The pain can be related to the stretching/tearing of the hymen or could be due to dryness or tightness in the vagina.

Reality is that sex can be more challenging than it appears in movies or on TV. It requires communication between both partners, and the more relaxed they are emotionally and mentally the more enjoyable the experience can be for both of them.

(Some research suggests that the emotional stability and commitment provided by a marriage increases the likelihood of sexual satisfaction).

Sperm38
When a male ejaculates, 1 5 mls (about a teaspoon) of semen is released.
A single ejaculation can contain 50-500 million sperm.

Inside the female reproductive system, sperm can live 1-5 days.

Some factors that can negatively impact the number of healthy sperm produced by a male include: smoking, drugs, alcohol and exposure to high temperatures.

Sperm are produced continuously starting during puberty and have a “life cycle” under 90 days.

**What is Toxic Shock Syndrome (TSS)?**

TSS is a rare, but very serious disease caused by a bacterial infection. This bacterial infection affects 1 and 17 per 100,000 of menstruating women and girls per year and has been closely linked with the use of tampons.

To reduce the risk of contracting TSS use the lowest absorbency tampon for your flow, always change your tampon every 4-8 hours and alternate tampons to pads at avoid continuous use of tampons.

If symptoms such as high fever, vomiting, diarrhea, rash, and muscle aches occur during the use of a tampon immediately remove the tampon and contact your doctor. If TSS is left untreated it can result in death, so make sure to be informed about the warning signs of TSS and how to avoid contracting this disease.

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39 (Mayo Clinic staff, 2009)
40 (MedicineNet Inc., 2009)

**How do Twins happen?**

Twins can develop in two ways:

**Identical** – twins or multiples that develop from a single egg (ovum) that has been fertilized by more than one sperm cell.

**Non-identical** (Fraternal) – twins that develop from two eggs (ova) that are fertilized at the same time. This means that during ovulation, more than one egg was released.

**Works Cited**


sexpedia/orgasm.html


- Appendix -

B : Definition Cards
Abstinence: Making an informed decision to not participate in sexual activity outside of marriage.
Fidelity: Commitment to keeping one’s promises and showing loyalty in relationships.
Pornography: Any sexually explicit pictures, writing, or other material whose primary purpose is to cause sexual arousal.
Sexual Activity: Any activity involving sexual stimulation.
Sexual Activity:

Any form of oral sex, anal sex, sexual intercourse, outercourse, or mutual masturbation.
Sexual Harassment:
Any unwelcome conduct of a sexual nature that interferes with one’s ability to learn, study, work, achieve or participate in activities.
Virginity: To not have ever had sexual intercourse.