

# 2019 Revision of the Health Education Framework

## DRAFT Chapter 6: Grades Nine Through Twelve

### *Health Education Framework*

November 2018 Revision

The California Department of Education (CDE), Instructional Quality Commission (IQC), and State Board of Education (SBE) are currently in the process of revising the *2019 Health Education Curriculum Framework for California Public Schools, Transitional Kindergarten Through Grade Twelve (Health Education Framework)*, which is scheduled for adoption by the SBE in May 2019.

**(This information has been cut and pasted directly from the California Department of Education Website: <https://www.cde.ca.gov/ci/he/cf/>. None of the wording has been altered. We have added the photos and descriptions of the books, as well as underlined portions. The page numbers have been added for your reference to the original document.)**

## **Growth, Development, and Sexual Health (G)**

The California Healthy Youth Act (CHYA) (*Education Code [EC] sections 51930–51939*) took effect in January 2016 and was updated in 2017 to include human trafficking. The law requires school districts to provide all students integrated, comprehensive, medically accurate, and unbiased comprehensive sexual health and human immunodeficiency virus (HIV) prevention education at least once in junior high or middle school and at least once in high school. Under the CHYA, comprehensive sexual health education is defined as education regarding human development and sexuality, including education on pregnancy, contraception, and sexually transmitted infections. The CHYA lists many required topics including information on the safety and effectiveness of all FDA-approved contraceptive methods, HIV and other sexually transmitted infections (STIs), gender identity, sexual orientation, healthy relationships, local health resources, and pupils' rights to access sexual health and reproductive health care. The CHYA also requires that instruction on pregnancy include an objective discussion of all legally available pregnancy outcomes. Students must also learn about the Safe Surrender Law. Information on the law on surrendering physical custody of a minor child 72 hours of age or younger, pursuant to Section 1255.7 of the California *Health and Safety Code* and Section 271.5 of the California *Penal Code*. The CHYA requires that districts notify parents and guardians of the instruction and provide them with opportunities to view the curriculum and other instructional materials. Districts must allow parents and caretakers to excuse their student from instruction if they so choose, using a passive consent (“opt-out”) process in which parents and guardians must request in writing that their student be excused from the instruction. Districts may not require active consent (“opt-in”) by requiring that students return a permission slip in order to receive the instruction.

Comprehensive sexual health instruction must meet each of the required components of the CHYA. Instruction in all grades is required to be age-appropriate, medically accurate, and inclusive of students of all races, ethnicities, cultural backgrounds,

genders, and sexual orientations, as well as students with physical and developmental disabilities and students who are English learners. Students must receive sexual health and HIV prevention instruction from trained instructors. When planning lessons, check the CDE Sexual Health Web page for up-to-date information.

The usage of LGBTQ+ throughout this document is intended to represent an inclusive and ever-changing spectrum and understanding of identities. Historically, the acronym included lesbian, gay, bisexual, and transgender but has continued to expand to include queer, questioning, intersex, asexual, allies, and alternative identities (LGBTQQIAA), as well as expanding concepts that may fall under this umbrella term in the future.

Instruction and materials on sexual health content must affirmatively recognize diverse sexual orientations and include examples of same-sex relationships and couples. Comprehensive sexual health instruction must also include gender, gender expression, gender identity, and the harmful outcomes that may occur from negative gender stereotypes. Students should not be separated or segregated by any gender or other demographic characteristic. Students should also learn skills that enable them to speak to a parent, guardian, or trusted adult regarding human sexuality—an additional requirement of the CHYA.

The purposes of the CHYA are to provide students with knowledge and skills to:

1. protect their sexual and reproductive health from HIV, other sexually transmitted infections, and unintended pregnancy;
2. develop healthy attitudes concerning adolescent growth and development, body image, gender, sexual orientation, relationships, marriage, and family;
3. promote understanding of sexuality as a normal part of human development;
4. ensure pupils receive integrated, comprehensive, accurate, and unbiased sexual health and HIV prevention instruction and provide educators with clear tools and guidance to accomplish that end; and
5. have healthy, positive, and safe relationships and behaviors.

This chapter is organized to provide standards-based sexual health resources and instructional strategies consistent with the CHYA; however, this chapter does not address all of the content required under the CHYA. It is important for educators to know their district's protocol, resources, and procedures for implementing comprehensive sexual health instruction to ensure that instruction fully meets the requirements of the CHYA and other state statutes. Use peer-reviewed medical journals or reliable Web sites such as the CDC, AAP, American Public Health Association, and American College of Obstetricians and Gynecologists as sources of information that is current and medically accurate. Additional collaboration with district-level curriculum specialists, credentialed school nurses, <byh>school counselor<eyh>, <byh>your school or districts Title IX coordinator<eyh>, or qualified community-based organizations and agencies can assist in providing medically accurate information that is objective, inclusive, and age-appropriate.

High school students, particularly in the early years, continue to experience many developmental changes. Students at this age are typically enjoying increased social independence that may include dating or being in an exclusive relationship. Students are forming bonds with their peers that tend to be more intensive and rewarding. Intellectually, students in upper grades may be nearing adulthood yet may still exhibit impulsive or risky behavior, limited planning skills, and a lack of understanding of how their actions can lead to long-term consequences (USDHHS 2017a).

Teaching sexual health education can be interesting for many teachers, but may also be a subject of trepidation. Schools and districts should ensure their educators have the training, resources, and support to teach these subjects effectively—and that the school environment is welcoming, inclusive, and safe for LGBTQ+ students (Sexuality Information and Education Council of the United States [SIECUS] n.d., USDHHS Office of Adolescent Health 2017).

Adolescents are developing the attitudes, knowledge, and skills needed to become sexually healthy adults (SIECUS 2016). The SIECUS (n.d.) states, “Sexuality education

is a lifelong learning process of acquiring information. As young people grow and mature, they need access to accurate information about their sexuality.” The percentage of teens engaging in sexual activity has decreased since 1988 and contraception use has continued to increase since the 1990s leading to the lowest unintended adolescent pregnancy rate in years. In California, 32 percent of students in grades nine through twelve report ever having sexual intercourse, approximately 10 percent lower than the national average (CDC 2015d). Despite this promising news, one in eight adolescent women will become pregnant before the age of 20, which also impacts their lives and their partner’s. Youth between the ages of 13 and 19 account for close to half of the STIs diagnosed nationwide each year (CDC 2015c). Approximately 20 percent of teens ages 15–19 in California are diagnosed with an STI each year (CDPH 2015). Sexually transmitted infection is the more medically accurate and inclusive term commonly used in place of sexually transmitted diseases (STDs), which is the term used in the health education standards. Health education teachers serve as a resource for students by keeping abreast of current, medically accurate sexual health research and inclusive terminology and abbreviations such as LGBTQ+ and STI. Health education teachers also serve as resources for important topics such as vaccinations. Health education teachers are encouraged to consult the CDC for vaccine guidelines for various infectious diseases including human papillomavirus (HPV) and hepatitis A and B. Health education teachers and administrators play a pivotal role in supporting students to learn and adopt positive sexual health behaviors and healthy relationship practices and create an inclusive and safe, school climate.

Setting a standards-based foundation of comprehensive sexual health knowledge such as anatomy and physiology, reproductive options, contraceptives and barrier methods, and diverse <byh>and healthy<eyh> relationships <byh>free from violence<eyh> is proven to have a positive influence on academic performance and retention, pregnancy prevention, and STI and HIV prevention. Standards-based comprehensive sexual health education can also support a reduction in sexual risk-taking behaviors once students do become sexually active (Davis and Niebes-Davis 2010). Positive health practices that

are established during adolescence, such as safer sex precautions and developing a healthy body image, can have a lifetime of positive implications that impact one's sexual health and overall wellbeing.

Building on growth, development, and sexual health content provided in earlier grades, instruction in high school should include opportunities for students to learn and analyze important concepts and theory and apply skill-based instructional activities in a safe, open, inclusive, supportive, unbiased, and judgment-free environment.

Integration with the <bbh>CA CCSS for ELA/Literacy and CA ELD Standards<ebh> occurs when students are extensively discussing, reading, and researching about growth, development, and sexual health topics for deep learning. Students achieve further mastery by first researching valid, reliable, and medically accurate health content in support of health literacy and then presenting and listening to other students report their research findings. Writing research papers, making scholarly presentations, and using digital sources and technology to publish students' writing are encouraged in any subject matter but can be particularly beneficial in comprehensive sexual health. By engaging in these activities, students explore sexual health topics including STI/HIV prevention, growth and development, reproduction, and healthy relationships (Standard 1: Essential Concepts). Research and writing can be approached in a wide array of scholarly approaches including analyzing and summarizing issues of the CDC's Morbidity and Mortality Weekly report (MMWR) that pertain to adolescent sexual health. Students may write papers on current event topics related to growth, development, and sexual health. Another creative writing assignment is for students to write a monthly column for the school newspaper specific to growth, development, and sexual health. The column can be formatted as a "Dear Abby" or Love Line approach where students research responses to questions submitted by other students (Standard 1: Essential Concepts, 9–12.8.3.G, Health Promotion). (The activities above connect to the<bbh> CA CCSS for ELA/Literacy, W.9–12.7–9, SL.9–12.4–6.) <ebh>

Case studies are also effective tools for illustrating sexual health topics such as assessing situations that could lead to pressure for sexual activity and to STIs, HIV, or unintended pregnancy (9–12.2.1.G, 9–12.2.4.G, Analyzing Influences). They can also be used to examine differences in growth and development and physical appearance, gender and gender stereotypes, and sexual orientation (9–12.1.10.G, Essential Concepts). Case studies can be read aloud and then discussed as a whole group or in small groups. Students can apply problem-solving and decision-making models to brainstorm outcomes, solutions, and recommendations for case studies on an array of sexual health issues (Standard 5: Decision Making). Case studies can be adapted from online resources such as the National Center for Case Study Teaching in Science and Howard University’s School of Medicine’s AIDS Education and Training Center.

Role playing or brief skits using valid and reliable content in scripts, researched and written by the students and reviewed by their teacher, can also be effective in applying Standard 4: Interpersonal Communication (9–12.4.1-3.G, Interpersonal Communication). These activities provide an engaging way for students to analyze how interpersonal communication affects relationships, use effective verbal and nonverbal communication skills, and demonstrate effective communication skills. The health education teacher can partner with the theater arts program in their school or community for a collaborative effort that can be showcased for the entire school. As a variation to this approach, students can work in pairs to practice assertiveness training, negotiation, or refusal skills. Students are provided with short vignette dialogues and prompts for this activity. Vignette topics should be conveyed objectively and may include pregnancy options and the decision to parent, have an abortion, or choose adoption. Under CHYA, students are encouraged to speak to parents, guardians, and other trusted adults regarding human sexuality and can role-play asking difficult questions in class. Another option is using a fact-versus-myth discovery approach during which students explain and summarize factual concepts of conception, pregnancy, and HIV through facilitated discussion. Fictitious myths are identified and clarified by the facilitator or by responding to anonymous questions from students that

are submitted in advance. Teachers are encouraged to reference the CHYA for required sexual health and healthy relationship topics as well as the district's approved sexual health curriculum for content ideas (9–12.1.2.G, 9–12.1.5.G, Essential Concepts).

Students develop as global citizens by watching documentaries such as *No Woman, No Cry* (2010) that shows how women in different countries struggle with access to care and maternal health issues, including women in the United States; *Half the Sky: Turning Oppression into Opportunity for Women Worldwide* (2012); the HIV documentary written for teens, *It's Not Over* (2014); or *Let's Talk About Sex* (2012). <byh>Students research state and national policies related to sexual health locally and globally.<eyh> Thoughtful discussion follows viewing the documentaries and students write reflection papers after the discussion (9–12.1.7.G., Essential Concepts; 9–12.2.G, Analyzing Influences).

OWN DOCUMENTARY CLUB

The documentary follows the lives of women in six different countries who are struggling with access to care and maternal health issues, including women in the United States.

## No Woman No Cry

★★★★☆ (10) IMDb 7.4 70 min NR

Watch Trailer

Add to Watchlist

For too many women, pregnancy is a death sentence. One thousand women die each day from complications during pregnancy or childbirth. Shockingly, nearly all maternal deaths and disabilities can be prevented.

Genres  
Documentary

Director  
Christy Turlington Burns

★★★★☆ Tremendously powerful, even if arguably flawed

November 11, 2013

Format: Prime Video

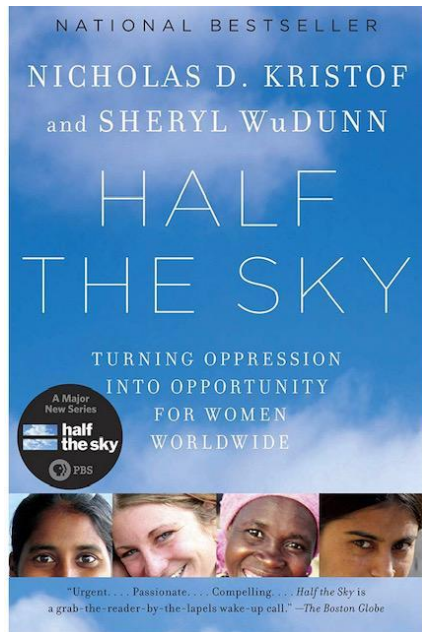
This four hour, two part PBS documentary on abuses of women in six different countries is taken from Nicholas Kristof and Sheryl WuDunn's highly regarded book. And even if arguably flawed on a film-making level, this is powerful, sometimes gut wrenching stuff. You know a documentary has a real effect when immediately after watching you feel compelled to send money to two charities you've never heard of before.

It does a great job of never downplaying the horrors of the subjects it tackles; sex trafficking of under-aged girls, denial of education, genital mutilation, etc., while managing to always leave room for hope.

In each case, we see a brave, almost saintly woman or organization fighting the odds and personal danger to change things. So instead of feeling depressed you feel agitated and energized. "These situations are awful, but no situation is beyond hope and change" is the constant theme.

The elements that bothered me certainly didn't undercut the power of





Let's Talk About Sex (2009)

Plot Summary (1)

Every day in America 10,000 teenagers catch a sexually transmitted disease, 2,400 young girls get pregnant and 55 young people are infected with HIV. LET'S TALK ABOUT SEX takes a revealing look at how American attitudes toward adolescent sexuality impact today's teenagers. Director James Houston takes us on a journey to examine trends in American society as personified by a cast of diverse characters. At a high school for pregnant teens in Los Angeles, young girls are contemplating teen parenthood. In Washington, D.C., where HIV infection rates rival several African countries, community outreach workers are trying to save lives. The film also travels to the Netherlands, where Houston compares European attitudes with those in America, then concludes in Oregon, where the lessons learned in Western Europe are helping to create practical solutions. Real parents and youth, compelling statistics, animation and archival material all combine to paint an urgent picture of American youth in crisis, one that not enough people are talking about.

—Anonymous

## News

### [DVD Review] Let's talk About Sex

28 April 2011 | by Arya Ponto | JustPressPlay

Let's Talk About Sex couldn't have picked better timing to emerge on DVD, with the current controversy surrounding Planned Parenthood. In a move that conservatives are dubbing anti-abortion but progressives see through as being anti-contraception or even anti-women, there's a panic in the system that America's sex education outreach is dangerously behind the curve, especially when it comes to dealing with teenage sexuality—an aspect of human society that many Americans are finding hard to acknowledge or talk about, let alone improve. This documentary examines its negative impact in the lives of American teenagers, and particularly the failure of abstinence programs.

Director James Houston is an Australian expat who works as a fashion photographer in New York City. In his line of work, he constantly encounters sex being flaunted on various American media and pop culture, which made him wonder why such a prominent thing is still considered taboo to discuss.

An instructional approach that covers many of the standards under Standard 1: Essential Concepts and Standard 2: Analyzing Influences is to invite a panel of sexual health experts to address student questions. The panel members must be vetted to meet both statutory and district requirements. Students first research valid and reliable

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resources online or at the school library on an area of growth, development, and sexual health. Resources may be Web sites, texts, novels, or stories that elicit questions. Using a secure box, students anonymously submit their questions to their health education teacher, a sexual health educator, or panel of sexual health experts. The panel should be diverse and include individuals of different genders and sexual orientations and be representative of the range of races, ethnicities, and national origins of the students. Ideally, the panel also includes someone the students can relate to in more of a peer capacity such as a college-age health education student who is comfortable speaking about issues and is well-versed in sexual health. Anonymous questions submitted by students are pre-screened for appropriateness. The facilitator, often the students' teacher, reads the questions out loud for the expert or panel to answer. As a culminating activity, students write a 3-2-1 reflection essay (three things the student learned, two things the student found interesting, and one question the student has) following the panel presentation.

Students learn about and are able to describe the short- and long-term effects of HIV/AIDS and STIs and evaluate how growth, development, relationships, and sexual behaviors are affected by internal and external influences. Students are able to identify local resources that provide reproductive and sexual health services. Guest speakers from the local public health department, sexual health clinic, or nonprofit organizations such as Planned Parenthood may have well-informed sexual health educators and age-appropriate materials on conception or pregnancy/STI/HIV prevention (9–12.3.2.G, Accessing Valid Information). Speakers may be bilingual and represent students' ethnicities and cultures. All guest speakers must be vetted and meet statutory requirements and local educational agency policy.

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Seeing and touching samples of various contraceptives can be an impactful learning experience for students. Evidence-informed comprehensive sexual health resources such as San Francisco Unified School District's *Be Real. Be Ready. Smart Sexuality*

[Education and Advocates for Youth 3Rs: Rights, Respect, Responsibility](#) are available for free online. Contact the school's teacher librarian or media specialist to access or obtain related materials, including materials in multiple languages. The credentialed school nurse or <byh>school counselor<eyh> may also be a resource for instructional materials and a guest speaker. Additional standards-based learning activities that also support the CHYA provisions can be found below.

## Growth, Development, and Sexual Health Learning Activities

**Essential Concepts:** 9–12.1.7.G Describe the short- and long-term effects of HIV, AIDS, and other STDs.

<byh>Please note that the California Health Education Standards use the term Sexually Transmitted Diseases (STDs), however the more current, inclusive, medically accurate term according the CDC and subsequently used in this framework is Sexually Transmitted Infections (STIs).<eyh>

**Essential Concepts:** 9–12.1.8.G Analyze STD rates among teens.

**Decision Making:** 9–12.5.4.G Evaluate the risks and consequences associated with sexual activities, including HIV, other STDs, and pregnancy.

### STI Reflection

<byh>Human Papilloma Virus (HPV) is the most common STI. According to the CDC (2018), 79 million Americans, most in their late teens and early adulthood, have HPV, which is associated with some cancers, including oropharyngeal cancer. The CDC recommends HPV vaccination for girls, boys, and young adults.<eyh>

Students complete a series of questions regarding STIs/HIV including:

- When I hear the words STI, I think/feel...
- Various STIs include...
- The best way to avoid getting an STI is...

- Some common symptoms of an STI are...
- Discussing STI status with current and future partners is important because...
- If I thought my friend or partner had an STI, I would...
- I would be tested for an STI at...
- Getting tested before and after having sex with a new partner is important because...
- If I tested positive for an STI, I would...
- It is important for an infected partner to tell their partner(s) because...

Students discuss their reflections in small groups. Students then choose an STI as a topic for a written research summary. They create and deliver a presentation using an electronic or other creative format. The presentation includes information on the short- and long-term effects of the disease, rates of infection among teens, prevention, symptoms, and treatment.

**Accessing Valid Information:** 9–12.3.1.G Analyze the validity of health information, products, and services related to reproductive and sexual health.

**Accessing Valid Information:** 9–12.3.2.G Identify local resources concerning reproductive and sexual health, including all FDA-approved contraceptives, HIV/STD testing, and medical care.

Where Do I Go to Get Tested? Where Do I Go for Contraceptives?

Working in groups, students research local community resources where teens can go to get tested for STI/HIV and pregnancy and to obtain contraceptives. Low and no cost alternatives such as public health clinics should be mentioned. Students investigate the programs that help pay for these preventive medical service such as Family PACT or Medi-Cal. They also research California laws regarding minors' access to reproductive health care, including the right to excuse themselves from campus to obtain confidential medical services without parental permission or notification and the right to

confidentiality in insurance under the Confidential Health Information Act. Students strategize on creative and concise ways to disseminate the information.

**Essential Concepts:** 9–12.1.7.G Describe the short- and long-term effects of HIV, AIDS, and other STDs.

**Accessing Valid Information:** 9–12.3.2.G Identify local resources concerning reproductive and sexual health, including all FDA-approved contraceptives, HIV/STD testing, and medical care.

### STI Rap

Small groups of students will research an assigned STI as well as a list of local community resources where teens can go to get tested for an STI/HIV. Students also investigate California laws regarding minors' access to reproductive health care and the costs of these preventive medical services. They then create and present to the class a song, poem, talk show, or puppet show. The presentation must include at least ten facts such as the causes of their assigned infection (virus or bacteria), treatment, prevention or risk reduction (abstinence, condom use, limiting partners), and where a teen might get testing or treatment. Students are encouraged to present in a way that is informative as well as interesting and creative.

**Essential Concepts:** 9–12.1.12.G Evaluate the safety and effectiveness (including success and failure rates) of <byh>FDA-approved contraceptives<eyh> in preventing HIV, other STDs, and pregnancy.

### Contraception Evaluators

The students participate in a station activity on a variety of contraceptive methods. At each station they complete a worksheet covering how the method works, how it is used, possible side effects, and the safety and effectiveness in preventing pregnancy, STIs (referred to as STDs in the health education standards), and HIV. The teacher reviews the worksheet for any misinformation and assigns students to groups of four. Each student has a small white board or sign with one of the four major types of

contraceptives written on it (behavioral, hormonal, long acting reversible contraceptives [LARC], and barrier). The groups will evaluate the contraceptive methods by lining up to various prompts. Prompts might include “line up from least to most effective in preventing the spread of STIs,” “line up from the least safe to most safe when considering possible side effects,” or “line up according to the method teens are least to most likely to use.” As students show their white boards to the class, they can be asked to explain their reasoning so that the teacher can correct any misinformation.

**Practicing Health-Enhancing Behaviors:** 9–12.7.1.G Describe personal actions that can protect sexual and reproductive health (including one's ability to deliver a healthy baby in adulthood).

**<bbh>CA CCSS Reading Standards for Literacy in Science and Technical Subjects 6–12:<ebh>** Reading 9–10 #3 Follow precisely a complex multistep procedure when carrying out experiments, taking measurements, or performing technical tasks, attending to special cases or exceptions defined in the text.

Barrier Method Demonstration

A condom (internal/female and external/male condom) and dental dam demonstration is provided. After the demonstration, students individually practice the step-by-step process on a penis model or their fingers. Alternatively, students can place the steps, displayed on cards, in the correct order and show examples of internal/female and external/male. For teaching methods, health education teachers should reference current medically accurate instructional resources online and show examples of male and female condoms and dental dams. In addition to skill demonstration, students also apply a decision-making model to evaluate the value of using condoms for STI and pregnancy prevention.

**Health Promotion:** 9–12.8.3.G Support others in making positive and healthful choices about sexual behavior.

Sexting

Sexting is defined as the sending of sexually explicit messages or images by mobile device (Webster Dictionary, 2018). Students can learn the possible negative, legal, and lasting consequences of sexting by researching and analyzing current events related to sexting and then discussing the outcomes. (See Burlingame (California) School District's Middle School Sexual Health Education Web site for video and other sexting resources for teens.) With their peers as the intended audience, students create an informational flyer highlighting one or more of the consequences of sexting.

**Analyzing Influences:** 9–12.2.4.G Assess situations that could lead to pressure for sexual activity and to the risk of HIV, other STDs, and pregnancy.

What are Risky Situations?

After leading a discussion and providing definitions and information on sexual risk including STIs and HIV, and pregnancy, teachers ask students to brainstorm a list of situations that might lead to non-consensual sexual activity such as drinking at a party or renting a hotel room for after a school dance. Students discuss why they feel those situations could place them at risk for unwanted sexual activity and/or what influences might affect their decision making in those situations. They also suggest ways to lessen the risk for each situation. For example, students might have a buddy system if they are going to a party so that they can watch out for each other. **Goal**

**Setting:** 9–12.6.2.G Identify short- and long-term goals related to abstinence and maintaining reproductive and sexual health, including the use of FDA-approved condoms and other contraceptives for pregnancy and STD prevention.

Protecting Myself

Students will write a goal for a teen hoping to maintain their sexual health. The goal should include action steps such as using condoms correctly and consistently if sexually active; having a conversation with their partner about boundaries; identifying their closest healthcare providers, including school nurses and school counselors; and knowing California laws regarding minor consent and confidential

medical release, such as the <byh>Yes Means Yes law.<eyh> The health benefits of maintaining this goal should be clearly shown.



Ninth through twelfth grade students continue to explore and develop their individuality and identity. As such, students may have various gender identities and sexual orientations. Sexual orientation refers to a person's romantic and sexual attraction. Gender identity refers to one's internal, deeply-held sense of being male, female, neither of these, both, or other gender(s) and may not necessarily correspond with an individual's sex assigned at birth <byh>(adapted from WEAVE, Inc., 2018).<eyh> There are an infinite number of ways an individual may identify or choose to express their individuality and sense of self, including gender. Students may not conform to the social norms of binary gender identities of male and female (e.g., gender non-binary, gender nonconforming, androgynous, genderqueer, gender fluid), and it is important to be as sensitive and responsive to students' needs as possible. Be mindful of students' identified gender pronouns and be aware not to make assumptions based on appearance. Teachers should affirmatively acknowledge the existence of relationships that are not heterosexual by actively using examples of same-sex couples in class discussions and using gender neutral language when referencing gender identity and relationships to create an inclusive and safe environment. It also is important that educators are mindful that some students are not comfortable discussing their gender identity or sexual orientation and ensure a student's gender identity or sexual orientation is never revealed or discussed with anyone without the student's consent. This is especially pertinent when educators communicate with other students, teachers, or students' families.

#### Common Gender Pronouns and Gender Neutral Language

| Male/Masculine<br>Normative | Female/Feminine<br>Normative | Gender Neutral     |
|-----------------------------|------------------------------|--------------------|
| He                          | She                          | They<br>(Singular) |

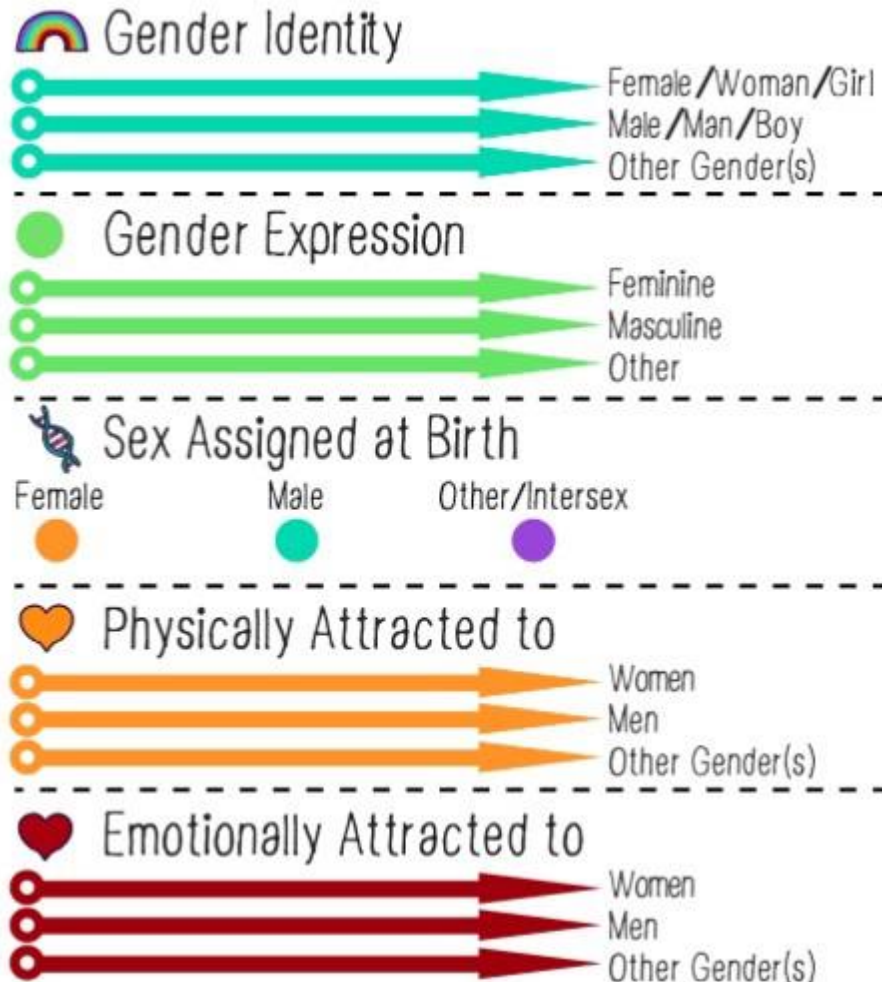
| <b>Male/Masculine<br/>Normative</b> | <b>Female/Feminine<br/>Normative</b> | <b>Gender Neutral</b>     |
|-------------------------------------|--------------------------------------|---------------------------|
| His                                 | Hers                                 | Their<br>(Singular)       |
| Him                                 | Her                                  | Them<br>(Singular)        |
| Boyfriend                           | Girlfriend                           | Partner/Significant Other |

Common <byh>Sexual<eyh> Orientations

| <b>Sexual Orientation</b> | <b>General Attraction</b>            |
|---------------------------|--------------------------------------|
| Heterosexual              | Different sex or gender              |
| Gay or Lesbian            | Same sex or gender                   |
| Bisexual                  | Both opposite and same sex or gender |
| Asexual                   | No sexual attraction                 |
| Pansexual                 | All sexes and genders                |
| Polysexual                | Many sexes and genders, but not all  |
| Queer                     | Not heterosexual                     |

Gender and sexuality are often fluid and do not always fit neatly into these categories. This can be challenging for some to grasp, including educators and students. The image below provides a visual representation that may be helpful for students' understanding.

## Gender and Sexuality Continuum



Long Description of Gender and Sexuality Continuum is available at <https://www.cde.ca.gov/ci/he/cf/ch6longdescriptions.asp#chapter6link1>.

Source: Trans Students Educational Resources, graphic adapted with permission

Invite a guest speaker from a local LGBTQ+ center to provide support and information regarding gender and sexuality. It is beneficial to have representatives from different organizations and diverse cultures and ethnicities. This diversity may help students who are struggling with or exploring their identity or acknowledging attractions that may differ from their peers. It can also help other students understand that differences in sexual

attraction and gender expression are normal and respected (9–12.5.5.G, Decision Making; 9–12.1.10.G, Essential Concepts). Talking about these differences can be related to discussion about prejudice and discrimination. Students can come to understand that although some people may hold different personal beliefs than they do, which may make respecting differences challenging for them, discrimination is not acceptable. As students discuss bullying and sexual harassment in ninth through twelfth grades, they learn to take a stand against discrimination and object appropriately to teasing of peers and community members that is based on perceived personal characteristics and sexual orientation (9–12.8.3.M, Health Promotion). For example, if a student is teased for being “gay,” it is considered harassment and discrimination regardless of the student’s sexual orientation. Students can organize a Diversity Day that brings awareness to these differences and celebrates diversity of all kinds on campus. Many high school campuses have a Genders-Sexualities Alliance (GSA) or LGBTQ+ club that can provide support for students as well as resources for students wanting more information. <byh>If a student club does not exist, teachers can consider leading an effort to begin one with students.<eyh>

High school offers an opportunity for students to develop skills in preparation for their adult lives. While teens may view themselves as young adults, they still need a safe environment to further explore their sense of identity, interest in relationships, and overall perspective of the world. It is important to note that while students seek autonomy and independence, they also seek belonging, acceptance, and purpose. There is increased pressure to be in a relationship and fit within expected social norms, especially regarding gender and physical appearance. This increased need for acceptance and pressure to fit in may also increase students’ vulnerability and risk for dating violence, sexual assault, and sex trafficking. Ninth through twelfth grade is a critical time to provide more comprehensive and advanced learning in these areas.

Forms and Examples of Abuse

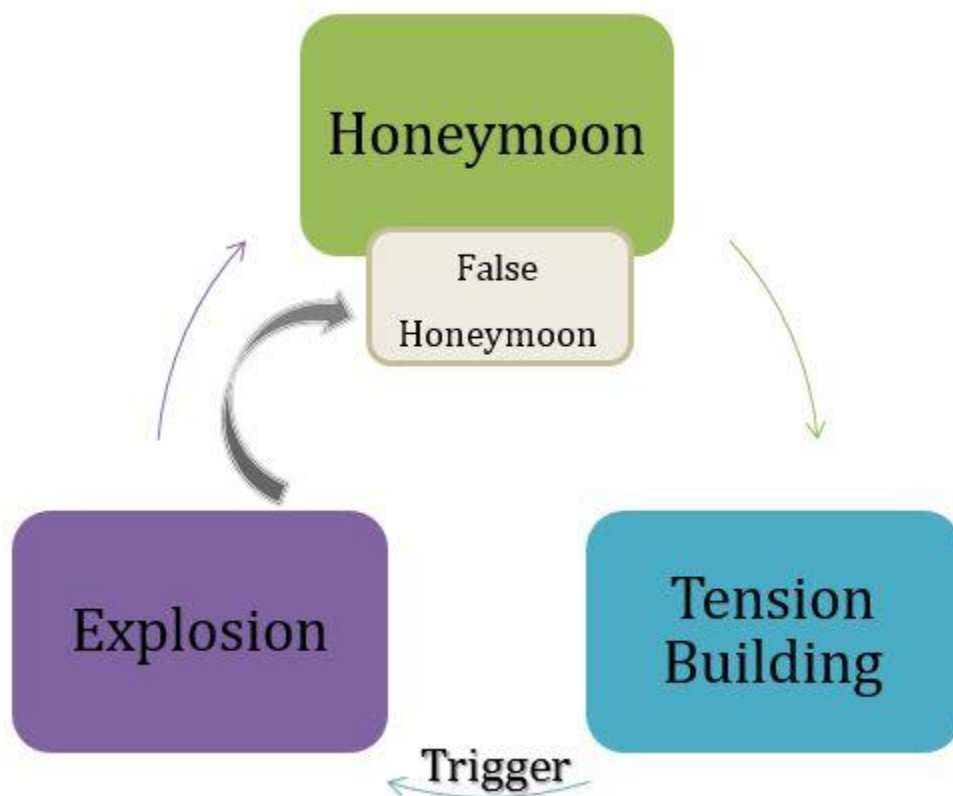
| Forms of Abuse | Examples of Abuse  |
|----------------|--|
| Physical       | Hitting, slapping, kicking, biting, <byh> pushing, shoving,<eyh> pulling hair, blocking or preventing partner from moving or leaving, punching a wall, and strangulation   |
| Emotional      | Put downs, name calling, humiliation, isolation from friends and family, threatening to “out” someone who identifies as LGBTQ+, and stalking behavior  |
| Sexual         | Forced sexual acts, pressure to have sex, any unwanted sexual activity, withholding affection or sex as a punishment, <byh>reproductive coercion,<eyh> unwanted viewing/making pornography, <byh>unwanted sexting,<eyh> including demanding/sending unwanted sexual pictures |
| Financial      | Destroying personal belongings, stealing, forcing partner to pay for things all the time, forcing or manipulating partner to “earn” money, including exchanging sex for money or gifts   |

| Forms of Abuse | Examples of Abuse  |
|----------------|--|
| Spiritual      | Using religion to justify abuse, forcing others to adhere to rigid gender roles, forcing partner to do things against their beliefs, mocking beliefs or cultural practices, not allowing partner to do things they enjoy or to better themselves, including interfering with their education |
| Technological  | Cyber bullying, stalking, sending explicit photographs, sharing explicit photographs and/or video with others or posting online, possession or distribution of child pornography, demanding e-mail or social media passwords, taking photographs of someone without their knowledge          |

An advanced discussion about relationship violence is appropriate for ninth through twelfth graders as dating relationships become more prevalent. Students are more independent, which allows for more time with a partner and the potential for students to view their relationship as increasingly exclusive, committed, and intimate. As students revisit the different forms of abuse, they also learn about the cycle of abuse. See the figure below for a visual representation of the cycle of abuse. The cycle begins the same way that most other relationships begin, with romance, attraction, and emotional connection. This part of the cycle is called the *honeymoon* phase. In an unhealthy or abusive relationship, the next phase is called the *tension building* phase, which victims of abuse often describe as feeling as if they are walking on eggshells. As tension builds, there is ultimately an *explosion* or abusive incident when abuse occurs during the third phase. Because relationship violence occurs in a cycle, the relationship reenters the honeymoon phase after an explosion or abusive incident. This is often referred to as a *false honeymoon* phase, during which the perpetrator will apologize, may shower the

victim with gifts or praise, and give a false sense of hope that the abuse was an isolated incident and will never happen again. Students understand that this false-honeymoon part of the cycle can keep individuals in an abusive relationship. The abusive relationship cycles through the phases repeatedly and usually escalates in severity and frequency of abuse.

**Cycle of Abuse**



Long Description of Cycle of Abuse is available at <https://www.cde.ca.gov/ci/he/cf/ch6longdescriptions.asp#chapter6link2>.

Source: WEAVE, Inc. (2017), adapted from the Cycle of Abuse developed by Lenore Walker, Ed.D. (1979)

Teachers provide scenarios that students analyze to determine whether it is an example of a healthy or unhealthy relationship. Students put the scenarios into three categories:

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(1) Healthy, (2) Concerning/Unhealthy, and (3) Abusive. Students explain their rationale for putting the scenarios into a particular category. These insights can prompt discussion about what students value and tolerate in relationships and even challenge their current beliefs about what is healthy or unhealthy.

Example scenarios:

- My partner says they do not like any of my family or friends and does not want me spending time with any of them.
- My partner respects my boundaries, stops if they see I am uncomfortable, or asks for my consent prior and during any sexual activity.
- My partner demands my social media passwords and/or monitors my activity through social media.
- My partner threatens to hurt themselves if I break up with them.
- My partner and I discuss our future goals and encourage each other to succeed.
- I have to tell my partner everything I am doing and who I am with, or my partner gets upset.
- My partner shows up unexpectedly while I am out with friends.
- My partner and I argue all the time.
- My partner is jealous when I talk to people my partner thinks I am interested in.
- My partner pressures me to have sex.
- My partner stops me when I try to leave their house after an argument.
- My partner and I talk openly and honestly about STIs and/or pregnancy prevention.
- My partner and I both have friends that we can hang out with, without each other.
- I try to listen and understand before I get upset with my partner.




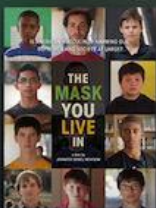
- My partner sometimes makes fun of me in front of our friends.
- My partner keeps asking me to send nude pictures of myself, even though I don't want to.
- My partner "likes" all of my posts on social media.
- My partner gets upset when I do not respond to text messages right away.
- My partner took a video of us having sex without me knowing.
- My partner pays my cell phone bills and, in exchange, asks me to hook up with their friends.
- My partner asks if I am okay with different levels of physical affection.

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As students determine what is healthy and unhealthy in a relationship, it is beneficial to further discuss characteristics of healthy relationships, dating, committed relationships, and marriage (9–12.1.3.G, Essential Concepts). Working in small groups, students identify characteristics of a healthy relationship and agree on a few examples to present to the class for discussion. Some examples that should be discussed are equality, communication, honesty, trust, respect, support, and compromise (9–12.4.1.G, Interpersonal Communication; 9–12.1.3.M, Essential Concepts). (Refer to the Grades Seven and Eight chapter for a handout on healthy relationships.)

It is important for students to examine how culture, media, and peers influence an individual's view of self and others (9–12.2.2.G, 9–12.2.5.G, Analyzing Influences). Students may compare themselves to peers and people portrayed in the media. Media plays a significant role in developing students' attitudes about gender, body image, and relationships. By high school, students have already been exposed to various media influences through music, television and movies, video games, advertisements, and social media. While media may be moving towards including more diversity, there are still strong messages regarding gender roles, norms, attractiveness, and relationship dynamics. Women in the media tend to be thin and hypersexualized: men may be muscular and sexualized as well. Screening a documentary such as *Miss*

Representation (2011) or The Mask You Live In (2015) can help facilitate a discussion about the impact of mass media and gender socialization on self-image and relationships with others. Ask students to question the examples of gender and sexuality they see in media and to critically evaluate those examples.

|   |   |
|---|---|
|  <p><b>Miss Representation</b><br/>★★★★☆ (231) IMDb 7.6 90 min NR</p> <p><a href="#">Watch Trailer</a></p> <p><a href="#">Add to Watchlist</a></p> <p>Miss Representation exposes how mainstream media contribute to the under-representation of women in positions of power and influence in America.</p> <p><b>Genres</b><br/>Documentary</p> <p><b>Director</b><br/>Jennifer Siebel Newsom</p> <p><b>Starring</b><br/>Cory Booker, Margaret Cho, Katie Couric</p> |  <p><b>The Mask You Live In</b><br/>★★★★☆ (136) IMDb 7.6 91 min 2016 NR</p> <p><a href="#">Watch Trailer</a></p> <p><a href="#">Add to Watchlist</a></p> <p>The Mask You Live In follows boys and young men as they struggle to stay true to themselves while negotiating America's narrow definition of masculinity.</p> <p><b>Genres</b><br/>Documentary</p> <p><b>Director</b><br/>Jennifer Siebel Newsom</p> <p><b>Starring</b><br/>Ashanti Branch, Caroline Heldman, Michael Kimmel</p> |
|---|---|

☆☆☆☆☆ **Not Helpful For Boys; Agenda-Driven Film, not Research-Driven**

December 4, 2018

Format: Prime Video

This film gears toward addressing Depression in kids... but then it steers that toward attacking "masculinity" as the main culprit in a very disingenuous manner.

Depression is often caused by being unhappy, feeling hopeless and frustrated. Kids growing up will undoubtedly go through this stage when they realize that growing up is not as fun as they might think, and they start to realize the truth of the old Buddhist saying that "Life Is Suffering." So even if boys were more emotionally open, life will still be hard to cope with. But that is exactly why boys often eventually grow up to be problem solvers. Still nobody disputes that young boys have it rough and nobody disputes that boys should always seek mental help and emotional support whenever they are struggling. They should always have a person to talk to and open up with -- but this movie paints the world as if not a single boy ever gets that. That's just not true. Boys do open up to their friends, family, and especially their brothers and fathers.

This film is covered in inaccurate claims -- is it no wonder it never cites its "facts"? For example, it tries to pin mass shootings on "masculinity"... but what it fails to mention is that of the deadliest 27 mass shootings in America, 26 of the shooters were fatherless. Does that mean single mothers teach "toxic masculinity"? After all, they are the



sandra

☆☆☆☆☆ **A very clear attack on Christianity. This is NOT ...**

October 2, 2017

Verified Purchase

Format: Prime Video

A very clear attack on Christianity. This is NOT a documentary on masculinity or accepting emotions in boys this is a leftist agenda being pushed on accepting homosexuality as being normal and that there is nothing different between boys and girls.

Helpful

Report



mr. big

☆☆☆☆☆ **This film is not helpful for anyone, especially boys, which it demonizes**

June 22, 2016

Format: DVD

This film doesn't help boys, it hurts them. It's a film about how being a boy is unnatural (only a means to not be feminine), shows little boys playing and calls that a problem, views all boys as potential criminals, and only shows fathers in a negative light. In this film, all things male are bad, and all bad things are male, and women are not part of any of societal problems, just victims. It's full of inaccuracies (such as flat out lying about the scientific consensus about video games and real life violence) and loaded with bad generalizations



Timothy G. Patten

☆☆☆☆☆ **This is an indoctrination into a man-hating ideology by extreme theorists.**

October 16, 2016

Verified Purchase

Format: Prime Video

This is an indoctrination into a man-hating ideology by extreme theorists. It claims that boys and men are responsible for domestic violence and the woman has no responsibility.

The observations of masculinity are made by women with a one sided bad stereotypes that lead to false conclusions. This movie is dehumanizing to boys and men and dangerous for women. This is a toxic, feminist college level masculine studies curriculum. It preaches toxic masculinity.

These scholars may have good intentions but they will increase distrust of boys and male suicides.

^ [Read less](#)

Bullying and harassment may occur if students do not conform, or are perceived as not conforming, to social norms to look or act a certain way. Sexual harassment is also a form of bullying and can often be found on high school campuses. While young men can be the subject of such abuse, women and transgender youth are disproportionately victims of sexual harassment.

**Examples of Sexual Harassment**

| <b>Verbal</b>  | <b>Visual</b>   | <b>Physical</b>   |
|--|---|---|
| <ul style="list-style-type: none"><li>• catcalling</li><li>• offensive sexual invitations or suggestions</li><li>• comments about size or shape of a person's body</li><li>• comments about sexual orientation</li><li>• sexually explicit jokes or comments</li><li>• sexually based rumors and gossip</li><li>• asking someone to go out repeatedly</li><li>• unwanted communication</li></ul> | <ul style="list-style-type: none"><li>• writing or sending unwanted sexual notes/texts/e-mails</li><li>• inappropriately looking at someone's body part or for a long time</li><li>• gesturing with a tongue/hands/mouth</li><li>• acting out sexual gestures</li></ul> | <ul style="list-style-type: none"><li>• any unwanted touching. grabbing, pinching, hugging, or kissing</li><li>• intentionally bumping into someone's body or rubbing up against them</li><li>• blocking someone's path</li></ul> |

Source: WEAVE, Inc. (2017)

Schools have anti-bullying and sexual harassment policies that teachers should discuss with students and then guide students in addressing these problems. Students can research and describe California laws regarding bullying, sexual violence, and sexual harassment (9–12.1.8.S, Essential Concepts; 9–12.5.2.S, Decision Making). Students need multiple opportunities to learn and practice skills in order to appropriately intervene when witnessing violence, bullying, or sexual harassment. With sufficient practice, students can be empowered to report dangerous situations, seek adult support, or stand up for someone being bullied, harassed, assaulted, or abused if it safe to do so (9–12.1.8.M, Essential Concepts). This is called bystander intervention.

Sexual harassment is sometimes the precursor to sexual assault, as violence that is normalized can often escalate. Rape culture also contributes to sexual violence and is an important concept to discuss with students in ninth through twelfth grades.

Normalization, desensitization, and acceptance of sexual violence are the essence of rape culture. Examples of rape culture include the objectification of women and feminine-presenting people, glamorization of sexual violence in music and film, minimizing sexual violence or blaming the victim of sexual assault, and misogyny.

<byh>Objectification of men and concepts of extreme forms of masculinity may also be problematic if it promotes harmful and rigid gender stereotypes.<eyh> Students may not relate to this as a social issue if they believe that rape culture does not exist or if they think they do not participate in or perpetuate it. Students need teacher guidance to think critically about how they may or may not contribute to rape culture. Possible responses to sexual violence that reflect rape culture are listed below.

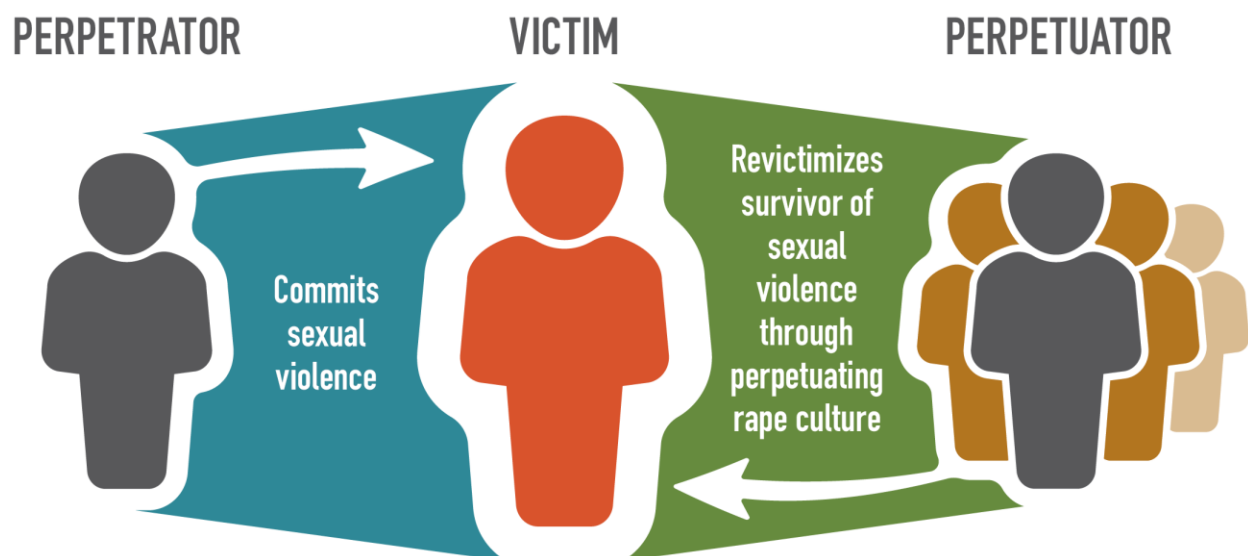
#### Comments that Reflect Rape Culture

- They shouldn't have worn that.
- They shouldn't have had so much to drink.
- It doesn't impact me

- <byh>Real men can't be raped.<eyh>
- Laughing at rape jokes doesn't mean I'm going to rape anyone.
- Women need to empower themselves to say "no."
- They shouldn't put themselves in risky situations.
- What about false accusations?
- I don't condone sexual violence, but I don't want to get involved.
- They've had sex before—they're in a relationship.

Much of rape culture has to do with victim blaming, lack of bystander intervention, and an overall lack of empathy, as illustrated in these examples. Exploring this further will help students understand the basic concept of rape culture and examine ways they may unknowingly perpetuate the problem. Students should be encouraged to make a commitment to stop perpetuating rape culture and work toward promoting positive change at school, within the community, and beyond. The figures below may provide a visual representation for students to gain a better understanding of how victims of sexual violence may also be revictimized by those who perpetuate rape culture.

### <byh>Rape Culture and Sexual Violence



Long Description of Rape Culture and Sexual Violence is available at <https://www.cde.ca.gov/ci/he/cf/ch6longdescriptions.asp#chapter6link3>.

Source: WEAVE, Inc. (2017)<eyh>

This image represents the impact of individual actions by perpetrators of sexual violence and those who also contribute to rape culture by perpetuating normalization and acceptance of sexual violence. The image does not represent equal weight of the trauma endured by the individual—rather, it is meant to demonstrate that both can be traumatic, which victims/survivors may experience differently. For example, it can be triggering and re-traumatizing for a student who has been sexually assaulted and then overhears rape jokes. This not only is traumatic in the moment, but it can also hinder the healing process. The following image provides examples of how a victim of sexual violence may be re-victimized over time and is not necessarily linear.

### Revictimization and Ongoing Trauma



Long Description of Revictimization and Ongoing Trauma is available at <https://www.cde.ca.gov/ci/he/cf/ch6longdescriptions.asp#chapter6link4>.

Source: WEAVE, Inc. (2017)

Students may also better understand the issue of sexual violence and victim blaming through expanding their knowledge about sexual assault and consent. According to the National Intimate Partner & Sexual Violence Survey (CDC 2010), 29 percent of female rape victims were first victimized as a minor between the ages of 11–17, making middle school and high school critical times to discuss culture change and non-victim blaming prevention strategies. It is important to address affirmative consent, the right to refuse sexual contact, and laws related to sexual behavior and the involvement of minors (9–12.1.9.G, Essential Concepts). Students learn in earlier grade levels the definition of sexual assault and consent and revisit this topic in ninth through twelfth grades. Examples of sexual assault include rape, attempted rape, unwanted sexual touching, and unwanted sexual acts such as oral sex. It is important to remind students that sexual assault is not limited to heterosexual relationships and is inclusive of same-sex relationships and other gender dynamics.

### Definitions of Sexual Assault and Affirmative Consent

| Sexual Assault   | Consent  |
|--|--|
| Any unwanted sexual contact or sexual activity, whether through force, emotional manipulation, or coercion | Affirmative, continuous, conscious, and voluntary agreement to engage in sexual activity |

Source: CA Penal Code Section 261 and WEAVE, Inc. (2017)

Using these definitions, students are able to analyze and conclude that consent cannot occur if someone is unconscious or under the influence of alcohol or drugs. Students in their teenage years may be more likely to use alcohol and other drugs than in younger years, and they should be aware of the relationship between these substances and sexual activity. Because alcohol and other drugs can lower inhibitions, they are common facilitators of sexual activity including non-consensual sexual activity (9–12.1.9.A, Essential Concepts). The potential for non-consensual sexual activity increases if both individuals are under the influence of alcohol or drugs. Use of alcohols and other



drugs may also increase the risk of perpetrating sexual violence. Many teens do not recognize their experience as sexual assault or identify as a victim if they were under the influence of substances, and, as a result, often do not report the assault. Addressing this misunderstanding in the classroom and having students analyze sexual behavior and influences can help them avoid potentially dangerous situations (9–12.5.1.S, Decision Making).

Students must understand that compliance or the absence of refusal is not affirmative consent. Individuals who are faced with unwanted sexual activity may react in different ways and may not resist the assault. This is a normal trauma response and important to discuss with teenagers, as some may blame themselves for what is perceived as compliance, silence, or lack of resistance. Other students may feel pressured to engage in sexual activity based on actual or perceived social norms, which should be analyzed and assessed (9–12.2.3.G, Analyzing Influences). Students should also learn and discuss the idea that respecting consent and refusal also means accepting that individual's right without pressure, shame, or debate. Challenging the concept of entitlement to sexual activity promotes primary prevention efforts.

This is an appropriate time to ensure that students know how to access local sexual assault response services including access to emergency contraception and counseling and their rights to obtain these services. Because there is pressure from both social norms and individuals to engage in sexual activity, it is important for students to determine their own personal boundaries and practice affirmative consent and refusal skills (9–12.7.6.M, Practicing Health-Enhancing Behaviors). Knowing their personal boundaries can also help students evaluate and avoid risky or potentially dangerous situations and empower students to report sexual assault and molestation (9–12.4.2.S, Interpersonal Communication; 9–12.5.1.S, Decision Making). Students are led in a discussion that explores and identifies the physical response to feelings and emotions. From this discussion, students can learn how to be aware of the physical sensations in their body when trust and respect are present compared to when a boundary is being

crossed. Students are guided in discussions about the right to refuse sexual contact, including in dating relationships, long-term relationships, and marriage. Students can advocate for violence prevention and work to create a school and community where sexual assault is not tolerated (9–12.8.1.S, Health Promotion). This also means supporting peers in making positive and healthful choices about sexual behavior (9–12.8.3.G, Health Promotion) and protecting their rights to personal boundaries and affirmative consent. Students can research support resources such as the local rape crisis center, law enforcement agencies, and local and national organizations including hotlines and support centers and distribute the information to other students. As an engaging and entertaining activity, students can participate in a poetry slam <byh>visual art, film, music, or theater<eyh> to explore issues of sexual violence through a creative voice.

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As students approach adulthood, they may become involved with an older romantic interest who may already be a legal adult. Referencing earlier discussions about healthy relationships can encourage students to analyze unequal power dynamics in an adult-minor relationship and relationships with large age differences. Students who are in an autonomous stage of development yet still growing in maturity may have a skewed perspective of adult intent with a minor. For example, students may believe their adult partner understands them like no one else or recognizes that they are mature for their age. This can be a red flag for sexual assault, molestation, and, potentially, sex trafficking.

It is important for educators to build an awareness of sex trafficking and its impacts on youth. Sex trafficking is a growing social problem, and youth are especially at risk of being victimized. In California, the average age that a child is first brought into commercial sexual exploitation, or sex trafficking, is 12–14 for females and 11–13 for males (California Against Slavery Research & Education). Young people are vulnerable to this type of exploitation, and some high school students may currently be or have already been commercially sexually exploited. Students can use compare and contrast

concepts, which they learned in language arts and English language development classes, to describe similarities and differences between sex trafficking and other forms of sexual violence and abuse previously discussed. One example of how to approach sex trafficking prevention education is provided in the classroom example below.

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### Classroom Example: Sex Trafficking

**Purpose of Lesson:** High school students are at-risk for sex trafficking and preventive education in school is critical in protecting youth. Students can also play a role in creating change through awareness, advocacy, and promotion of healthy relationship behaviors.

**Standards:**

- 9–12.2.4.G Assess situations that could lead to pressure for sexual activity and to the risk of HIV, other STDs, and pregnancy (Analyzing Influences).
- 9–12.3.4.G Evaluate laws related to sexual involvement with minors (Accessing Valid Information).
- 9–12.1.2.S Recognize potentially harmful or abusive relationships, including dangerous dating situations (Essential Concepts).
- 9–12.3.1.M Access school and community resources to help with mental, emotional, and social health concerns (Accessing Valid Information).

**Lesson:**

<byh>At the beginning of the year, Mr. H informs students about his role as a mandated reporter.<eyh> Before starting this lesson, students are reminded of classroom agreements to ensure everyone feels safe and accepted. Mr. H specifically points out the agreement the class made to treat others with respect, keep information shared by other students confidential, and be open-minded about differences in opinion and experiences. Mr. H provides students with a list of local resources as he explains that talking about violence and abuse can be difficult and may cause some to have an

emotional reaction. He tells students to be aware of how the material might be affecting them and to seek support if needed.

Mr. H begins the lesson by asking students to “Take a Stand.” Students respond to statements regarding their current knowledge and opinions about sex trafficking. Mr. H asks the students if they agree or disagree that: slavery still exists today; they know what human trafficking and sex trafficking are; sex trafficking is a problem in their area; students can be sex trafficked; sex trafficking can be prevented; sex trafficking can be eradicated. After the exercise, Mr. H explains that sex trafficking is a type of human trafficking and a form of modern-day slavery. Students draw from learning in social science classes to describe what slavery is. A student explains their understanding of slavery and says, “Slavery is when someone is owned by another person or whose freedom is restricted.” Mr. H acknowledges that this definition is fitting for human trafficking as well. He adds that anyone under the age of 18 who is engaged in commercial sex acts is considered a victim of trafficking, not a criminal. Students ask what commercial sex is, and Mr. H explains that it is any sexual act that is exchanged for something of value. This can include an exchange of sexual acts for money, food, clothing, shelter, drugs, or other “gifts.” Forms of sex trafficking include involvement in prostitution, pornography, escort services, and strip clubs.

Mr. H recognizes that some students may have unknowingly been trafficked, are being groomed by a trafficker, have been approached by a recruiter, or could be in the future. He explains this to the class and shares examples of these scenarios. Mr. H references earlier learning about healthy and unhealthy relationships and explains how traffickers often exploit their victims by first pretending to be a romantic partner. This happens through a process called *grooming*, in which a trafficker identifies a vulnerability, gains the victim’s trust, and then exploits them for the purpose of commercial sex and monetary gain. “Who doesn’t want to feel wanted, loved, and accepted? Traffickers know that, and use it to their advantage,” says Mr. H. Traffickers or recruiters for traffickers are often looking for victims with a vulnerability to exploit and may pose as romantic partners or friends or offer false employment opportunities such as in modeling or acting. It is common for peers to recruit for traffickers and offer a lifestyle of easy

money and expensive possessions. This lifestyle may be appealing to some youth, but Mr. H reminds students that traffickers are looking to exploit and profit from victims, not help them. Regardless of willing participation, minors engaged in this activity are considered victims. Sex trafficking is illegal, no matter the age of the victim. Traffickers maintain power and control over victims using coercion and violence and often threaten or harm youth who seek to exit that lifestyle and its associated abuse.

Mr. H gathers background information about current popular social media apps, as he understands that traffickers often use social media to find, groom, and exploit victims. Mr. H discusses these apps with students, asking questions about the purpose of each app, level of privacy, and level of perceived safety. There are apps in which the purpose is to connect with a stranger, some to anonymously share personal information and possible vulnerabilities before making connections, and others to casually hook up with or meet people in person. Mr. H explains that traffickers can hide behind the anonymity of these apps and other social media platforms in order to gain the trust of a potential victim. A trafficker may ask to meet a youth or request incriminating photos or videos that the trafficker will later use to blackmail the potential victim. While many traffickers begin as strangers to the victim, some youth are exploited by peers or family. Gang involvement can also put youth at risk, as gangs often view women and girls as property and see potential profit in exploiting them.

Students explore the relationship between sex trafficking and dating violence, sexual assault, and child abuse. Through group discussion, students are able to identify overlapping components of each of these issues and recognize that not all sex trafficking victims experience all forms of violence. Students discuss how sex trafficking can look like an unhealthy relationship. Referring to the different forms of dating or relationship violence, students make the connection that sex trafficking can fall under all six forms of abuse—physical, emotional, sexual, spiritual, financial, and technological. Often times, victims are forced or manipulated into participating in commercial sex and because minors cannot consent to these acts, this is considered to be repeated sexual assault. While high school students may see themselves as adults and not identify as children, they can still recognize how adults may exploit minors in a way that meets the

definition for child sexual abuse. By understanding the difference between healthy and unhealthy relationships, students can guard themselves against potential traffickers. Mr. H provides a visual for students to conceptualize the intersections of sexual violence. For example, a student may be sex trafficked by their partner which constitutes dating violence, repeated sexual assault, and child abuse because they are a minor. Mr. H explains that while the graphic illustrates intersections of sexual violence, not all forms of violence and abuse must be present to constitute sex trafficking.

<byh>The figure below illustrates the intersections of sexual violence.



Long Description of Intersections of Sexual Violence is available at <https://www.cde.ca.gov/ci/he/cf/ch6longdescriptions.asp#chapter6link5>.

Source: WEAVE, Inc. (2017) <eyh>

Because some students in Mr. H's class may be impacted by sex trafficking in some way, he provides supportive resources and encourages students to reach out to trusted adults. Mr. H recognizes that while some students may recognize parents, guardians,

and caretakers as trusted adults, others may not. Mr. H identifies other potential trusted adults such as teachers, school support staff, religious leaders, coaches, law enforcement personnel, and staff of community organizations. Some students may have experienced abuse by adults that others identify as safe. Mr. H is empathetic and supportive if a student expresses discomfort and makes note of this possible red flag. He also reports any suspicion of child abuse, including commercial sexual exploitation of children or sex trafficking, as required by mandated reporting laws.

Mr. H assigns a research project in which students analyze why sex trafficking exists and possible ways to address this global problem that also may occur in their community. Students research the prevalence of sex trafficking and are alarmed at how widespread it is. In analyzing its existence, some students relate the problem to the overt hypersexualization and objectification of women portrayed in the media, in addition to pornography and sex industry. Students discover that research demonstrates a link between pornography and sex trafficking. They further evaluate the role pornography plays in promoting sex trafficking and creating demand from the buyers of sex. Pornography may normalize sexual violence and its viewers may become desensitized to its impact, not understanding that many individuals featured in the photographs or videos are actually being trafficked as minors or otherwise forced or manipulated into participation. It is not uncommon for pornography to reflect rape culture, and it can sometimes be a form of sex trafficking. Students can also relate this concept to economic studies of supply and demand. If there is no demand for the purchasing of sexual acts, there would be no need for the supply of sex trafficking victims. In analyzing this concept, many students <byh>may<eyh> conclude that even willing participation in the sex industry may promote sex trafficking.

The students decide that they would like to organize a school-wide awareness event in which expert speakers, including survivors of sex trafficking, present at an assembly and offer smaller group discussions on campus after the assembly. The students express an understanding that human trafficking is a human rights issue and work toward creating a violence prevention club to address issues such as interpersonal violence, harassment, and sex trafficking at their school.

Mr. H commends the students for their ideas and efforts and encourages students to get in touch with local agencies that provide services for victims of sex trafficking. Students research additional agencies that they can support in their advocacy efforts and can use as resources. Mr. H also identifies himself as a supportive person and reminds students of the support services available on campus and in the community.

It is important to remember when discussing these sensitive issues, some students may have experienced relationship violence, sexual abuse, or sex trafficking. In some cases, sexual abuse or sexual assault may be perpetrated by an adult. If a student discloses abuse, it is important to practice active listening, be non-judgmental, and respond with empathy, in addition to following mandated reporting laws and district protocols.

Teachers have a unique opportunity to provide prevention education as well as observe behavior and possible warning signs of a student who may be in an abusive relationship, experiencing child sexual abuse, or being trafficked for commercial sexual exploitation. More information about sex trafficking can be found in the Appendix.

The table below summarizes warning signs that can indicate a person is in an unhealthy or abusive relationship or a victim of sex trafficking. It is important to note that some of these warning signs may also be indicators of mental health concerns, substance use, adverse childhood experiences, and other issues among vulnerable youth who are not being sex trafficked.


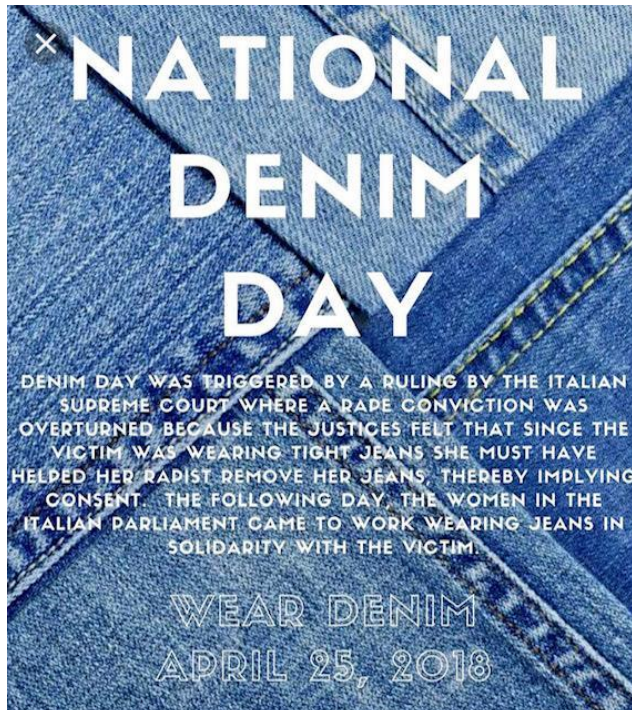


| <b>Unhealthy Relationship</b><br>(peer or romantic)   | <b>Sexual Abuse</b>   | <b>Sex Trafficking</b><br>(in addition to signs of sexual abuse)   | <b>Applies to All</b>   |
|---|---|--|---|
| <ul style="list-style-type: none"> <li>• No alone time</li> <li>• Partner is always present</li> <li>• Fear of consequences for upsetting friend or partner (e.g., not checking phone fast enough or hanging out with other friends)</li> <li>• Seems nervous around friend or partner</li> <li>• Criticized/humiliated in public by partner</li> </ul> | <ul style="list-style-type: none"> <li>• Withdrawal from friends</li> <li>• Change in appearance</li> <li>• Poor hygiene</li> <li>• Change in behavior (e.g., aggression, anger, hostility, acts out sexually)</li> <li>• Attempts at running away</li> <li>• Unexplained injuries</li> <li>• Sexual knowledge or behavior that is not age appropriate</li> </ul> | <ul style="list-style-type: none"> <li>• Sudden change in dress or appearance</li> <li>• Dresses provocatively or inappropriately for age</li> <li>• Unexplained money or gifts</li> <li>• Refers to much older friend or partner</li> </ul> | <ul style="list-style-type: none"> <li>• Withdrawal from friends or usual activities</li> <li>• Frequent absences from school</li> <li>• Depressed mood or anxiety</li> <li>• Eating or sleeping disturbances</li> <li>• Self-harm</li> <li>• Sudden decreased interest in school</li> <li>• Decreased participation and grades</li> <li>• Loss of self-esteem</li> </ul> |

Source: WEAVE, Inc. (2017)

**Partnering with your school:** Students encourage, advocate for, and support others by planning a school-wide awareness event on December 1 for World AIDS Day, <byh>Walk a Mile in Her Shoes, or Denim Day<eyh> (9–12.8.1-3.G, Health Promotion) or a Take Back the Night event (9–12.8.2.G, Health Promotion). Partner with GSA

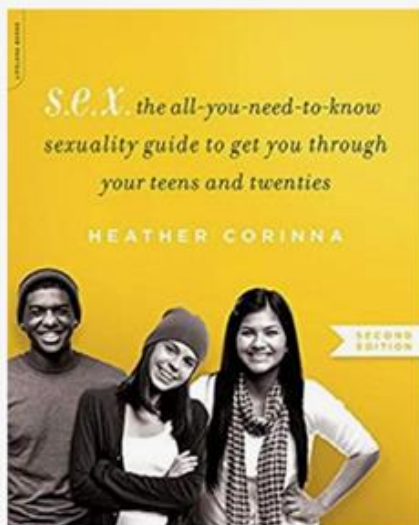
Network (transgender and queer youth uniting for racial and gender justice) to create an LGBTQ+ student-run club (9–12.1.10.G, Essential Concepts). Promote a school-wide read featuring the book, *S.E.X.: The All-You-Need-to-Know Sexuality Guide to Get You Through Your Teens and Twenties* (2016) by Heather Corinna.



The logo for "Walk a Mile in Her Shoes" features a red high-heeled shoe silhouette inside a red circle. To the left of the circle is the word "LI" in large, bold, black letters. Below "LI" is the text "TM www.walkamileinhe". To the right of the circle is the text "TM".

A **Walk a Mile in Her Shoes®** Event is a playful opportunity for men to raise awareness in their community about the serious causes, effects and remediations to men's sexualized violence against women. ... **Walk a Mile in Her Shoes®** asks men to literally **walk one mile** in women's high-heeled shoes.

[Walk a Mile in Her Shoes: Welcome](#)  
[Walk a Mile in Her Shoes > home](#)



Heather Corinna

Author



OVERVIEW

BOOKS

Heather Corinna is an author, activist, and Internet publisher with a focus on progressive, affirming sexuality. She is a self-described "queer, rabbleroxing, polymath." She was one of the pioneers of positive human sexuality on the Internet. [Wikipedia](#)

Born: April 18, 1970 (age 48 years), [Chicago, IL](#)

Education: [Shimer College](#)

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...dle for a... intercourse for a while and one of both partners isn't reaching orgasm or is starting to feel less aroused, stop for now. You can engage in other sexual activities or just halt sex altogether until another day; sometimes we just hit peak capacity for sex and feel finished, even if orgasm hasn't taken place, and that's perfectly okay.

## [ ANAL SEX/INTERCOURSE ]



AKA: Buttfucking, asslove, back-door action.

**What is it, and how do I do it?**

Anal sex is entering the anus and rectum for sexual satisfaction of both partners.

ULAR MECHANICS: THE INS AND OUTS OF S

with less intimacy. ...tionally, than sex

No sex is *just* physical. **None.** Because sex is a whole-body process that utilizes the brain more than any other body part, and because it involves all of our senses, including our sense memory, partnered sex always includes emotional aspects. (Even though they can feel like they're coming from your heart, emotions actually come from your brain and your endocrine system, not your circulatory system.) That doesn't mean sex must be or always is romantic or that love, of any kind, is required for enjoyable, healthy sex. It doesn't mean that one can't have sexual partners outside romantic relationships primarily or purely for sex alone.

...y feel because of the anonymity of the sudden connection. Or vice versa.

Our levels of intimacy within relationships and during various kinds of sexual activities all vary based on who we are, whom we're with, what we both want and need, what the relationships are like, where we're at in life, what social conditioning and life experiences we've had, how we're feeling on a given day, and how we nurture and protect that intimacy.

## [ VIRGINITY: PAST AND PRESENT ]

When people talk about a "virgin," they're usually talking about someone who has not had penis-in-vagina intercourse. Well, sometimes. Actually, it's hard to say—this is one of the most vague, arbitrary cultural terms there is.

BE, OR NOT TO BE . . . SEXUALLY ACTIVE

involved unless what people bring to it is imagination, creativity, and their own sexuality and expressions of it.

So, if any of these ways of being sexual are safe for you (including not setting you or anyone else up to potentially commit serious crimes), something you and yours want to explore, and you want it to actually feel fun and unique, not like one or both of you has to put on a show and play a part, think about it as a creative pursuit. Use your imagination; *share* your imaginations. Be you, not someone else.

Like any other way of being sexual with someone, just bring the same respect and care you do or would with in-person sex, and see where that takes you.

STI Risk: No risk.

Pregnancy risk: No risk.

### **SENSATION PLAY**

**What is it, and how do I do it?**

Experimenting with different sensations, throughout the body, not just genitally (in fact, it need not be genital at all).

Some people do this by applying hot and/or cold items to the body, by stroking the body with different items, such as feathers or silky or rough fabrics, and by adding food or liquid items to sexual play. Others might use clothespins for a pinching sensation, snakebite kits for "cupping" certain areas of the body for a feeling of suction, safe forms of electrical play with static electricity machines configured for sexual use, or hands, whips, or paddles to strike the skin.

Some use sensation play as part of SM or BDSM activity (see page 245).

But those roles or structures aren't at all required for sensation play; many people engage in sensation play without incorporating them at all.

So long as skin isn't broken in any way or direct oral or genital contact isn't being made sensation play is 100 percent safer sex.

STI risk: No risk.

Pregnancy risk: No risk.

### **"KINKY" SEX**

Just about everybody's heard of it, but no one really knows what it means. That's because *kinky* (like *deviant* or *perverse* or *obscene*) is a pretty arbitrary term; everyone defines it a bit differently. One person's kink is another person's not-kinky-at-all. But what most people mean when they refer to "kinky" sex is either an uncommon practice or one typically thought of as unconventional. Typically, bondage and restraint, fluid or blood play, the use of sex toys, "edge" play, powerplay or role-play, and some sensation play are often filed under "kinky." Whether you feel that any or all of these are "kinky" or not is completely your call.

#### **Role-Play**

**What is it, and how do I do it?** Just like "make-believe" or "playing doctor" as a kid, some people do the same in a sexual context with partners. That may mean a couple pretends that they're in a different place, that someone is watching, or that they're different genders—what have you. Some bring costumes and props into the scene; for others the fantasy is solely in the imagination. Role-play can be a way



friction—like intercourse, manual sex, or masturbation—most people want or need lubricant and find that it increases their pleasure and sexual enjoyment. Ain't nothing wrong with that!

### Dental Dams

Dental dams are used for cunnilingus or anilingus.

How to use a dental dam:

Most dams have a light talc coating, so first, rinse off the talc with water, because it can cause some irritation. Apply lubricant to the genitals where the dam will be placed. Then, open up the dam—it's like a little sheet of latex when opened—and spread it over the vulva or anus. You or your partner can then hold the dam in place with your hands during the activity.

Dental dams are often harder to find than condoms. Whereas most online safer sex and sex toy suppliers sell them, many pharmacies that sell condoms and lubes do not. You can also obtain them at medical supply stores. If you cannot find a source for dental dams, you may also adapt a condom as directed in the Helpful Hints or use kitchen plastic wrap. You can use the plastic wrap the same way you'd use a dam. For cunnilingus, you can wrap the cling-film dam around the wearer's thighs



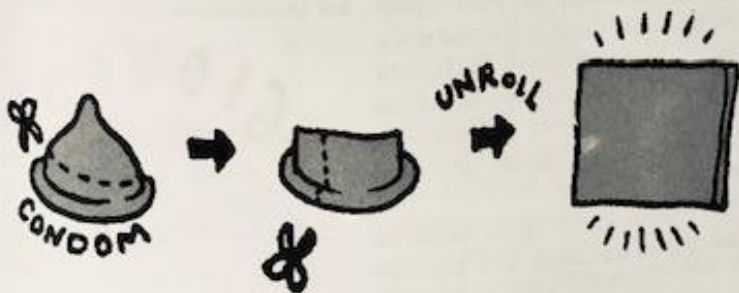
so no one has to hold the barrier in place with their hands.

### Helpful Hints

► **Use one side—once.** Always keep the same side of the dam or cling film against the body. You can't flip-flop dams and have them work effectively—only one side may be used. Dental dams cannot be reused to be effective against the spread of disease or infection.

► **You can make a dam out of a latex condom.** To use a condom as a dental dam for cunnilingus or anilingus, simply cut the condom with a clean pair of scissors down the middle, lengthwise, and open it up.

► **You can also make a dam out of a latex glove.** There are a few ways to do this: you can cut off the fingers and base of the glove



for their comfort or liking. Unlike outside condoms, they can also be placed well in advance of sexual activity—as early as eight hours before, if you like.

The inside condom has a ring at both ends: one on the inside, at the back of the condom, and then a ring at the shaft like an outside condom but much larger.

1. To use an inside condom, you start the same way you do with an outside condom: by checking the expiration date and opening the package carefully.

2. Next, put a little lubricant on the outside of the closed end (the end with the ring inside of it).

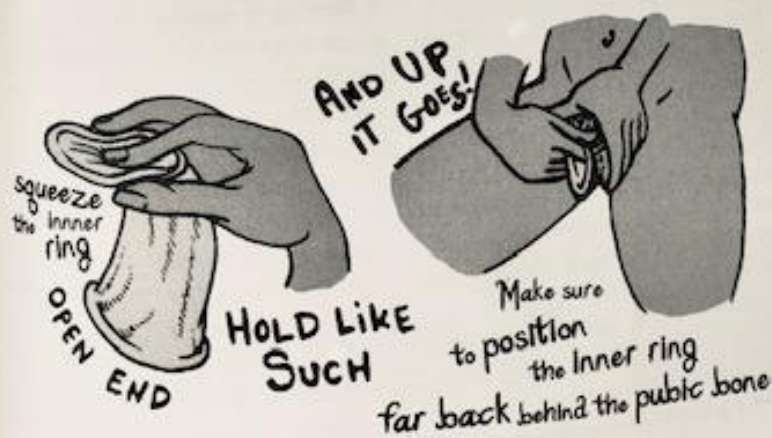
3. Then you'll insert it inside the vagina or anus, depending on what kind of genital sex you want to take part in. Some put the inside condom in while they stand with one foot up on something, or they squat or sit on the edge of a chair or toilet or lay down. You'll find out by experimenting what works best for you. If you know it takes you some time to put an inside condom in, you can always do so in advance of sexual activity. You don't have to do

it only at the time of, like with outside condoms.

Squeeze that inner, or back, ring together with your fingers until it basically makes a line, and put it inside the body the way you'd put in a tampon or menstrual cup, pushing it gently back as far as you can until the ring rights itself to be more horizontal than vertical. When it's all the way back, you pull the finger you pushed it inside with out, and let the outer ring of the condom hang about an inch outside the vagina or anus.

4. Then, a partner will insert their penis—or a toy—inside the vagina or anus and the condom inside. The base will not grip them like an outside condom's base does. For those new to sex or to using this kind of condom, do be sure to check that the penis or toy is inserted inside the condom rather than to the side of the condom.

5. To remove the inside condom, just have your partner withdraw—no need to hold anything. Then you twist the outer ring and the part of the condom outside



## ORAL SEX: CUNNILINGUS

**AKA:** Eating out, licking out, going down on, going south, giving head, tipping the velvet.

**What is it, and how do I do it?** Stimulating the vulva externally (inner labia, clitoris, vaginal opening, perineum) and/or internally (the vagina) with lips, tongue, and/or teeth.

Although for many people the clitoral glans is the preferred center of activity for oral sex, remember that the labia and the clitoral hood are also connected to or part of the clitoris and full of nerve endings, so stimulation there often also feels good. There's way more to the clitoris and sensation with oral sex than just the clitoral glans!

Some people like external licking or sucking of the vulva. You can circle the clitoris and vaginal opening with your tongue, lap at it top to bottom or side to side, flick at it with your tongue, suck on it and the labia, even give your partner's vulva loads of soft kisses. Some people enjoy having their vaginal opening, or even more deeply into the vagina, explored with the tongue. Even teeth, with gentle nibbling or grazing, can feel good. You may wish to hold your partner's outer labia open (and they can also do it with their own hands), to be able to see where you're going or provide more intense sensation to the whole area. Sensitivity of the vulva and vagina varies, so you need to adapt for your own partner.

Some people also enjoy vaginal or anal stimulation during oral sex, either with fingers or a sex toy, and some also enjoy oral stimulation to the perineum or anus (see rimming, below). If you're using a

latex barrier for oral sex and are going to incorporate anal play, just be sure to use a new dam for that area rather than sliding the same one back and forth.

**STI risk:** Moderate risk.

**Pregnancy risk:** No risk.

## ORAL SEX: FELLATIO



**AKA:** Blow job, blowing, giving head, sucking off, hummer, tea-bagging (for oral sex on testicles).

**What is it, and how do I do it?** When the penis is stimulated with the mouth, tongue, lips, and, often, hands at the same time. There isn't usually any actual blowing involved; in the 1950s and 1960s, *blow* was slang for ejaculate, which is probably the source of *blow job* as slang for fellatio.

Generally, fellatio involves licking, lapping, and sucking the head of the penis,

## DON'T CHOKe

If you're the receiver of fellatio, a quick etiquette tip: imagine, if you will, someone roughly shoving an unpeeled banana fully into your mouth and throat. Not a pretty picture, is it? Holding a partner's head gently or guiding their mouth with your hands during fellatio is completely fine if they're down with it (not everyone is). Pressing your pelvis very intensely or quickly into a mouth isn't anything but a good way to choke somebody, so just be sure to be attentive, if holding a partner's head, to what your hands are doing and to what their limits are. Check in with a partner often to be sure it's all good.





## BDSM

**D**/S is a term usually used to describe sexual dominance and submission play, in which one partner "tops" and another "bottoms" and/or one partner is dominating and another submitting. The top or bottom may be of any gender, and the action may involve extending pleasure past a point of physical or emotional comfort; "punishing" a partner via humiliation, sexual play, or withholding of sexual activities; and utilizing bondage, sensation play, or verbal enactments. *SM* or *S/M* is an abbreviation for sadism and masochism, or sadomasochism, which means that one partner is giving pain (*sado-*), and the other is receiving it (*-masochism*). The *B* in *BDSM* usually refers to bondage.

BDSM educators recommend what's often known as the *SSC rule*: safe, sane, and consensual. In other words, whatever is being done is agreed upon by both partners and is performed in ways that are both physically and emotionally safe and sane—the same sort of guidelines advised for any kind of sex. Safe and sane include partners truly being able to consent (including legally) and fully understanding what they're agreeing to, both in the short term and the long term (that is, how these sexual choices may affect the individuals, their relationship, and the other areas of their lives). Any sort of sex or role that is forced, coerced, or malicious through the use of power roles or sex is *not* safe, sane, or consensual.

D/S play may involve sex acts most people are familiar with, such as oral sex and intercourse.

D/S may also incorporate sensation play, bondage, or other "kinky" sexual activities. Many people engaging in D/S play incorporate *safewords* into their play: phrases or gestures understood by both to express thresholds, limits, and boundaries. Saying a safeword stops the role-play or sexual activity at any time, immediately and



without question. Like polyamory, D/S or BDSM play often requires more discussion and negotiation than other sexual activities might. D/S roles shouldn't be dictated by sex or gender: people of any gender can be tops, bottoms, or "switches," people who enjoy both roles. What role someone should choose is the role that they want.


Stay self-aware if you're considering or involved with D/S play. Some people do use D/S as a way of making an abusive relationship seem acceptable or sexy or to employ it as a means to extend self-injury or controlling behavior, even unconsciously. If your partner is in any way physically abusive in the whole of your relationship or you're not having deep discussions negotiating sexual roles; if your partner verbally abuses or humiliates you outside a "scene" or as a general practice; if you feel that there's a required, implied, or given—rather than agreed upon and optional—power dynamic or imbalance, then it's entirely possible that D/S or S/M play is merely an extension of abuse. With relationship abuse as prevalent as it is, it's not sensible to entertain the delusion that somehow BDSM relationships or communities are immune.

isn't healthy (and that goes for our sexual roles even when we aren't role-playing).

**STI risk:** Risk levels depend on what sexual activities are engaged in during role-play.

**Pregnancy risk:** Risk levels depend on what sexual activities are engaged in during role-play.

### Bondage/Restraint

 **What is it, and how do I do it?** Bondage or restraint is the practice of having one partner (or less often, both partners) restrained in some way, usually with ropes, cords, other types of fabric or cuffs, and other restraints, during sexual activity for the purpose of increasing pleasure. Some people self-restrain during masturbation. Others use rope or cord to create intricate and creative patterns of knot-tying on the body.

It's really important to understand that tying up or restraining a partner against their will is an absolute **Big No**. **That is assault and kidnapping, and it is both criminal and abusive.** As with any other sexual activity, for this sort of play to be at all emotionally safe, it's vital that *everyone* feels *good* about it and consents to it, that everyone is clear on their limits, and that the intent isn't malicious or punitive but about pleasure and intimacy.

Like sensation play, sometimes bondage and restraint are incorporated into BDSM or role-play, but just as often, they aren't. Bondage can be used to allow a partner to be selfish in terms of being given all the pleasure, being unable to reciprocate during a given sexual activity, because they can't use their hands or mouths. Some people enjoy being bound or

restrained in certain ways that keep them from engaging in behaviors that may be habitual for them, as a way to seek out other avenues of pleasure; for instance, a person who typically masturbates during intercourse may enjoy having their hands bound and then having to seek out other forms of extra stimulation.

Discussing bondage in advance of the activity is important, as is establishing some code or means of communication so that if the bound partner begins to feel uncomfortable or unsafe, it's easy for them to clearly express that and halt the action.

If you're going to be tying or restraining a partner, remember that circulation is a good thing, and cutting it off isn't. To assess healthy circulation, especially in limbs, doctors and nurses use the code **CSM: color, sensation, and movement**. *Color* should be normal, a person should be able to feel the same *sensations* on that limb as anywhere else, and they should be able to *move* extremities easily. Make sure whatever restraints you're using are comfortable for your partner and that they still have at least some mobility. If they are tied to something, make sure that it's stable and safe and that they are not left alone. Although some people like the feeling of some restraint on their neck during sexual activities, restricting the airway, for a partner or yourself, is incredibly dangerous.

Not everybody wants to engage in activities like bondage. For plenty, it may ring of servitude, slavery, or imprisonment, conditions that many people don't find erotic or pleasant at all. For others, consent and care being present erase those negative associations. As with anything



else, if you're interested in an activity and your partner just really isn't, don't push.  
**STI risk:** No risk (as long as skin is not broken and items used or shared are clean).  
**Pregnancy risk:** No risk.

### Body Fluid or Blood Play



**What is it, and how do I do it?**

Some people enjoy any number of body fluids sexually: ejaculate, vaginal fluids, menses, urine, or blood. They may simply enjoy tasting, feeling, or smelling them during sexual activities, or they may engage in activities specific to enjoying those fluids, such as "golden showers" (being urinated on) or having a partner ejaculate on them. Some enjoy this because it feels taboo, or naughty, to have intimate contact with body fluids. For others, fluid play may be enjoyable because a certain intimacy or sacredness is experienced in fluid bonding.

But from an infection and disease perspective, fluid play can be dangerous, especially when body fluids have contact with incredibly sensitive sites like the eyes. Whereas urine itself is sterile, it does pass through the urethra, where an infection may be present. Ejaculate can carry several different infections. Contact with blood, or cutting or piercing partners in any way, opens the door to some of the deadlier diseases and infections out there, like hepatitis B and HIV.

So, for the most part, this sort of play is quite risky, especially for younger couples, the majority of whom have not had sound or regular sexual health care. Most younger people have not had safer sex with a monogamous partner long enough to be safely "fluid-bonded."

**STI risk:** Very high risk.

**Pregnancy risk:** No risk, unless semen comes into contact with a vulva.

### Sex Toys



**What is it, and how do I do it?**

Sex toys come in many varieties. From vibrators—electric and battery-operated, big and small, swanky and silly—to silicone dildos, anal plugs to masturbation sleeves, cock rings to clitoral suction devices, toys and tools run the gamut. People use them for masturbation as well as for partnered sex, by themselves or in conjunction with other activities.

Generally, sex toys aren't available for purchase by minors and are sold in sex toy shops, through catalogs, and on Internet sites. Some people also make their own sex toys or use household objects as sexual toys or aids: electric toothbrushes, plastic bottles, socks, pillows, and all sorts of other objects.

So long as simple directions are followed for items sold as sex toys, they're usually safe for use. For instance, using something electrical in a bathtub isn't safe or smart, and using an item not designed for anal use—and without a flared base—in the anus is a bad idea. Anything with sharp edges should generally not be used on or in the genitals. You must be able to cover with a latex barrier anything that is being used as a sex toy, especially if it is shared, or be able to boil it; otherwise, you could brew and pass around infections and bacteria. Shared (and uncovered) toys are often a very common route for infections to be spread between female partners, something lesbian women often aren't

**Partnering with your community:** Students identify local resources for reproductive and sexual health and evaluate laws related to sexual involvement with minors by inviting the local American Civil Liberties Union chapter, local Planned Parenthood, CDPH, CDE, <byh>or other verified medically accurate organizations<eyh> to provide a

professional development presentation on the California Healthy Youth Act for teachers, administrators, school board members, and parents, guardians, and caretakers. Using valid and reliable Web resources, students create a local resource guide of medical, health, and clinical providers, including those who provide services to the LGBTQ+ population, for reproductive and sexual health services that includes how to locate accurate sources of information on reproductive health in their community (9–12.1.9.G, Essential Concepts; 9–12.3.2.G, 9–12.3.4.G, Accessing Valid Information).

**Partnering with the family:** Approximately 40 percent of youth still learn about growth, development, and sexual health from their parents (SIECUS 2016). In accordance with the CHYA, encourage students to engage in an open dialogue with their parents, guardians, or other trusted adults about human sexuality. Students should be made aware that it is important to have someone that they feel comfortable speaking with when needed and that someone at school such as a <byh>school<eyh> counselor or credentialed school nurse can be a resource. A creative way to begin the conversation with parents, guardians, or caretakers may be for students to ask their parents, guardians, or caretakers: *When did you first start dating? When did you have your first boyfriend, girlfriend, or partner? How did you learn about sexual health?* Under the CHYA, parents and guardians must be notified that their student will receive comprehensive sexual health and be allowed to view the materials prior to instruction. Consider creating a CHYA community by hosting an education materials review night or encouraging administrators to share sexual health materials on the school district's Web site. Parents and guardians may have their student excused from comprehensive sexual health education and HIV prevention education only by submitting a request in writing to the school.