SEXUALITY EDUCATION FOR STUDENTS WITH AUTISM

WHY PROVIDE SEXUALITY EDUCATION TO LEARNERS WITH ASD?

Prevent & identify Abuse	Preventing and identifying sexual abuse
Relationships	Supporting relationships, marriage, parenthood
Social Norms	Preventing & addressing socially inappropriate behavior
Health	Promoting health and hygiene
Self-Determined	Improving self-determination and self-advocacy

BARRIERS TO SEXUALITY EDUCATION FOR LEARNERS WITH ASD

- Attitudes
  - Primarily concerned with skills related to general education curriculum
    - Reading, writing, arithmetic, science, art, music, etcetera
    - Sexuality education may or may not be part of gen ed curriculum
      - But may still not be accessible despite valuing and practicing access
  - Historically negative perceptions of "deviancy" (Wolfensberger 1972):
    - Eternal children, uneducable, dangerous, burdens of charity, holy innocents, ridicule

SEXUALLY HEALTHY ADULTS (SIECUS, 2004)

- Appreciate their body
- Seek information about reproduction when needed
- Recognize human development includes sexual development
- Respectfully and appropriate interact with others regardless of their gender
- Affirm their sexual orientation and gender identity
- Respect the sexual orientation, gender identity, values of other people
- Appropriately express love and intimacy
- Develop and maintain personally meaningful relationships
- Avoid and report exploitative relationships
- Obtain information to make family-related decisions as well as to enhance one's sexuality
- Recognize and behave in accordance with personal values
- Use decision-making skills
- Communicate with acquaintances, friends, family members, and romantic partners
- Express sexuality in safe and enjoyable ways in accordance with their values
- Experience enjoyable sexual thoughts and feelings but not necessarily act on them
- Distinguish between sexual behaviors that enhance life and sexual behaviors that harm others and/or self
- Express own sexuality while respecting the right of others to do so
- Have consensual, non-exploitative, honest, safe, and pleasurable sexual relationships
- Use contraception and avoid STDs/STIs
- Obtain prenatal care
- Prevent sexual crimes and abuse
- Identify bias against other individuals, avoid stereotyping and prejudice, and eschew bigotry

DECIDING WHAT TO TEACH

DEVELOPING INDIVIDUALIZED SEXUALITY EDUCATION PROGRAMMING

COMPREHENSIVE SEXUALITY EDUCATION

- Emphasizes ongoing, developmentally appropriate education
- Focuses on six key concepts (SIECUS, 2004)
  1. Human development
  2. Relationships
  3. Personal skills
  4. Sexual behavior
  5. Sexual health
  6. Society and culture
- The SIECUS guidelines may help you prepare individualized sexuality education programming
  - Like a curriculum map/guide

***Guidelines for Comprehensive Sexuality Education*: Key Concepts and Topics**

Key Concept 1: Human Development
Topic 1: Reproductive and Sexual Anatomy and Physiology
Topic 2: Puberty
Topic 3: Reproduction
Topic 4: Body Image
Topic 5: Sexual Orientation
Topic 6: Gender Identity

Key Concept 2: Relationships
Topic 1: Families
Topic 2: Friendship
Topic 3: Love
Topic 4: Romantic Relationships and Dating
Topic 5: Marriage and Lifetime Commitments
Topic 6: Raising Children

Key Concept 3: Personal Skills
Topic 1: Values
Topic 2: Decision-making
Topic 3: Communication
Topic 4: Assertiveness
Topic 5: Negotiation
Topic 6: Looking for Help

Key Concept 4: Sexual Behavior
Topic 1: Sexuality Throughout Life
Topic 2: Masturbation
Topic 3: Shared Sexual Behavior
Topic 4: Sexual Abstinence
Topic 5: Human Sexual Response
Topic 6: Sexual Fantasy
Topic 7: Sexual Dysfunction

Key Concept 5: Sexual Health
Topic 1: Reproductive Health
Topic 2: Contraception
Topic 3: Pregnancy and Prenatal Care
Topic 4: Abortion
Topic 5: Sexually Transmitted Diseases
Topic 6: HIV and AIDS
Topic 7: Sexual Abuse, Assault, Violence, and Harassment

Key Concept 6: Society and Culture
Topic 1: Sexuality and Society
Topic 2: Gender Roles
Topic 3: Sexuality and the Law
Topic 4: Sexuality and Religion
Topic 5: Diversity
Topic 6: Sexuality and the Media
Topic 7: Sexuality and the Arts

Key Concept 1:

Human Development

Human development is characterized by the interrelationship between physical, emotional, social, and intellectual growth.

Key Concept 1: Human Development
Topic 1: Reproductive and Sexual Anatomy and Physiology
Topic 2: Puberty
Topic 3: Reproduction
Topic 4: Body Image
Topic 5: Sexual Orientation
Topic 6: Gender Identity

Human Development Life Behaviors:

Having applied the human development subconcepts at the appropriate age, the learner will be able to:

- Appreciate one's own body.
- Seek further information about reproduction as needed.
- Affirm that human development includes sexual development, which may or may not include reproduction or sexual experience.
- Interact with all genders in respectful and appropriate ways.
- Affirm one's own sexual orientation and respect the sexual orientations of others.
- Affirm one's own gender identities and respect the gender identities of others.

Topic 1: Reproductive and Sexual Anatomy and Physiology

Subconcept: The human body has the capability to reproduce as well as to give and receive sexual pleasure.

Level 1
middle childhood, ages 5 through 8; early elementary school

Level 2
preadolescence, ages 9 through 12; upper elementary school

Level 3
early adolescence, ages 12 through 15; middle school/ junior high school

Level 4
adolescence, ages 15 through 18; high school

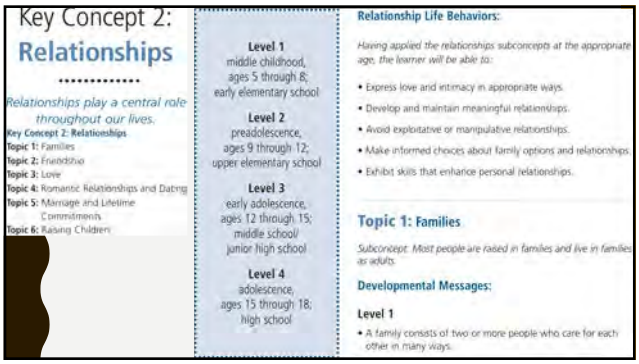
Key Concept 1:

Human Development

Human development is characterized by the interrelationship between physical, emotional, social, and intellectual growth.

DEVELOPMENTAL MESSAGES EXAMPLES

- Level 1 (ages 5-8)
  - Each body part has a correct name and specific function
- Level 2 (ages 9-12)
  - During puberty, internal and external sexual and reproductive organs mature in preparation for adulthood
- Level 3 (ages 12-15)
  - The sexual response system differs from the reproductive system
- Level 4 (ages 15-18)
  - Sexual differentiation, whether a fetus will be male or female, is determined largely by chromosomes and occurs early in prenatal development.


Key Concept 2:
Relationships
Relationships play a central role throughout our lives.
Key Concept 2: Relationships
Topic 1: Families
Topic 2: Friendship
Topic 3: Love
Topic 4: Romantic Relationships and Dating
Topic 5: Marriage and Lifetime Commitments
Topic 6: Raising Children
Level 1
middle childhood, ages 5 through 8; early elementary school
Level 2
preadolescence, ages 9 through 12; upper elementary school
Level 3
early adolescence, ages 12 through 15; middle school/ junior high school
Level 4
adolescence, ages 15 through 18; high school
Relationship Life Behaviors:
Having applied the relationships subconcepts at the appropriate age, the learner will be able to:
• Express love and intimacy in appropriate ways.
• Develop and maintain meaningful relationships.
• Avoid exploitative or manipulative relationships.
• Make informed choices about family options and relationships.
• Exhibit skills that enhance personal relationships.
Topic 1: Families
Subconcept: Most people are raised in families and live in families as adults.
Developmental Messages:
Level 1
• A family consists of two or more people who care for each other in many ways.

Key Concept 2:
Relationships
Relationships play a central role throughout our lives.
TOPIC 1: FAMILIES DEVELOPMENTAL MESSAGES EXAMPLES
• Level 1 (ages 5-8)
– A family consists of two or more people who care for each other in many ways
• Level 2 (ages 9-12)
– Family embers sometimes disagree but continue to love each other
• Level 3 (ages 12-15)
– Love, cooperation, and mutual respect are necessary for good family functioning
• Level 4 (ages 15-18)
– One purpose of the family is to help its members reach their fullest potential

Key Concept 3:
Personal Skills
Healthy sexuality requires the development and use of specific personal and interpersonal skills.
Key Concept 3: Personal Skills
Topic 1: Values
Topic 2: Decision-making
Topic 3: Communication
Topic 4: Assertiveness
Topic 5: Negotiation
Topic 6: Looking for Help
Level 1
middle childhood, ages 5 through 8; early elementary school
Level 2
preadolescence, ages 9 through 12; upper elementary school
Level 3
early adolescence, ages 12 through 15; middle school/ junior high school
Level 4
adolescence, ages 15 through 18; high school
Personal Skills Life Behaviors:
Having applied the personal skills subconcepts at the appropriate age, the learner will be able to:
• Identify and live according to one's own values.
• Take responsibility for one's own behavior.
• Practice effective decision-making.
• Develop critical-thinking skills.
• Communicate effectively with family, peers, and romantic partners.
Topic 1: Values
Subconcept: Values guide our behavior and give purpose and direction to our lives.
Developmental Messages:
Level 1
• Values are strong feelings or beliefs about important issues.

Key Concept 4:

Sexual Behavior

Sexuality is a central part of being human, and individuals express their sexuality in a variety of ways.

Key Concept 4: Sexual Behavior

Topic 1: Sexuality Throughout Life
Topic 2: Masturbation
Topic 3: Shared Sexual Behavior
Topic 4: Sexual Abstinence
Topic 5: Human Sexual Response
Topic 6: Sexual Fantasy
Topic 7: Sexual Dysfunction

Sexual Behavior Life Behaviors:

Having applied the sexual behavior subconcepts at the appropriate age, the learner will be able to:

- Enjoy and express one's sexuality throughout life.
- Express one's sexuality in ways that are congruent with one's values.
- Enjoy sexual feelings without necessarily acting on them.
- Discriminate between life-enhancing sexual behaviors and those that are harmful to self and/or others.
- Express one's sexuality while respecting the rights of others.
- Seek new information to enhance one's sexuality.
- Engage in sexual relationships that are consensual, non-exploitative, honest, pleasurable, and protected.

Key Concept 5:

Sexual Health

The promotion of sexual health requires specific information and attitudes to avoid unwanted consequences of sexual behavior.

Key Concept 5: Sexual Health

Topic 1: Reproductive Health
Topic 2: Contraception
Topic 3: Pregnancy and Prenatal Care
Topic 4: Abortion
Topic 5: Sexually Transmitted Diseases
Topic 6: HIV and AIDS
Topic 7: Sexual Abuse, Assault, Violence, and Harassment

Sexual Health Life Behaviors:

Having applied the sexual health subconcepts at the appropriate age, the learner will be able to:

- Practice health-promoting behaviors, such as regular check-ups, breast and testicular self-exam, and early identification of potential problems.
- Use contraception effectively to avoid unintended pregnancy.
- Avoid contracting or transmitting a sexually transmitted disease, including HIV.
- Act consistently with one's own values when dealing with an unintended pregnancy.
- Seek early prenatal care.
- Help prevent sexual abuse.

Key Concept 6:

Society and Culture

Social and cultural environments shape the way individuals learn about and express their sexuality.

Key Concept 6: Society and Culture

Topic 1: Sexuality and Society
Topic 2: Gender Roles
Topic 3: Sexuality and the Law
Topic 4: Sexuality and Religion
Topic 5: Diversity
Topic 6: Sexuality and the Media
Topic 7: Sexuality and the Arts

Society and Culture Life Behaviors:

Having applied the society and culture subconcepts at the appropriate age, the learner will be able to:

- Demonstrate respect for people with different sexual values.
- Exercise democratic responsibility to influence legislation dealing with sexual issues.
- Assess the impact of family, cultural, media, and societal messages on one's thoughts, feelings, values, and behaviors related to sexuality.
- Critically examine the world around them for biases based on gender, sexual orientation, culture, ethnicity, and race.
- Promote the rights of all people to accurate sexuality information.
- Avoid behaviors that exhibit prejudice and bigotry.
- Reject stereotypes about the sexuality of different populations.
- Educate others about sexuality.

SELECTING & EVALUATING CURRICULA

- Relatively few options
  - May cover some specific areas in-depth, but nothing covered in other areas
- Examples
  - Promoting Social Success: A curriculum for Children with Special Needs (Siperstein & Rickards, 2004)
  - Teaching Children with Down Syndrome About their Bodies, Boundaries, and Sexuality: A guide for Parents and Professionals (Couwenhoven, 2007)
  - Life Horizons I & II (Kempton, 1999)
  - Taking Care of Myself: A Hygiene, Puberty and Personal Curriculum for Young People with Autism (Wrobel, 2003)
  - *Finger Tips: Teaching Women with Disabilities About Masturbation Through Understanding and Video* (Hingsburger, & Haar, 2000)
  - *Hand made love: A guide for teaching about male masturbation through understanding and video (Hingsburger & Haar, 2000)*
  - *Circles I: Intimacy and Relationships (Walker-Hirsch, 2008)*

EVALUATING FOR APPROPRIATE CONTENT (SIECUS Key Concepts)				
Human Development				
Contains information about reproduction, sexual anatomy, and physiology	0	1	2	3
Contains information about puberty	0	1	2	3
Contains information about reproduction	0	1	2	3
Contains information about body image	0	1	2	3
Contains information about sexual orientation	0	1	2	3
Contains information about gender identity	0	1	2	3
Relationships	0	1	2	3
Contains information about families	0	1	2	3
Contains information about friendship	0	1	2	3
Contains information about love	0	1	2	3
Contains information about romantic relationships	0	1	2	3
Contains information about marriage and lifetime commitments	0	1	2	3
Contains information about raising children	0	1	2	3
Personal Skills	0	1	2	3
Contains information about values	0	1	2	3
Contains information about decision making	0	1	2	3
Contains information about communication	0	1	2	3
Contains information about assertiveness	0	1	2	3
Contains information about negotiation	0	1	2	3
Contains information about looking for help	0	1	2	3
Sexual Behavior	0	1	2	3
Contains information about sexuality throughout life	0	1	2	3
Contains information about masturbation	0	1	2	3
Contains information about shared sexual behavior	0	1	2	3
Contains information about sexual abstinence	0	1	2	3
Contains information about human sexual response	0	1	2	3
Contains information about sexual fantasy	0	1	2	3
Contains information about sexual dysfunction	0	1	2	3

Sexual Health	0	1	2	3
Contains information about reproductive health	0	1	2	3
Contains information about contraception	0	1	2	3
Contains information about pregnancy and prenatal care	0	1	2	3
Contains information about abortion	0	1	2	3
Contains information about sexually transmitted diseases	0	1	2	3
Contains information about HIV and AIDS	0	1	2	3
Contains information about sexual abuse, assault, violence, and harassment	0	1	2	3
Society and Culture				
Contains information about sexuality and society	0	1	2	3
Contains information about gender roles	0	1	2	3
Contains information about sexuality and the law	0	1	2	3
Contains information about sexuality and religion	0	1	2	3
Contains information about diversity	0	1	2	3
Contains information about sexuality and the media	0	1	2	3
Contains information about sexuality and the arts	0	1	2	3
EVALUATING FOR CONTENT ACCURACY				
The curriculum only uses scientifically and medically accurate information	0	1	2	3
The curriculum contains information that is not older than 10 years	0	1	2	3
Lessons include various graphics, including line drawings, photographs, and/or video	0	1	2	3
Curriculum includes or requires concrete materials and examples for lessons	0	1	2	3
Curriculum includes information that is appropriate and accurate for students of different ages	0	1	2	3
Curriculum includes information that accurately represents various racial and ethnic groups	0	1	2	3
Curriculum includes information that accurately represents various sexual orientations	0	1	2	3
Curriculum includes information about people with ASD and other developmental disabilities	0	1	2	3
The curriculum includes information about the benefits of abstinence without relying on fear or shame	0	1	2	3
The curriculum includes accurate information about safe sex	0	1	2	3

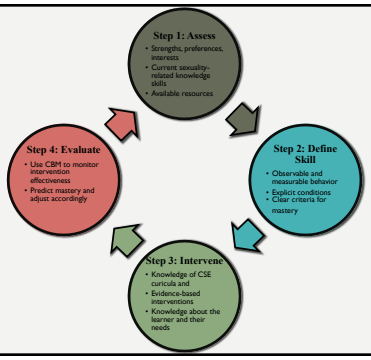
ROLES, RESPONSIBILITIES, COLLABORATION, & DISAGREEMENT

- Introduction of aspects of sexuality education in earlier years may
  - Enhance team member comfort discussing sexuality education
  - Clarify roles of team members providing different aspects of sexuality education
  - Enhance access to broader sexuality education curriculum (e.g., friendships, social development, safety)
- Professionals:
  - Experts in design and delivery of instruction (i.e., how to teach skills)
    - May not have sufficient knowledge about various aspects of sexuality education
    - May not agree with aspects of sexuality education
  - Multiple professionals may be necessary (PE & Health teachers, counselors, psychologist, other educators)
  - Training may be necessary

ROLES, RESPONSIBILITIES, COLLABORATION, & DISAGREEMENT

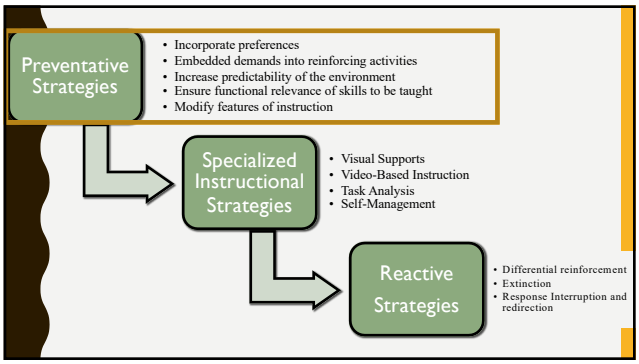
- Parents & Families
  - May have broader and different understanding of their child's needs
    - May be better able to provide some or many aspects of sexuality education
    - Collaboration and consultation may be necessary
  - Are models for family, relationships, love and are primary means of communicating values to their children
    - But usually learned implicitly– parents & families may need support, coaching, guidance to teach
  - May not be unprepared, uncomfortable, or unwilling teaching any aspect of sexuality education
    - Clear planning, communication (written?), and adherence to family values (e.g., faith, beliefs, values)
    - Seek less sensitive topics to begin with, such as friendships or body part names, that may be more agreeable
  - Consider developing a separate, informal plan for use at home
  - Consider consulting a knowledgeable/certified sexuality educator
- Consider involving the student, when appropriate

Four-Step Teaching Process



TEACHING

DELIVERING INDIVIDUALIZED SEXUALITY EDUCATION PROGRAMMING



PREVENTION STRATEGIES

- Some inappropriate behavior may be caused by motivation to escape or avoid
  - e.g., FBA reveals student disrobes and/or attempts to masturbate during math time in order to escape tasks/demands
    - Decrease motivation to escape
      - Alter tasks to incorporate preferences (e.g., movie characters)
      - Alter the task to decrease difficulty– make it easier to complete (and access preferred activity)
      - Embed math demands into reinforcing activities
        - Money math to "purchase" YouTube videos of favorite movie/character
        - Solving word problems presented as a comic book hero dilemma
      - Modify instruction: fast-pace instruction, behavioral momentum, strategic prompting, offering choices of materials
    - Decrease opportunities to escape
      - Alter tasks to make them shorter

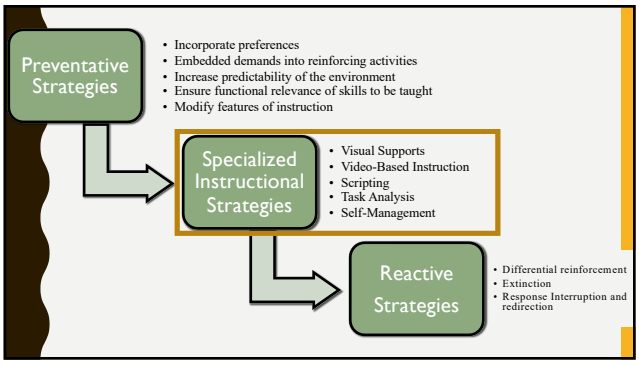
PREVENTION STRATEGIES

- FBA reveals student grabs peers body parts to get their attention
  - Teach functionally relevant skills to get peer attention
    - Use functionally relevant instruction
      - Being able to say name of peers when shown picture won't generalize to saying peer's name to get their attention
      - Teach social scripts for getting a peer's attention, and provide authentic opportunities to use the script
    - Arrange frequent opportunities for appropriate peer interactions to ensure attention need is met

Antecedent Strategy	Explanation	Examples for CSE
Incorporating Learner Preferences	Integrate preferred items, characters, materials, media, and etc. into instruction	• Sing songs to learn names of body parts • Dress up as favorite characters to role play decision-making • Use videos of favorite TV characters to teach about families • Create and read illustrated stories/comics with about preventing and reporting abuse
Embedding Demands into Reinforcing Activities	Provide sexuality education during preferred activities	• Teach about gender roles during favorite imaginary play activity • Teach negotiation and compromise during video games or outdoor play
Increasing the Predictability of the Environment	Provide consistent daily routines and instructional methods	• Establish one or more times of day at home when time masturbation is appropriate (i.e., schedule masturbation time) • Use the same materials, language, and procedures to teach menstrual care and practice even when not menstruating.
Teaching Functionally Relevant Skills	Identify skills that will immediately and directly lead to natural reinforcers	• If repeatedly observed to touch/massage genitals in public, work with parents to provide opportunities to masturbate and achieve orgasm in private (i.e., bedroom). • If passive even when they appear to want something, teach requesting and assertiveness skills.
Modifying Features of Instruction	Changing content and/or delivery of instruction and tasks to increase compliance	• Provide choice of people or locations for role playing conversation and dating skills. • Ask student to do 2-3 easy/mastered tasks (e.g., say name of family) before asking them to do a new/difficult task (e.g., saying name of peer).

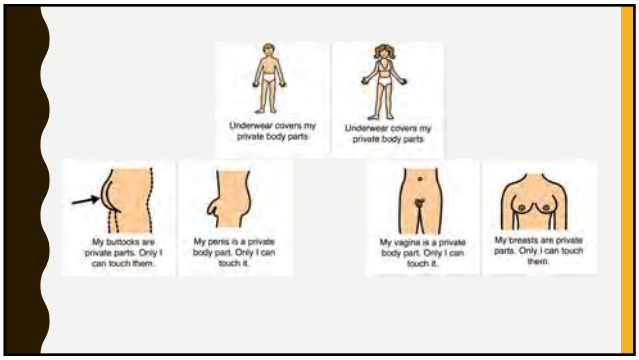
SPECIALIZED INSTRUCTIONAL STRATEGIES

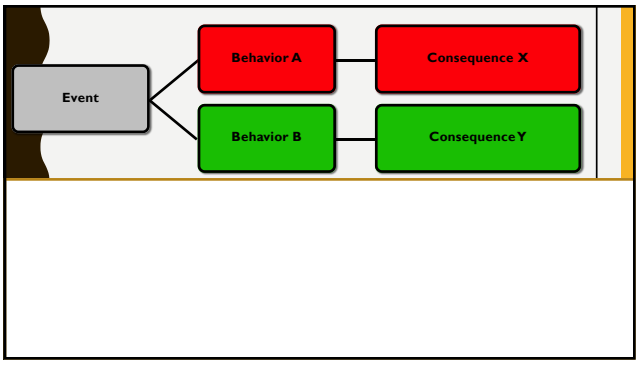
- With knowledge about and team agreement on what ought to be taught
- And having assessed for present knowledge and skills, strengths & preferences
  - And defined specific, observable, and measurable skills/behaviors to be increased
- Provide specially designed instruction
  - Visual supports
  - Video-based instruction
  - Task analysis
  - Self-management



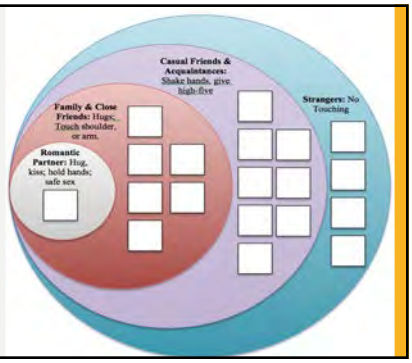
VISUAL SUPPORTS

- An evidence-based practice (Wong et al., 2015)
- Teach basic or complex concepts that are hard to convey using language alone
  - Names of private body parts
  - Different types of relationships and acceptable behavior for each
  - Consequences for appropriate and inappropriate sexual behavior
- Combine with task analysis to teach complex skills with multiple steps
  - Washing body in the shower
  - Changing a maxi-pad
  - Safe and appropriate masturbation in the bedroom





See *Circles I: Intimacy and Relationships (Walker-Hirsch, 2008)* for more detailed and complete visual support systemt



SIECUS Key Concept	SIECUS Topic & Level	SIECUS Develop-mental Message	Examples of Visual Support
Human Development and Life Behaviors	Topic 1: Body Awareness Level 1: Ages 5-8 years	Body parts have a correct name and function	• Match images to poster of body • Match written names of body parts to pictures of body parts • Ask student to point to parts of his body (arm, hand, had, leg, shoulder, stomach, back, etc.) in a photograph when asked to find it • Match pictures and/or photographs of body parts to various functions (hands to hold things and write; eyes to see; feet to walk; mouth to eat and talk).
Relationships	Topic 2: Friendship Level 2: Ages 9-12 years	Friendships help people feel good about themselves	• Sort photographs of familiar people according to family, close friends, acquaintances (e.g., familiar children in other classes or schools). • Match images of close friends with special activities (e.g., favorite games) • Match images of friends and activities with images of the learner that represent emotional states (e.g., happiness) and show behavior (e.g., smiling, laughing,
Personal Skills	Topic 2: Decision Making Level 3:	Evaluating past decisions can help individuals learn from experiences and not repeat mistakes.	• Images to convey if/then relations from previous &future events • Use photographs of events, activities, or outcomes that followed important decisions (When you did ___, then ___ happened). • Use a chart to help the person track how often they believe they made decisions that had desired and undesired consequences

VIDEO-BASED INSTRUCTION

- Supported as EBP by large body of research (Wong et al., 2015)
  - Can enhance attention to important details
  - Provides consistent instruction and can be used repeatedly
  - Must be able to see the video and have generalized imitation skills
- Commonly used for teaching social and play skills
  - Peer-peer communication to facilitate friendships (MacManus et al., 2015)
  - Persistent requests to join a playground game (Chan & Charlop, 2014)
- Can be developed to teach safety and other skills
  - Example (https://www.youtube.com/watch?v=t-fu0vgOSSA)

STEPS FOR USING VIDEO MODELING

Step 1: Identify and define the sexuality-related target behavior in observable and measurable terms.
Step 2: Obtain necessary equipment (e.g., tablet, images, video editing software).
Step 3: Prepare for (e.g., script) and produce the video
Step 4: Collect baseline data on the sexuality-related target behavior
Step 5: Arrange for and show the video
Step 6: Document student performance of the sexuality-related target behavior (count, percent, rate, duration, latency, etc.)
Step 7: Evaluate intervention effectiveness
Step 8: Adapt intervention according to evaluation results

SCRIPTING

- An EBP (Wong et al., 2015) for promoting communication skills
  - Ganz (2007) identified seven steps for using scripting interventions
    1. Choose an activity/topic (e.g., lunch time; dating)
    2. Observe typical peers for scripting ideas
    3. Define skill to be increased
    4. Write the script for the targeted skill
    5. Teach the script
    6. Implement the script during the chosen activity
    7. Fade the script

Relationship Type	Example Topics for Scripts
Acquaintances	• Formal and informal greetings (of various kinds) • Talking about the weather • Complimenting a person's clothing or hairstyle • Asking for assistance (directions, etc.) • Telling benign jokes and humor • Talking about local events or sports teams (e.g., "Did you see the game last night?")
Friendships	• Inviting a friend to play a game (basketball; video game) • Asking peers to join in a playground game • Asking a friend how they are doing • Inviting a friend over after school • Asking for a friend's forgiveness and/or forgiving a friend • Telling a friend when you are happy, unhappy, angry, frustrated, and etcetera • Offering and asking for help and/or support from a friend • Encouraging a friend to make the right decision • Jokes and humor • "What's your favorite" questions with follow up responses (e.g., "My favorite color is blue, too!" "Cheese pizza is my favorite food, too!"
Dating and Romantic Relationships	• Complimenting her/his appearance, outfit/clothing, perfume, and/or etcetera. • Asking what the person is interested in and related follow up questions (e.g., "What do you like to do on the weekends?" "How did you become interested in ___?" "What sorts of things do you do related to ___?" "Have you ever been to___?). • Asking where the person grew up, where they went to high school, what college they went to. • A story about a funny or exciting moment in your life (e.g., winning a contest; moving to another school/state; a trip). • What's your favorite ___? (e.g., book, movie, video game, movie, sport, etc.) • Asking about their typical/daily routine, and have scripts prepared (e.g., "I also drink coffee every morning. How do you take it?"). • Questions and responses about family and/or a best friend. • Wrapping up the date (e.g., I had a really great time. Thank you for your company." "I hope we can go out again soon." "Would it be okay if I called or texted you?" "Maybe if you're available next weekend we can go/do ___."
Professional/ Work Relationships	• Initiating and responding to greetings (e.g., "How are you?" "How is your day going?" "How was your weekend?" "See you later." I hope your day gets better."). • Asking if the person has children and/or details about them (e.g., sports they play, hobbies, etc.) • Tell about plans for holidays, travel, or vacation.

TASK ANALYSIS

- An EBP for learners with ASD (Wong et al., 2015)
- Breaking down complex behaviors/skills into discrete chunks
- Systematically teaching each chunk
  - Forward or backward chaining
- Effective for teaching social skills, play, communication, hygiene, self-care, daily living skills, etcetera
- May be useful when designing video models or visual supports

Sample task analysis for escorting your date to the car

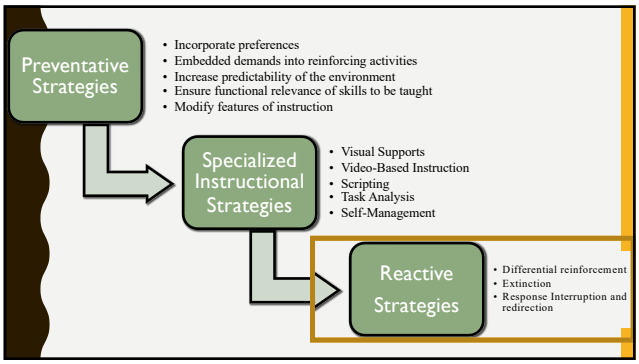
Step	Behavior
1	Hold open building door for date to exit, then follow out
2	Walk next to your date at their pace toward car
3	Hold out your arm or hand for your date to hold
4	Make a comment about meal, movie, or compliment appearance (e.g., That was a nice meal. What was your favorite part of the movie? I really like your perfume.)
5	Walk to the passenger door of your car
6	Unlock the door
7	Open the passenger door
8	Offer a hand when she/he begins to seat herself
9	After she/he is seated, check to see if doorway is clear of all clothing and limbs
10	Close the passenger door
11	Walk to your/driver side of car
12	Get in and start the car

Sample task analysis for changing maxi-pad

Step	Behavior
1	Get clean pad from purse/bag/backpack
2	Put pad in pocket
3	Walk to the restroom
4	Enter and lock bathroom stall
5	Put pants and panties down
6	Look at pad and, if red or brown, remove from panties
7	Roll pad
8	Wrap used pad with toilet paper
9	Put used pad in trashcan in stall
10	Remove clean/new pad from pants pocket
11	Remove wrapper from pad and place in trashcan in stall
12	Unfold pad
13	Remove strips from bottom/back of pad
14	Put sticky side of pad on panties
15	Put strips in trashcan in stall
16	Pull up panties and pants
17	Unlock stall door and walk to sink
18	Wash hands (may require additional task analysis)

Sample task analysis for teaching masturbation

Step	Behavior
1	Get towel from closet
2	Go into bedroom and lock door
3	Put towel on bed or nightstand
4	Get sex toy(s) (e.g., vibrating massager, dildo, silicone vagina) and put on bed or nightstand
5	Get lubricant and put on bed or nightstand
6	For adults who prefer, turn on pornographic video (may require additional task analysis; turning on separate music to mask sound may be necessary)
7	Remove clothing
8	Apply small amount of lubricant, if needed
9	Use hand, massager, or sex toy (adults) to achieve orgasm (may require visual supports or video-based instruction)
10	Use towel to wipe off lubricant from genitals as well as semen or vaginal fluid
11	Put towel in dirty laundry basket
12	Turn off pornographic video
13	Put lubricant away
14	Clean/wash hands, massager, or sex toy(s) (may require additional task analysis)
15	Put sex toy(s) away
16	Put clothing back on
17	Unlock bedroom door



REACTIVE STRATEGIES

- Differential Reinforcement of
  - Lower Rates of Behavior: Nose picking at rates lower than X are rewarded (from 17 to 12 to 8 to 4 to 2 to 1)
    - Best when problem behavior can be tolerated (e.g., nose picking vs. public disrobing or touching strangers)
  - Zero Rates of Behavior: Absence of behavior in period of time is rewarded (0 in 2 min; 0 in 4 min; 0 in 8 min; 0 in 12 min; 0 in 17 min)
    - Useful when problem behavior cannot be tolerated (e.g., rubbing genitals in classroom)
  - Incompatible Behavior: Rewarding behavior/tasks that require both hands (incompatible with rubbing genitals)
- Extinction (function-based)
  - Withholding/blocking access to the reinforcing consequence
  - Not instructional, but can be important part of broader instructional plan

REACTIVE STRATEGIES

- Response Interruption & Redirection (function-based)
  - Self-stimulation/automatic reinforcement confirmed via FBA
    - Because redirection may worsen behavior caused by attention
    - And masturbation or other similar behavior can be caused by other functions
  - Identify an incompatible behavior (e.g., holding/playing with putty; tablet computer)
  - Block (interrupt) attempts to engage in problem behavior (grabbing others; touching genitals)
  - Redirect student to engage in the incompatible behavior (i.e., give putty; tablet)

INAPPROPRIATE MASTURBATION

- Comprehensive plan is perhaps best, but more complicated plans may be difficult to follow
- Prevention strategies:
  - strategies that make inappropriate masturbation less likely and appropriate masturbation more likely
- Instructional strategies
  - Strategies that make appropriate masturbation more likely to be gratifying (ineffective masturbation may contribute to higher rates, frustration, injury)
- Reactive strategies
  - Strategies for reacting to inappropriate masturbation
  - Strategies for reinforcing absence of masturbation where inappropriate (quiet hands when in public)

INAPPROPRIATE MASTURBATION

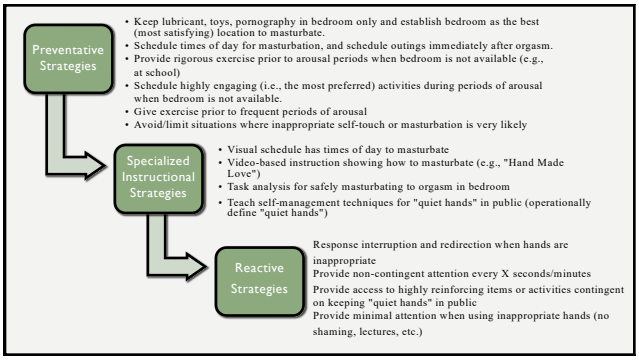
- Prevention Strategies
  - Arrange an appropriate place to masturbate
    - Bedroom at home with various stimuli that make it an ideal (and best) place to masturbate
      - Vibrating massager, lubricant, sex toys (for adults), pornography (for adults)
  - Schedule "Private Time" and include it in visual daily schedule
    - Communicates when (and where) masturbation will be allowed (predictability)
    - Schedule, if possible, during times when arousal is most likely (e.g., morning and/or evening)
  - Schedule highly preferred activities during high-arousal times when bedroom/masturbation is not allowed
  - Schedule rigorous exercise prior to times of day when arousal is high
    - Trampoline may be preferred and provide rigorous exercise
  - Avoid settings where inappropriate masturbation is likely to occur

INAPPROPRIATE MASTURBATION

- Instructional Strategies: Not all individuals will know how to masturbate
  - Task analysis of steps for appropriately masturbating to achieve orgasm
    - May be conveyed using visual supports for each step (e.g., lock door, get towel)
  - Video modeling of the task analysis (e.g., Hand Made Love; Fingertips; Hingsburger & Haar, 2000)
    - Video may show techniques using anatomical models (e.g., silicone penis, vagina) rather than human model
    - Keep in mind learning must have imitative repertoire for video modeling to be useful
  - Self-monitoring of behavior (and EBP; Wong et al., 2015)
    - Monitor hand location, self-touching

INAPPROPRIATE MASTURBATION

- Reactive Strategies
  - Response Interruption & Redirection (function-based)
    - Interrupt attempts to masturbate inappropriately
    - Redirect to activity requiring two hands (holding/carrying items)
  - Differential reinforcement of Zero Rates of Behavior
    - Powerful rewards for short intervals without masturbation behavior
      - Gradual increase in interval length according to tolerance, need



SEXUALITY EDUCATION FOR LEARNERS WITH ASD

- Decide what to teach
  - SIECUS Guidelines; Curricula
- Assign roles and responsibilities; collaborate and resolve disagreements
- Prevent inappropriate socio-sexual behavior using EBPs
- Teach appropriate socio-sexual behavior using EBPs
- React strategically to both using EBPs
- Measure intervention effects
  - Make changes when needed

Guidelines
for Comprehensive Sexuality Education

3RD EDITION

Kindergarten through 12th Grade

NATIONAL GUIDELINES TASK FORCE

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Design and layout by Anna Raff
Proofing by Phil Banner and Beej Johnson
Printing by Fulton Press

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for Comprehensive Sexuality Education

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Kindergarten through 12th Grade

NATIONAL GUIDELINES TASK FORCE

Acknowledgements

For over a decade, SIECUS has published the *Guidelines for Comprehensive Sexuality Education: Kindergarten-12th Grade* to help educators create new sexuality education programs and evaluate already existing curricula. The *Guidelines*, developed by a national task force of experts in the fields of adolescent development, health care, and education, provide a framework of the key concepts, topics, and messages that all sexuality education programs would ideally include.

This Third Edition of the *Guidelines* is based on the work of the original National Guidelines Task Force; the basic structure and content remain the same. Certain topics, messages, and age-levels, however, have been changed to reflect new information and the reality that today's young people are facing. In addition, we have added a section on using the *Guidelines* that provides specific advice, ideas, and resources to help educators implement this important framework into their efforts to provide high-quality sexuality education to young people in their schools and communities.

Since they were originally developed 13 years ago, the *Guidelines* have become one of the most influential publications in the field and a trusted resource for educators, curriculum developers, and school administrators. SIECUS has distributed well over 100,000 copies of this publication. In fact, the *Guidelines* are downloaded from SIECUS' website by more than 1,000 people each month.

Given how popular and valuable this publication is, undertaking this revision was at the same time exciting and daunting, and we have many people to thank for the success of the final product.

First we would like to thank the John M. Lloyd Foundation and Barbara Stanton whose generous support made it possible for SIECUS to produce this vital resource.

We must also thank all of the members of the original task force for the enormity of the task they took on. There is a phrase in the publishing world that asks "Where were you when the page was blank?" Having worked for over a year to update and revise the *Guidelines*, we cannot imagine the effort and patience it must have taken to start from scratch.

In addition, a number of former and present SIECUS staff members assisted us in updating messages and adding new information and ideas including Myra Batchelder, Kate McCarthy, Jason Osher, Ambika Panday, Coralie Meade Rodriguez, Darlene Torres, and Adrienne Verrilli. We give special thanks to Amy Levine who spent a great deal of time helping us perfect messages. We would also like to thank Joseph DiNoricia, Jr., SIECUS President and CEO, for his guidance and leadership on this project.

Finally, we must thank all of our reviewers. For this edition of the *Guidelines*, we assembled a panel of experts in the field to review the concepts, topics, and messages. We owe a tremendous debt of gratitude to Nora Gelperin, Eva Goldfarb, Joan Helmich, Maureen Kelly, Lis Maurer, Elizabeth Schroeder, and Bill Yarber. Their comments and ideas were always insightful, often inspirational, and occasionally humorous. This revision would not have been possible without their input.

It is our sincere hope that this edition of the *Guidelines* is a valuable resource for educators and curriculum developers and that it ultimately helps to ensure that all young people receive the comprehensive education about sexuality they need to become sexually healthy adults.

Sincerely,

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Table of Contents

Background and Introduction 9

History of the *Guidelines* 12
Structure of the *Guidelines* 13
Goals, Values, and Fundamental Principles 17

***Guidelines for Comprehensive Sexuality Education: Kindergarten – 12th Grade* 21**

Key Concept 1: Human Development 22
Key Concept 2: Relationships 31
Key Concept 3: Personal Skills 40
Key Concept 4: Sexual Behavior 48
Key Concept 5: Sexual Health 55
Key Concept 6: Society and Culture 68

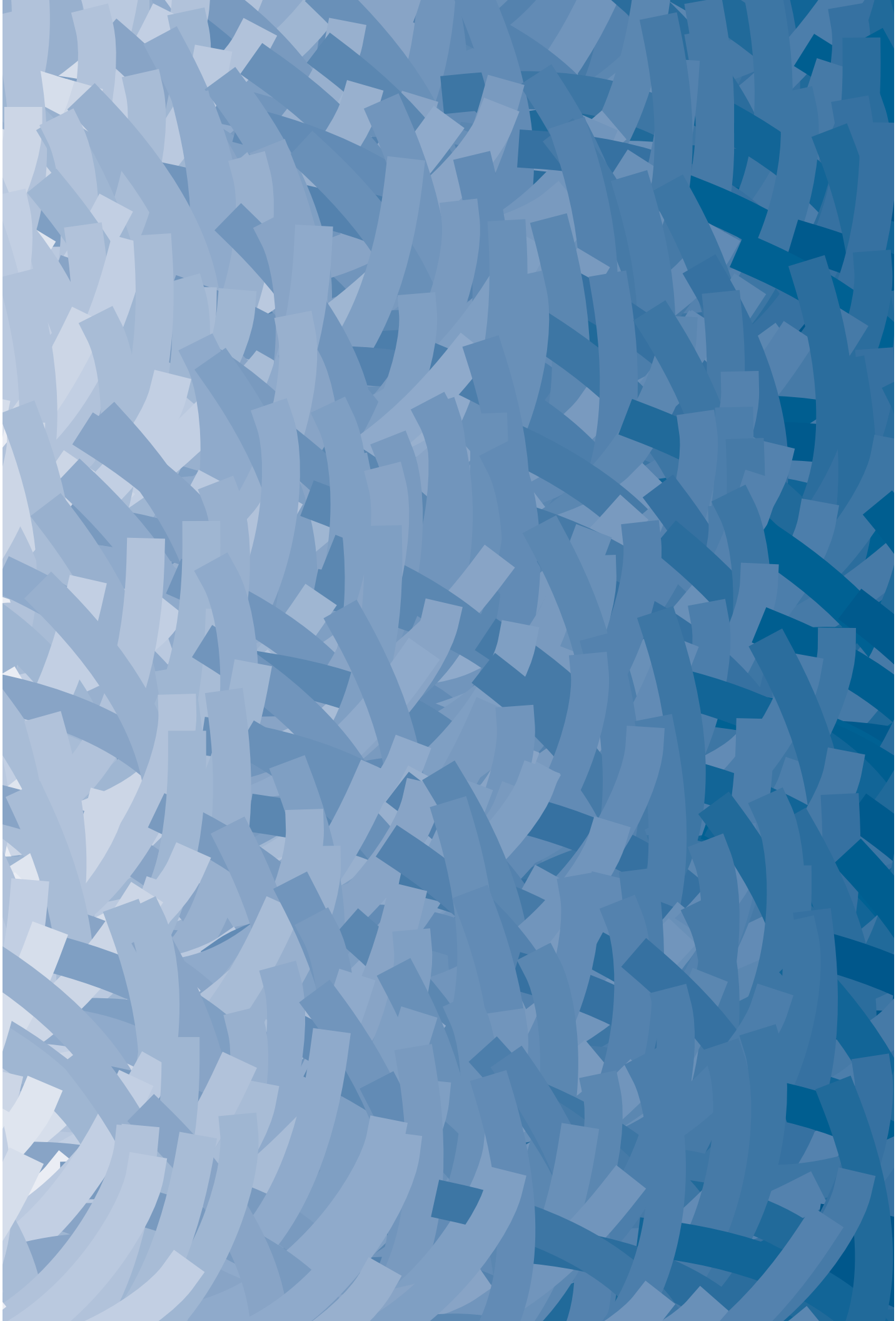
Using the *Guidelines* 77

Prioritizing Topics 79
Filling in the Gaps 80
Evaluating Existing Curricula and Lessons 84
Creating New Curricula and Lessons 98

Additional Resources 101

Also Included

Life Behaviors of a Sexually Healthy Adult 14
Key Concepts and Topics 16
Curriculum Evaluation Tool 87
STDs/HIV Checklist 94



Background and Introduction

Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs, and values about such important topics as identity, relationships, and intimacy. The Sexuality Information and Education Council of the United States (SIECUS) believes that all people have the right to comprehensive sexuality education that addresses the socio-cultural, biological, psychological, and spiritual dimensions of sexuality by providing information; exploring feelings, values, and attitudes; and developing communication, decision-making, and critical-thinking skills.

While parents are – and ought to be – their children's primary sexuality educators, they often need help and encouragement. Faith-based institutions, community-based organizations, and schools can play an important role.

SIECUS believes that comprehensive school-based sexuality education should be part of the education program at every grade. Such programs should be appropriate to the age, developmental level, and cultural background of students and respect the diversity of values and beliefs represented in the community. Comprehensive school-based sexuality education complements and augments the sexuality education children receive from their families, religious and community groups, and health care professionals.

SIECUS is not alone in the belief that school-based sexuality education is vitally important to the health and well-being of our nation's youth. National, state, and local polls have consistently found that a majority of parents want schools to provide comprehensive education about sexuality that includes such topics as abstinence, sexually transmitted diseases (STDs), HIV/AIDS, contraception, and disease prevention methods.[1] In fact, many states mandate that some or all of these topics are covered in school curricula.[2] Research also supports a comprehensive approach to sexuality education with numerous studies finding that such programs can help young people delay intercourse, reduce the frequency of intercourse, reduce the number of sexual partners they have, and increase their use of condoms and other contraceptive methods when they do become sexual active.[3]

Educators and schools, however, are often left in the difficult position of trying to determine exactly what their sexuality education courses should look like with little or no guidance. For over a decade, SIECUS has published the *Guidelines for Comprehensive Sexuality Education: Kindergarten-12th Grade* to provide such guidance and help educators create new sexuality education programs and evaluate existing curricula. The *Guidelines*, created by a national task force of experts in the fields of adolescent development, health care, and education, provide a framework of the key concepts, topics, and messages that all sexuality education programs would ideally include.

History of the *Guidelines*

As the 1980s drew to a close, in part because of the rapidly growing AIDS pandemic, there was renewed interest in providing young people with the information and skills they needed to avoid unintended pregnancy and STDs. In fact, at that point, a number of states began to mandate that schools teach young people about STDs, HIV/AIDS, and other sexual health topics.

At the same time, however, debates were raging about whether young people should instead learn solely about abstinence, if certain controversial topics such as masturbation and abortion could be discussed in classrooms, and at what age other topics should be introduced.

This left many teachers confused and on their own. A 1989 study found that most sexuality education teachers created their own curricular material, often without guidance from the state or local school district.[4] Other studies found that few of the teachers responsible for sexuality education had received formal training in the subject.[5]

SIECUS realized that ultimately it would be the young people who suffered the most because they would not receive the high-quality education they needed to become sexually healthy adults.

In 1990, SIECUS undertook a major effort to change this by convening the National Guidelines Task Force, a group of leading educators, health professionals, and representatives from national organizations who focused on adolescent development, education, and sexuality. Task force members included representatives from the U.S. Centers for Disease Control and Prevention, the American Medical Association, the National School Boards Association, the National Education Association, the March of Dimes Birth Defects Foundation, and Planned Parenthood Federation of America, as well as school-based sexuality education teachers, national program developers, and experienced trainers.

These experts were charged with the difficult task of creating an ideal model of comprehensive sexuality education by developing a framework of the concepts, topics, skills, and messages young people should learn and determining the age-level at which each should be introduced.

In 1991, the task force released the *Guidelines for Comprehensive Sexuality Education: Kindergarten-12th Grade*. The *Guidelines* represented the first national model for comprehensive sexuality education and helped educators evaluate existing curricula and create new programs. Since they were first published, well over 100,000 copies have been distributed in both hard copy and electronic form. In addition, the *Guidelines* have been adapted and translated into Spanish for use in Latino communities in the U.S., and guidelines adaptation projects have produced national models in countries such as Brazil, India, Iceland, Nigeria, and Russia.

This Third Edition is based on the work of the original task force; the basic structure and content remain the same. Certain topics, messages, and age-levels, however, have been changed to reflect new information, ongoing community dialogue about the appropriate content of sexuality education, and the reality that today's young people are facing.

Structure of the *Guidelines*

The *Guidelines* are modeled after the landmark School Health Education Study (SHES) published in the late 1960s. SHES developed an innovative approach to structuring health knowledge by identifying broad concepts and related subconcepts and then arranging these in a hierarchy for students in kindergarten through 12th grade.[6]

Using this model, the task force sought to create an organizational framework of the important knowledge and skills related to sexuality and family living. To do this, the task force first determined the life behaviors of a sexually healthy adult which serve as outcome measures of successful sexuality education. They then compiled the information and determined the skills necessary to achieve these life behaviors and organized them into key concepts, topics, subconcepts, and age-appropriate developmental messages.

Key Concepts: Key concepts are broad categories of information about sexuality and family living. The *Guidelines* are organized into six key concepts, each of which encompasses one essential area of learning for young people. They are:

Key Concept 1: *Human Development*. Human development is characterized by the interrelationship between physical, emotional, social, and intellectual growth.

Key Concept 2: *Relationships*. Relationships play a central role throughout our lives.

Key Concept 3: *Personal Skills*. Healthy sexuality requires the development and use of specific personal and interpersonal skills.

Key Concept 4: *Sexual Behavior*. Sexuality is a central part of being human, and individuals express their sexuality in a variety of ways.

Key Concept 5: *Sexual Health*. The promotion of sexual health requires specific information and attitudes to avoid unwanted consequences of sexual behavior.

Key Concept 6: *Society and Culture*. Social and cultural environments shape the way individuals learn about and express their sexuality.

Life Behaviors: Life behaviors are essentially outcomes of instruction. For each of the broad categories identified as a key concept, the *Guidelines* note several life behaviors of a sexually healthy adult that reflect actions students will be able to take after having applied the information and skills.

For example, life behaviors under *Key Concept 3: Personal Skills*, include: "Identify and live according to one's values"; "Take responsibility for one's own behavior"; and "Practice effective decision-making." (A complete list of life behaviors appears on page 14.)

Topics: Topics are the individual subjects that need to be discussed in order to sufficiently address each key concept and help students achieve the desired outcomes or life behaviors. Each key concept is broken down into a number of component topics.

Life Behaviors of a Sexually Healthy Adult

A sexually healthy adult will:

- Appreciate one's own body.
- Seek further information about reproduction as needed.
- Affirm that human development includes sexual development, which may or may not include reproduction or sexual experience.
- Interact with all genders in respectful and appropriate ways.
- Affirm one's own sexual orientation and respect the sexual orientations of others.
- Affirm one's own gender identities and respect the gender identities of others.
- Express love and intimacy in appropriate ways.
- Develop and maintain meaningful relationships.
- Avoid exploitative or manipulative relationships.
- Make informed choices about family options and relationships.
- Exhibit skills that enhance personal relationships.
- Identify and live according to one's own values.
- Take responsibility for one's own behavior.
- Practice effective decision-making.
- Develop critical-thinking skills.
- Communicate effectively with family, peers, and romantic partners.
- Enjoy and express one's sexuality throughout life.
- Express one's sexuality in ways that are congruent with one's values.
- Enjoy sexual feelings without necessarily acting on them.

For example, *Key Concept 2: Relationships*, includes the following topics: families, friendship, love, romantic relationships and dating, marriage and lifetime commitments, and raising children. Together, the key concepts and topics create a simple outline for comprehensive sexuality education programs. (A complete list of Key Concepts and Topics appears on page 16.)

Subconcepts: Subconcepts represent the essential message that young people need to learn about each topic. The *Guidelines* begin the discussion on each topic by identifying a subconcept that directly relates to the desired life behaviors.

For example, within *Key Concept 1: Human Development*, Topic 4 is Body Image. The subconcept suggests that students learn that "People's images of their bodies affect their feelings and behaviors." Subconcepts appear throughout the *Guidelines*.

- Discriminate between life-enhancing sexual behaviors and those that are harmful to self and/or others.
- Express one's sexuality while respecting the rights of others.
- Seek new information to enhance one's sexuality.
- Engage in sexual relationships that are consensual, non-exploitative, honest, pleasurable, and protected.
- Practice health-promoting behaviors, such as regular check-ups, breast and testicular self-exam, and early identification of potential problems.
- Use contraception effectively to avoid unintended pregnancy.
- Avoid contracting or transmitting a sexually transmitted disease, including HIV.
- Act consistently with one's own values when dealing with an unintended pregnancy.
- Seek early prenatal care.
- Help prevent sexual abuse.
- Demonstrate respect for people with different sexual values.
- Exercise democratic responsibility to influence legislation dealing with sexual issues.
- Assess the impact of family, cultural, media, and societal messages on one's thoughts, feelings, values, and behaviors related to sexuality.
- Critically examine the world around them for biases based on gender, sexual orientation, culture, ethnicity, and race.
- Promote the rights of all people to accurate sexuality information.
- Avoid behaviors that exhibit prejudice and bigotry.
- Reject stereotypes about the sexuality of different populations.
- Educate others about sexuality.

Developmental Messages: Developmental messages are brief statements that contain the specific information young people need to learn about each topic. For each topic, the *Guidelines* present developmental messages appropriate for four separate age levels which reflect stages of development. The levels are:

Level 1: middle childhood, ages 5 through 8; early elementary school
Level 2: preadolescence, ages 9 through 12; later elementary school
Level 3: early adolescence, ages 12 through 15; middle school/junior high school
Level 4: adolescences, ages 15 through 18; high school

For example, within *Key Concept 6: Society and Culture*, Topic 5 is Diversity. Developmental messages about diversity for Level 1 include: "Individuals differ in the way they think, act, look, and live," and "Talking about differences helps people understand each other better." In contrast, developmental

messages for Level 4 include: "Confronting one's own biases and prejudices can be difficult," and "Workplaces benefit from having employees from diverse backgrounds."

The developmental messages are introduced at the level when they should first be discussed. A message introduced in Level 1 will not be listed again. This does not mean, however, that educators working with older students should not reintroduce or reinforce earlier messages. All developmental messages should be repeatedly reinforced at different age levels. In addition, in programs or communities where sexuality education does not start until middle school or junior high school (Level 3), it may first be necessary to introduce students to the developmental messages suggested in earlier levels.

It is also important to note that while the developmental messages contain the age-appropriate information that young people need to learn, they are not meant to simply be read or quoted verbatim in materials or activities. Instead, they are intended for educators and other adults who are in a better position to understand the best language and methods to use when sharing this information with young people.

Guidelines for Comprehensive Sexuality Education: Key Concepts and Topics

Key Concept 1: Human Development

Topic 1: Reproductive and Sexual Anatomy and Physiology
Topic 2: Puberty
Topic 3: Reproduction
Topic 4: Body Image
Topic 5: Sexual Orientation
Topic 6: Gender Identity

Key Concept 2: Relationships

Topic 1: Families
Topic 2: Friendship
Topic 3: Love
Topic 4: Romantic Relationships and Dating
Topic 5: Marriage and Lifetime Commitments
Topic 6: Raising Children

Key Concept 3: Personal Skills

Topic 1: Values
Topic 2: Decision-making
Topic 3: Communication
Topic 4: Assertiveness
Topic 5: Negotiation
Topic 6: Looking for Help

Key Concept 4: Sexual Behavior

Topic 1: Sexuality Throughout Life
Topic 2: Masturbation
Topic 3: Shared Sexual Behavior
Topic 4: Sexual Abstinence
Topic 5: Human Sexual Response
Topic 6: Sexual Fantasy
Topic 7: Sexual Dysfunction

Key Concept 5: Sexual Health

Topic 1: Reproductive Health
Topic 2: Contraception
Topic 3: Pregnancy and Prenatal Care
Topic 4: Abortion
Topic 5: Sexually Transmitted Diseases
Topic 6: HIV and AIDS
Topic 7: Sexual Abuse, Assault, Violence, and Harassment

Key Concept 6: Society and Culture

Topic 1: Sexuality and Society
Topic 2: Gender Roles
Topic 3: Sexuality and the Law
Topic 4: Sexuality and Religion
Topic 5: Diversity
Topic 6: Sexuality and the Media
Topic 7: Sexuality and the Arts

Goals, Values, and Fundamental Principles

Although the *Guidelines* are designed to be adaptable to the needs and beliefs of different communities, they are nonetheless based on certain specific values relating to sexuality and the nature of ideal sexuality education. Before developing the concepts and messages in the *Guidelines*, the National Guidelines Task Force agreed upon the goals of sexuality education, the values inherent in the *Guidelines*, and a number of fundamental principles about the implementation of sexuality education.

The Goals of Sexuality Education The primary goal of sexuality education is to promote adult sexual health. It should assist young people in developing a positive view of sexuality, provide them with information they need to take care of their sexual health, and help them acquire skills to make decisions now and in the future. The *Guidelines* recognize that the goals of sexuality education fall into four areas:

Information: Sexuality education seeks to provide accurate information about human sexuality, including growth and development, human reproduction, anatomy, physiology, masturbation, family life, pregnancy, childbirth, parenthood, sexual response, sexual orientation, gender identity, contraception, abortion, sexual abuse, HIV/AIDS, and other sexually transmitted diseases.

Attitudes, Values, and Insights: Sexuality education seeks to provide an opportunity for young people to question, explore, and assess their own and their community's attitudes about society, gender, and sexuality. This can help young people understand their family's values, develop their own values, improve critical-thinking skills, increase self-esteem and self-efficacy, and develop insights concerning relationships with family members, individuals of all genders, sexual partners, and society at large. Sexuality education can help young people understand their obligations and responsibilities to their families and society.

Relationships and Interpersonal Skills: Sexuality education seeks to help young people develop interpersonal skills, including communication, decision-making, assertiveness, and peer refusal skills, as well as the ability to create reciprocal and satisfying relationships. Sexuality education programs should prepare students to understand sexuality effectively and creatively in adult roles. This includes helping young people develop the capacity for caring, supportive, non-coercive, and mutually pleasurable intimate and sexual relationships.

Responsibility: Sexuality education seeks to help young people exercise responsibility regarding sexual relationships by addressing such issues as abstinence, how to resist pressures to become involved in unwanted or early sexual intercourse, and the use of contraception and other sexual health measures.

Values Inherent in the *Guidelines* The *Guidelines* are based on a number of values about sexuality, young people, and the role of families. While these values reflect those of many communities across the country, they are not universal. Parents, educators, and community members will need to review these values to be sure that the program that is implemented is consistent with their community's beliefs, culture, and social norms. The values inherent in the *Guidelines* are:

- Every person has dignity and self worth.
- All children should be loved and cared for.
- Young people should view themselves as unique and worthwhile individuals within the context of their cultural heritage.
- Sexuality is a natural and healthy part of living.
- All persons are sexual.
- Sexuality includes physical, ethical, social, spiritual, psychological, and emotional dimensions.
- Individuals can express their sexuality in varied ways.
- Parents should be the primary sexuality educators of their children.
- Families should provide children's first education about sexuality.
- Families should share their values about sexuality with their children.
- In a pluralistic society, people should respect and accept the diversity of values and beliefs about sexuality that exist in a community.
- Sexual relationships should be reciprocal, based on respect, and should never be coercive or exploitative.
- All persons have the right and obligation to make responsible sexual choices.
- Individuals, families, and society benefit when children are able to discuss sexuality with their parents and/or trusted adults.
- Young people develop their values about sexuality as part of becoming adults.
- Young people explore their sexuality as a natural process in achieving sexual maturity.
- Early involvement in sexual behaviors poses risks.
- Abstaining from sexual intercourse is the most effective method of preventing pregnancy and STD/HIV.
- Young people who are involved in sexual relationships need access to information about healthcare services.

Fundamental Principles While the *Guidelines* were created to be adaptable to a wide variety of communities and settings, they are based on a number of fundamental principles about the nature of ideal sexuality education programs. The task force believed that sexuality education programs benefit from:

Being Part of a Comprehensive Health Education Program: Sexuality education should be offered as part of an overall comprehensive health education program. Sexuality education can best address the broadest range of issues in the context of health promotion, social and gender equality, and disease prevention. Communities and schools should seek to integrate the concepts and messages in the *Guidelines* into their overall health education initiatives.

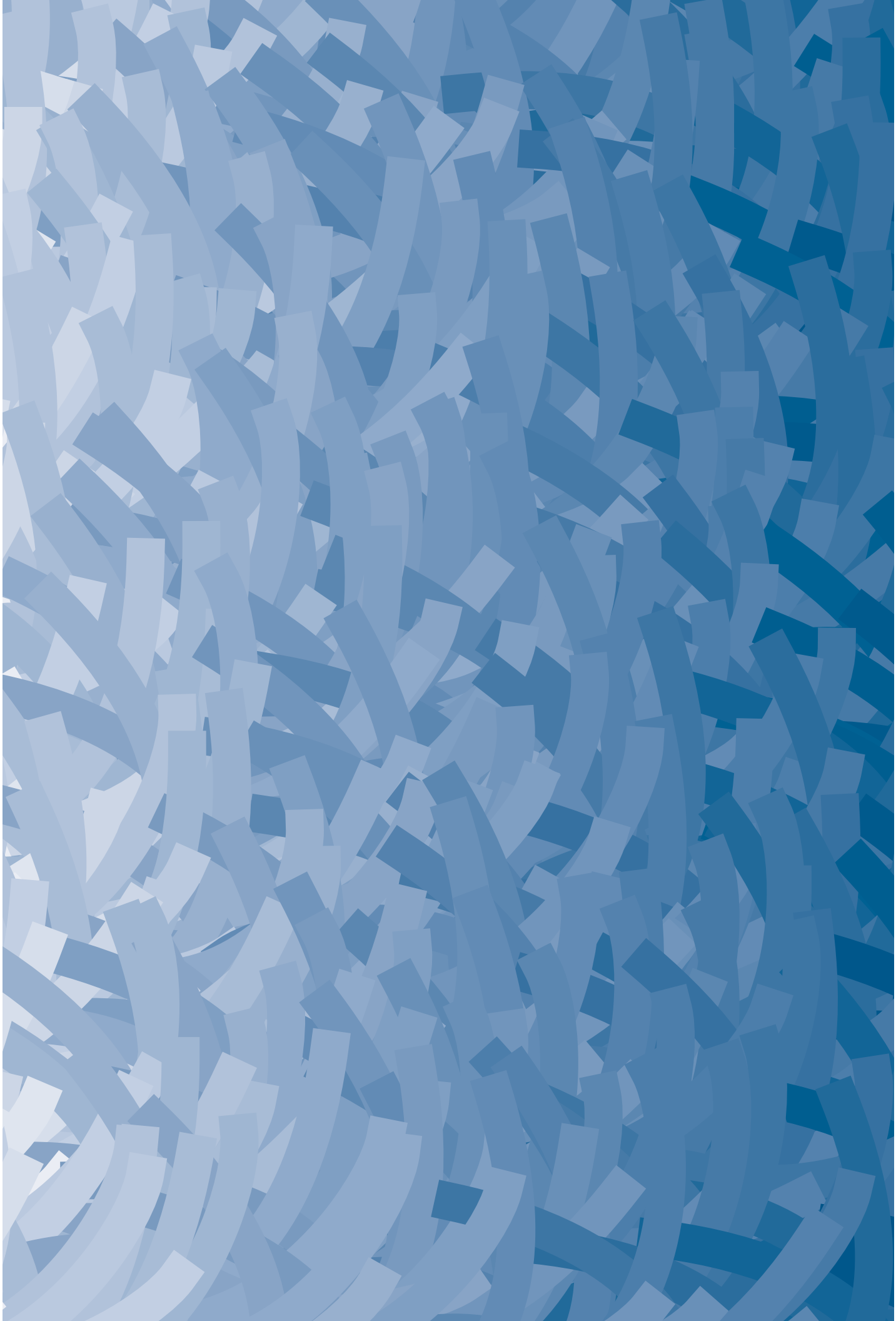
Well-Trained Teachers: Sexuality education should be taught by specially trained teachers. Professionals responsible for sexuality education must receive training in human sexuality, including the philosophy and methodology of sexuality education. While ideally teachers should attend academic courses or programs in schools of higher education, in-service courses, continuing education classes, and intensive seminars can also help prepare sexuality educators.

Community Involvement: The community must be involved in the development and implementation of sexuality education programs. School-based programs must be carefully developed to respect the diversity of values and beliefs represented in the community. Parents, family members, teachers, administrators, community and religious leaders, and students should all be involved.

A Focus on All Youth: All children and youth will benefit from comprehensive sexuality education regardless of gender, sexual orientation, ethnicity, socio-economic status, or disability. Programs and materials should be adapted to reflect the specific issues and concerns of the community as well as any special needs of the learners. In addition, curricula and material should reflect the cultural diversity represented in the classroom.

A Variety of Teaching Methods: Sexuality education is most effective when young people not only receive information but are also given the opportunity to explore their own and society's attitudes and values and to develop or strengthen social skills. A wide variety of teaching methods and activities can foster learning such as interactive discussions, role plays, demonstrations, individual and group research, group exercises, and homework assignments.

The *Guidelines* are a valuable tool for educators and community members wishing to develop and analyze sexuality education programs, curricula, and textbooks. It cannot be said often enough, however, that the *Guidelines* are not a curriculum nor are they lesson plans. They are designed as a starting point for teachers and curriculum designers and can be used by local communities to plan new programs, evaluate existing curricula, train teachers, educate parents, conduct research, and write new materials. Ultimately, however, the community and school must determine which topics and developmental messages will be included and the lessons plans and formats that will be utilized.



Guidelines for Comprehensive Sexuality Education

K–12

Key Concept 1:
Human Development

Human development is characterized by the interrelationship between physical, emotional, social, and intellectual growth.

Human Development Life Behaviors:

Having applied the human development subconcepts at the appropriate age, the learner will be able to:

- Appreciate one's own body.
- Seek further information about reproduction as needed.
- Affirm that human development includes sexual development, which may or may not include reproduction or sexual experience.
- Interact with all genders in respectful and appropriate ways.
- Affirm one's own sexual orientation and respect the sexual orientations of others.
- Affirm one's own gender identities and respect the gender identities of others.

Level 1
middle childhood,
ages 5 through 8;
early elementary school

Level 2
preadolescence,
ages 9 through 12;
upper elementary school

Level 3
early adolescence,
ages 12 through 15;
middle school/
junior high school

Level 4
adolescence,
ages 15 through 18;
high school

Topic 1: Reproductive and Sexual Anatomy and Physiology

Subconcept: The human body has the capability to reproduce as well as to give and receive sexual pleasure.

Developmental Messages:

Level 1

- Each body part has a correct name and a specific function.
- A person's genitals, reproductive organs, and genes determine whether the person is male or female.
- A boy/man has nipples, a penis, a scrotum, and testicles.
- A girl/woman has breasts, nipples, a vulva, a clitoris, a vagina, a uterus, and ovaries.
- Some sexual or reproductive organs, such as penises and vulvas, are external or on the outside of the body while others, such as ovaries and testicles, are internal or inside the body.
- Both boys and girls have body parts that feel good when touched.

Level 2

- During puberty, internal and external sexual and reproductive organs mature in preparation for adulthood.
- A young man's ability to reproduce starts when he begins to produce sperm.
- A young woman's ability to reproduce starts when she begins to menstruate.

Level 3

- The sexual response system differs from the reproductive system.
- Some sexual and reproductive organs provide pleasure.

Level 4

- Sexual differentiation, whether a fetus will be male or female, is determined largely by chromosomes and occurs early in prenatal development.
- Some babies are born intersexed which means that they may have ambiguous genitals that are not clearly male or female and/or that their chromosomes do not match their genitals.
- Hormones influence growth and development as well as sexual and reproductive functions.
- A woman's ability to reproduce ceases after menopause; after puberty, a man can usually reproduce for the rest of his life.
- Individuals may want to use a mirror to look closely at their external organs so they can note any changes that may indicate health problems.

Topic 2: Puberty

Subconcept: Puberty is a universally experienced transition from childhood to adulthood that is characterized by physical and emotional changes.

Developmental Messages:

Level 1

- Bodies change as children grow older.
- Puberty is a time of physical and emotional change that happens as children become teenagers.
- People are able to have children only after they have reached puberty.

Level 2

- Puberty begins and ends at different ages for different people.
- Everybody's body changes at its own pace.
- Some people will not complete puberty until their middle or late teens.
- Girls often begin pubertal changes before boys.
- Most changes in puberty, such as the growth of body hair and an increase in body odor, are similar for boys and girls.
- The sexual and reproductive systems mature during puberty.
- During puberty, girls begin to ovulate and menstruate, and boys begin to produce sperm and ejaculate – once this occurs girls are physically capable of becoming pregnant and boys of getting a female pregnant.
- During puberty, some boys may ejaculate while they are asleep which is called a nocturnal emission or "wet dream."
- During puberty, emotional changes occur as a result of increased hormones.
- During puberty, many people begin to develop sexual and romantic feelings.
- Young teenagers sometimes feel uncomfortable, clumsy, and/or self-conscious because of the rapid changes in their bodies.

Topic 3: Reproduction

Subconcept: Most people have the capability to reproduce; people also have the ability to choose whether or not they wish to reproduce.

Developmental Messages:

Level 1

- Men and women have reproductive organs that enable them to have a child.
- Men and women have specific cells in their bodies (sperm cells and egg cells) that enable them to reproduce.
- Reproduction requires that a sperm and egg join.
- Vaginal intercourse – when a penis is placed inside a vagina – is the most common way for a sperm and egg to join.

- When a woman is pregnant, the fetus grows inside her body in her uterus.
- A woman can be pregnant with more than one fetus at a time.
- Babies usually come out of a woman's body through an opening called a vagina.
- Some babies are born by an operation called a Caesarian Section.
- A woman's breasts can provide milk for a baby.
- Not all men and women have children.
- People who cannot have children may choose to adopt.

Level 2

- Decisions about having children are based on personal values, cultural beliefs, and other factors.
- Whenever vaginal intercourse occurs, it is possible for a woman to become pregnant.
- The union of a sperm and an egg is called conception or fertilization.
- The fetus begins to develop at fertilization.
- The fetus develops during pregnancy, a 40-week cycle that ends with birth.
- Sperm determine the biological sex of the fetus.
- Contraception can prevent fertilization and/or pregnancy.

Level 3

- People should use contraception during vaginal intercourse unless they want to have a child.
- Conception can occur once a woman has ovulated (released an egg).
- Ovulation is most likely to occur two weeks before a woman's menstrual period.
- Predicting ovulation accurately can be difficult.
- A common sign of pregnancy is a missed menstrual period.
- Sexual intercourse during pregnancy usually will not harm the developing fetus.

Level 4

- Reproductive functioning is different from sexual functioning.
- Some people have fertility problems that make it difficult for them to conceive or carry a pregnancy.
- New reproductive technologies and medical procedures allow some people with fertility problems to become pregnant.
- Some people who have fertility problems choose to adopt children or use a surrogate mother.
- Menopause is when a woman's reproductive capacity ceases.

Topic 4: Body Image

Subconcept: People's images of their bodies affect their feelings and behaviors.

Developmental Messages:

Level 1

- Individual bodies are different sizes, shapes, and colors.
- All bodies are equally special, including those that are disabled.
- Differences make us unique.
- Good health habits, such as eating well and exercising, can improve the way a person feels about his or her body.
- Each person can be proud of his/her body.

Level 2

- A person's appearance is determined by heredity, environment, and health habits.
- The way a body looks is mainly determined by the genes inherited from parents and grandparents.
- Most people do not look like what the media portrays as beautiful.
- Standards of beauty change over time and differ among cultures.
- What makes a body attractive is different for different people.
- People often feel pressure to change their bodies through gaining/losing weight, surgery, or drugs.
- The value of a person is not determined by his/her appearance.

Level 3

- The size and shape of penises, breasts, and vulvas can vary significantly.
- The size and shape of sexual organs does not affect a person's ability to reproduce or experience sexual pleasure.
- The size and shape of a person's body may affect how others feel about and behave toward that person.
- Some people may develop disordered eating as a result of how they feel about their bodies.
- The media portrays beauty as a narrow and limited idea but beautiful people come in all shapes, sizes, colors, and abilities.
- Although people stop growing once they reach adulthood, bodies change shape and size throughout life.

Level 4

- Many people of all shapes, sizes, and abilities have a positive image of their bodies.
- A person who accepts and feels good about his or her body may seem more likeable and attractive to others.
- Physical appearance is only one factor that attracts one person to another.
- People are attracted to a variety of physical qualities.
- A person's body image may impact his/her decision-making and behavior.

Topic 5: Sexual Orientation

Subconcept: As people grow and develop they may begin to feel romantically and/or sexually attracted to people of the same and/or a different gender.

Developmental Messages:

Level 1

- Human beings can love people of the same gender and people of another gender.
- Some people are heterosexual, which means they can be attracted to and fall in love with someone of another gender.
- Some people are homosexual, which means they can be attracted to and fall in love with someone of the same gender.
- Homosexual men and women are also known as gay men and lesbians.
- People deserve respect regardless of who they are attracted to.
- Making fun of people by calling them gay (e.g. "homo," "fag," "queer") is disrespectful and hurtful.

Level 2

- Sexual orientation refers to a person's physical and/or romantic attraction to an individual of the same and/or different gender.
- Some people are bisexual, which means they can be attracted to and fall in love with people of the same or another gender.
- Gay men, lesbians, bisexuals, and heterosexuals are alike in most ways.
- Sexual orientation is just one part of who a person is.
- The origin of people's sexual orientation is not known.
- Some people are afraid to share that they are gay, lesbian, or bisexual because they fear they will be mistreated.
- People of all sexual orientations can have relationships that are equally fulfilling.
- Gay men, lesbians, and bisexual people can have their own children or adopt.

Level 3

- Gay, lesbian, bisexual, and heterosexual people come from all countries, cultures, races, ethnicities, socio-economic backgrounds, and religions.
- People do not choose their sexual orientation.
- Understanding one's sexual orientation can be an evolving process.
- There are many theories about what determines sexual orientation including genetics; prenatal, social, and cultural influences; psychosocial factors; and a combination of all of these.
- Many scientific theories have concluded that sexual orientation cannot be changed by therapy or medicine.
- Having discussions about sexual orientation can be difficult for some people.
- Teenagers who have questions about their sexual orientation should consult a trusted and knowledgeable adult.
- People's beliefs about sexual orientation are based on their religious, cultural, and family values.
- When a gay, lesbian, or bisexual person tells another person his/her sexual orientation, it is known as "coming out."
- Sometimes an individual's sexual orientation is disclosed without his/her consent – this is known as being "outed."
- Coming out or being outed can be difficult because people may fear or experience negative reactions.
- Many of the sexual behaviors people engage in are the same regardless of their sexual orientations.
- There are people who have sexual thoughts and experiences with people of the same gender, but do not consider themselves to be gay, lesbian, or bisexual.
- There are people who have sexual thoughts and experiences with people of another gender, but do not consider themselves to be heterosexual.
- There are organizations that offer support services, hotlines, and resources for young people who want to talk about sexual orientation.
- Some Internet sites offer gay, lesbian, bisexual, and heterosexual individuals the opportunity to join a community and find friendship and support.
- While the Internet offers a wide range of information about sexual orientation, some of it is inaccurate.
- Although chatting or meeting people online can be fun, individuals should be cautious because it can be unsafe.

Level 4

- Sexual orientation is determined by a combination of a person's attractions, fantasies, and sexual behaviors.
- The understanding and identification of one's sexual orientation may change over the course of his/her lifetime.
- Many states ban discrimination against people based on their sexual orientation.
- If an individual is being intimidated, harassed, or harmed because of a real or perceived sexual

orientation, it is important to tell a trusted adult, school official, or law enforcement authority.

- This school's bullying/harassment policy is _____.
- Civil rights for gay men and lesbian women are being debated in many states and communities across the United States.

Topic 6: Gender Identity

Subconcept: People's biological sex and gender identity play important roles in how they think, feel, and behave.

Developmental Messages:

Level 2

- Biological sex refers to whether a person has male or female genitals and/or chromosomes.
- Gender identity refers to a person's internal sense of being male, female, or a combination of these.
- Gender identity is just one part of who a person is.
- Gender roles refer to the way society expects people to behave based on their biological sex.
- Making fun of people for not acting the way society expects them to based on their biological sex is disrespectful and hurtful.

Level 3

- For most people, biological sex and gender identity are the same.
- Some people's gender identity differs from their biological sex.
- The origin of people's gender identity is not known.
- Gender identity is different from sexual orientation.
- "Transgender" describes people whose internal sense of gender (gender identity) doesn't match what society expects of them based on their genitals and chromosomes (biological sex).
- Transgender is also used as a general term to describe many different identities that exist such as "transsexual," "drag king," "drag queen," "crossdresser," "genderqueer," "shapeshifter," "bigendered," and "androgyne."
- People's understanding of their gender identity may change over the course of their lifetimes.
- Some transgender individuals may take hormones or have surgery to alter their bodies to better match their gender identity.
- All societies and cultures have transgender individuals.
- Some cultures around the world recognize and have special roles for transgender individuals.
- Having discussions about gender identity can be difficult for some people.
- Teenagers who have questions about their gender identity should consult a trusted and knowledgeable adult.

- Some organizations offer support services, hotlines, and resources for young people who want to talk about gender identity.
- While the Internet offers a wide range of information about gender identity, some of it is inaccurate.
- Some Internet sites offer transgender individuals the opportunity to join a community and find friendship and support.
- Although chatting or meeting people online can be fun, individuals should be cautious because it can be unsafe.
- Some people are afraid to share that they are transgender because they fear they will be mistreated.
- Transgender individuals in this society commonly experience harassment and/or violence.
- If an individual is being discriminated against, intimidated, harassed, or harmed because of a perceived gender identity, it is important to tell a trusted adult, school official, or law enforcement authority.
- This school's bullying/harassment policy is _____.

Level 4

- All people have the right to express their gender identity.
- As society builds a better awareness and understanding of gender identity, transgender individuals may be more accepted and face less harassment and violence.
- Some cities have laws protecting transgender individuals from discrimination.

Key Concept 2:
Relationships

Relationships play a central role throughout our lives.

Level 1
middle childhood,
ages 5 through 8;
early elementary school

Level 2
preadolescence,
ages 9 through 12;
upper elementary school

Level 3
early adolescence,
ages 12 through 15;
middle school/
junior high school

Level 4
adolescence,
ages 15 through 18;
high school

Relationship Life Behaviors:

Having applied the relationships subconcepts at the appropriate age, the learner will be able to:

- Express love and intimacy in appropriate ways.
- Develop and maintain meaningful relationships.
- Avoid exploitative or manipulative relationships.
- Make informed choices about family options and relationships.
- Exhibit skills that enhance personal relationships.

Topic 1: Families

Subconcept: Most people are raised in families and live in families as adults.

Developmental Messages:

Level 1

- A family consists of two or more people who care for each other in many ways.

- There are different kinds of families.
- Children may live with one or more parents or caregivers including biological parents, step-parents, foster parents, adoptive parents, grandparents, friends, or other combinations of adults.
- All members of a family may not live in the same place.
- The makeup of individual families may change over time.
- Each member of a family has something unique to contribute.
- Families have rules to help members live together.
- Family members take care of each other.
- Many adults may help care for children.
- Family members show love for each other.
- Change in a family may make its members happy or sad.
- When a baby is born or a child is adopted into a family, some parts of life will change for family members.

Level 2

- Children may have a mother, a mother and a father, two mothers, two fathers, or any other combination of adults who love and care for them.
- Family members have rights and responsibilities.
- Adult family members usually decide the children's rights and responsibilities.
- Families help children learn values.
- Members of a family sometimes disagree but continue to love each other.
- Many life events, such as birth, adoption, separation, divorce, employment changes, moving, disability, illness, or death, can change families.
- People in families can move away but they are still members of that family.
- Communication in families is important.
- For some families, raising children is a very important role.
- Families can influence individuals' personalities.

Level 3

- Family members are individuals, each with a unique personality.
- The responsibilities of family members may change as they grow older.
- As children become more independent, they become more responsible for themselves and others.
- Teenagers are beginning a process of developing independence from their families and preparing to be on their own.
- Love, cooperation, and mutual respect are necessary for good family functioning.

- Family relationships may become difficult when the family structure changes.
- Different people may have different values and ideas about family life.
- Conflicts sometimes occur between parents and children, especially during adolescence.
- Families sometimes need counseling in order to function well.
- Community agencies and health professionals can assist families with problems.
- Sometimes families need to be broken up for the health and safety of the children.
- Relationships between parents and children often change as they all grow older.

Level 4

- When a family crisis occurs, family members need to support each other.
- One purpose of the family is to help its members reach their fullest potential.
- Many aspects of family life have changed during the past several generations.

Topic 2: Friendship

Subconcept: Friendships are important throughout life.

Developmental Messages:

Level I

- People can have many friends or just a few.
- A person can have different types of friends.
- Friends spend time together and get to know each other.
- Friendships depend on honesty.
- Friends respect and appreciate each other.
- Friends can feel angry with each other and still be friends.
- Friends sometimes hurt each other's feelings.
- Friends forgive each other.
- Friends share feelings with each other.
- Friends can help each other.
- Friends can be male and female.
- Friends can be younger and older.

Level 2

- Friendships help people feel good about themselves.

- Many skills are needed to begin, continue, and end friendships.
- Choosing friends well is important.

Level 3

- Friends can influence each other both positively and negatively.
- It is important to support and help a friend when he/she has a problem.
- Friendships sometimes evolve into romantic relationships.
- People can be friends without being romantically involved.

Topic 3: Love

Subconcept: Loving relationships of many types are important throughout life.

Developmental Messages:

Level 1

- Love means having deep and warm feelings about oneself and others.
- People can experience different types of love.
- People express love differently to their parents, families, and friends.
- People can experience different loving relationships throughout their lives.

Level 2

- People are capable of giving and receiving love.
- A person can show love for another person in many ways.
- Feeling good about oneself enhances loving relationships.

Level 3

- Love is a difficult concept to define.
- Love is not the same as sexual involvement or attraction although it can happen at the same time.
- Knowing for sure if one is in love can be difficult.
- People may confuse love with other intense emotions such as sexual attraction, lust, infatuation, jealousy, and control.
- The feelings of "falling in love" are often different from those in a continuing relationship.
- A person can "fall in love" many times in their life.
- "First love" is often one of life's most intense experiences.

- In a love relationship, people encourage each other to develop as individuals.
- Loving someone can involve taking risks and being vulnerable.
- Love is not always returned.

Level 4

- Love requires understanding oneself as well as others.
- Loving oneself improves one's ability to love another person.
- Love often changes and grows during a long-term relationship.
- Loving another person can be one of life's greatest joys.
- Loving relationships may involve shared values, commitment, and intimacy.
- Some love relationships involve sexual intimacy while others do not.
- Ending a loving relationship can be difficult and painful.

Topic 4: Romantic Relationships and Dating

Subconcept: Dating enables people to experience and learn about companionship and intimacy.

Developmental Messages:

Level 1

- Dating is when two people who are romantically attracted to each other spend their free time together.
- When children become teenagers, they spend more time with their friends and may begin to date.
- Some adults, including single parents, may date.

Level 2

- Both teenagers and adults may have romantic relationships.
- Before people commit themselves to a relationship, they may want to be friends, spend time together, and get to know each other well.
- Young people may use many different terms to describe dating and romantic relationships.

Level 3

- Readiness and interest in dating vary among individuals.
- Not all teenagers or adults date.
- Gay, lesbian, and bisexual youth, like heterosexual youth, may or may not date.
- Parents often decide the age at which their children may begin dating.

- Customs and values about dating differ among families and cultures.
- Families may have different standards for boys and girls about dating.
- People of different races, ethnic backgrounds, and religions sometimes date each other.
- People date for a variety of reasons such as companionship, to share an experience with someone, friendship, intimacy, and love.
- Both girls/women and boys/men can show interest in a dating partner and initiate dating.
- Dating includes sharing recreational activities, learning about new things, and practicing social skills.
- People date in different ways such as couple dating, double dating, and group dating.
- What people consider a date can vary.
- Group activities allow teenagers to learn about others without dating.
- When dating involves expenses, either person or both people can pay.
- Paying for a date or giving gifts does not entitle someone to any type of sexual activity.
- When couples spend a lot of time together alone, they are more likely to become sexually involved.
- Sometimes people in dating relationships may be physically or emotionally abused by their partners which is called "dating abuse."
- There are organizations and counselors who can help teens and adults who are in an abusive relationship.
- Ending a dating relationship can be painful.

Level 4

- Dating can be a way to learn about other people, about romantic and sexual feelings and expressions, and about what it is like to be in an intimate relationship.
- Dating partners may choose not to follow traditional gender roles in their relationships.
- Dating relationships can be enhanced by honesty and openness.
- One person can not meet all of the needs of his/her dating partner.
- Responsibility for the quality of the relationship is shared by both dating partners.

Topic 5: Marriage and Lifetime Commitments

Subconcept: It is common for two people to make a commitment to share their lives with each other.

Developmental Messages:

Level 1

- Two people may decide to marry or make a lifetime commitment to each other because they love each other and want to share their lives with each other.
- Many men and women will marry.

- Many people live in lifetime committed relationships, even though they may not be legally married.
- Two people of the same gender can live in loving, lifetime committed relationships.
- Most people who marry intend the relationship to be lifelong.
- People who are married or committed to each other may get divorced or break up if they decide they do not want to be together anymore.
- When parents divorce or break up, children may live with one or both parents or with other family members.
- Divorce and break-ups are usually difficult for families.
- After a divorce or break-up, parents and children continue their lives in new ways and can be happy again.
- Children are not able to get their separated or divorced parents back together regardless of how much they want that to happen.
- Children are not to blame for their parents' separations or divorces.

Level 2

- In the United States, people usually choose the person they want to marry or make a commitment to.
- In some cultures, parents choose marriage partners for their children.
- Different cultures and religions have varying values about marriage, lifetime commitments, living together, sexual relationships before or outside of marriage, and divorce.
- Children dealing with separation or divorce may need to talk with an adult about their feelings.

Level 3

- Marriage is considered a commitment by two people to love, help, and support one another.
- Marriage is a legal contract between two people and the state.
- Marriage may include a religious or civil ceremony.
- Two people who live together without being married can have the same commitment and responsibility toward one another as married people.
- Gay men, lesbians, bisexuals, and heterosexuals can establish lifelong committed relationships.
- Committed partners must decide how to share the roles and responsibilities in their lives.
- Marriage and lifetime commitments may benefit from characteristics such as friendship, shared values, commitment, similar interests and goals, mutual support, and sexual attraction.
- In some families, there are different standards for men and women about sexual relationships before marriage.
- Divorce is the legal ending of a marriage.
- In some religions and cultures, divorce is prohibited.
- Teenagers who marry are more likely to divorce than couples who marry when they are older.

- Couples with children have several options for child custody when they separate or divorce.
- In a divorce or separation, decisions about the family, including custody of children and financial resources, may be made by the couple or the legal system.
- Marriage between two people of the same sex/gender is currently being debated in the United States.

Level 4

- When two people are contemplating marriage or a lifetime commitment, they need to be realistic, honest with one another, and accepting of their partner.
- Marriage and lifetime commitments require mutual effort.
- Marriage and lifetime commitments require understanding of extended family relationships.
- A marriage or committed relationship may change over time.
- Relationships change with parenthood.
- When married or committed partners have difficulty in their relationships, they can seek counseling.

Topic 6: Raising Children

Subconcept: Raising children is an enormous responsibility that can be one of life's most rewarding roles.

Developmental Messages:

Level 1

- Many people want to be parents.
- Raising children is an adult role.
- Raising children requires great effort, resources, time, and patience.
- People who have children need to provide for them.
- Raising children can be a wonderful experience.
- Adults become parents in several ways: having biological children, adopting children, becoming a step-parent, or becoming a guardian or foster parent.
- People who have or adopt children are responsible for loving and taking care of them.
- Parents who adopt, love their children as much as biological parents love theirs.

Level 2

- Children need a home, food, clothing, love, support, time, education, and caring adults to help them grow and develop.
- Sometimes other family members or caring adults raise a child instead of her/his mother and/or father.

- Both men and women have important parental responsibilities.
- People with disabilities can have and care for children.
- People have different ideas about what makes a good parent.
- Sometimes parents may not be able to do a good job of raising children because they are having difficulties in their own lives.
- Raising a child can be rewarding.
- Some couples do not have children.
- Adults can have happy lives without raising children.

Level 3

- Raising children is a full-time responsibility.
- Balancing job and parenting responsibilities can be difficult.
- Methods of raising children vary among cultures, but all parents must provide for their children's development.
- Children of different ages require different types of parenting.
- Family members and community agencies can help people to be better parents or to deal with problems.
- Being a teenage parent can be extremely difficult.
- For a teenager, parenting responsibilities can interrupt schooling, employment plans, social opportunities, and family life.
- The children of teenage parents often face more difficulties than the children of adults.
- Teenage parents may benefit from the support of their families and community services.
- Teenagers who become pregnant may receive financial and emotional support from their families but this is not always the case.

Level 4

- As children grow, the nature of the parent/child relationship changes.
- Raising a child with special needs can be both rewarding and challenging.
- Deciding not to be a parent may be difficult because of societal and cultural pressures to have and raise children.

Key Concept 3:
Personal Skills

Healthy sexuality requires the development and use of specific personal and interpersonal skills.

Level 1
middle childhood,
ages 5 through 8;
early elementary school

Level 2
preadolescence,
ages 9 through 12;
upper elementary school

Level 3
early adolescence,
ages 12 through 15;
middle school/
junior high school

Level 4
adolescence,
ages 15 through 18;
high school

Personal Skills Life Behaviors:

Having applied the personal skills subconcepts at the appropriate age, the learner will be able to:

- Identify and live according to one's own values.
- Take responsibility for one's own behavior.
- Practice effective decision-making.
- Develop critical-thinking skills.
- Communicate effectively with family, peers, and romantic partners.

Topic 1: Values

Subconcept: Values guide our behavior and give purpose and direction to our lives.

Developmental Messages:

Level 1

- Values are strong feelings or beliefs about important issues.

- Individuals and families have a variety of values.
- Children learn most of their values from parents, other family members, community, cultural and religious teachings, and their peers.

Level 2

- Values help people decide how to behave and interact with others.
- Most parents want their children to develop values that are similar to their own.
- Parents and other adults teach values to children through explanation and example.
- While some values are universal, others differ among individuals, families, communities, religions, and cultures.

Level 3

- Values are an important part of people's lives.
- Values influence a person's most important decisions about friends, sexual relationships, family, education, work, and money.
- When people behave according to their values, they often feel better about themselves.
- A person who behaves contrary to his or her values may feel guilty or uncomfortable.
- Exploring one's values can be confusing.
- Sometimes the values one learns in society conflict with the values one has learned from family, religion, or culture.
- Values should be freely chosen after the alternatives and their consequences are evaluated.
- No one has the right to impose their values on others.

Level 4

- To behave according to one's values can be difficult but satisfying.
- Knowing the consequences of behaving according to or against one's values is important.
- Respecting the diversity of values and beliefs of other people is important.
- Having values different from one's family can be difficult.
- A person may accept his/her family's values and not always agree with all of them.
- Relationships are usually stronger if people share similar values.
- People who feel strongly about their values often share and affirm them publicly.

Topic 2: Decision-making

Subconcept: Making responsible decisions about sexuality is important because those decisions affect individuals and the people around them.

Developmental Messages:

Level 1

- Everybody has to make decisions.
- Small children make many decisions, such as what clothes to wear, which toys to play with, or who to be friends with.
- Children need help from adults to make some decisions.
- All decisions have consequences, positive and/or negative.
- Decision-making is a skill that can be improved.

Level 2

- People make decisions in different ways: by impulse, by making the same decision friends made, by putting off making a decision, by letting someone else decide, and by testing the choices.
- To make a good decision one must consider all of the possible consequences, good and bad, and choose the action that one believes will have the best outcome.
- Decisions often have more options than seem obvious at first.
- Parents and other adults can help with important decisions.
- Friends often try to influence each other's decisions.
- Individuals should not make decisions based solely on what their peers are doing.
- Many decisions affect other people.
- Individuals are responsible for the consequences of their decisions.

Level 3

- People should carefully evaluate the consequences, advantages, and disadvantages of each possible choice when they make a decision.
- To make wise decisions, people need accurate information about each choice.
- Evaluating past decisions can help individuals learn from experiences and not repeat mistakes.
- Talking to a close friend, parent, other family member, religious leader, or counselor during the decision-making process can be helpful.
- The best decision is usually one that is consistent with one's own values and does not involve risking one's health/safety, other people's health/safety, or breaking the law.
- Barriers to implementing a decision may become evident after the decision is made.
- Barriers to acting on a decision can often be overcome with careful planning.
- People have the right to re-evaluate decisions and change their minds or their behavior accordingly.
- Some young people face difficult decisions about sexuality, including whether to have a sexual relationship and the limits of the relationship.

- Decisions about sexuality are sometimes difficult because of sexual feelings and pressure from partners or peers.
- Teenagers who decide to engage in sexual behavior must also decide about pregnancy and STD/HIV prevention.
- Alcohol and other drugs often interfere with clear, effective decision-making.

Level 4

- Some decisions have legal implications.

Topic 3: Communication

Subconcept: Communication includes sharing information, feelings, and attitudes with other people.

Developmental Messages:

Level 1

- People communicate in many ways.
- People speak, write, sign, or show how they feel with facial expressions and body language.
- Communication is necessary in human relationships.

Level 2

- People often communicate their feelings with nonverbal messages.
- Sometimes when two people talk they do not understand each other.
- Some disagreements in families and among friends may occur because of poor communication.
- People can learn to communicate more effectively.
- Depending on the situation, people may communicate differently or use different words.
- Some people speak more than one language.
- Speaking one language at home and another at school can be challenging.

Level 3

- Different people have different styles of communicating.
- People who have different styles of communicating may have a difficult time understanding each other.
- Communication may be improved by: listening well; making eye contact; stating feelings; using messages that start with "I" to indicate that the person is speaking for him/herself; trying to understand the other person(s); offering possible solutions to problems; giving positive nonverbal messages such as a smile or touch; asking for clarification.
- Communication may be impaired by: not listening; yelling; blaming, criticizing, or name calling;

making the other person feel guilty; giving negative nonverbal messages such as frowning or scowling; and interrupting.

- Verbal and nonverbal communication do not always convey the same message.
- Verbal and nonverbal communication may have many meanings depending on the individual, family, gender, cultural background, and situation.
- It may be difficult for individuals who feel that they have less power in a relationship to communicate effectively.
- Some cultures teach that it is disrespectful to make eye contact with a person in authority or to ask for more information.
- Talking openly about sexuality can enhance relationships.
- People are sometimes uncomfortable discussing sexuality in an open manner.

Level 4

- Good communication is essential to personal and work relationships.
- Communication about sexual feelings, desires, and boundaries can improve sexual relationships.
- Communication is necessary to assure consent for a sexual relationship and any sexual behavior.
- There are several types of communication including assertive, aggressive, passive, and passive-aggressive.
- Assertive communication is most effective for stating one's needs without hurting or overpowering others.

Topic 4: Assertiveness

Subconcept: Assertiveness is communicating feelings and needs while respecting the rights of others.

Developmental Messages:

Level 1:

- Everyone, including children, has rights.
- Telling trusted people about one's feeling and needs is acceptable.
- Asking is often the first step to getting what one wants or needs.
- Children sometimes have to do things they do not want to do because their parents or other adults say so.

Level 2

- Being assertive means expressing what one wants or saying how one feels without hurting or overpowering others.
- Assertiveness is a skill that can be learned and improved.

- Being assertive may include repeating one's position, offering a compromise, and/or walking away.
- Being assertive does not ensure that people will always get what they want.
- Being assertive is different from being aggressive, which interferes with the rights of others.

Level 3

- People have the right to express how they feel; disagree with others; refuse a request; and expect to be treated fairly and not be intimidated.
- Being assertive can help people choose between the actions they believe are best and behaviors their friends pressure them to do.
- Behaviors that help people be more assertive include: being honest; being direct; communicating feelings and needs as they come up instead of waiting; using assertive body language; speaking for oneself; and taking responsibility for one's feelings and needs.
- Failure to be assertive may cause one to feel angry or ashamed and, as a result, to act aggressively.
- People may choose not to be assertive in certain situations.
- Behavior that is viewed as assertive and appropriate in one culture may be viewed as aggressive or passive in others.
- In some cultures, asking directly for what one wants is considered disrespectful or inappropriate.
- Some cultures and families teach women not to be assertive within the family or with men.
- Girls and women and boys and men can be assertive.
- It may be difficult for individuals who feel that they have less power in a relationship to be assertive.
- Being assertive in sexual situations may be especially difficult.
- Individuals always have the right to refuse any person's request for any type of sexual behavior.

Level 4

- It may be difficult always to be assertive.
- Assertiveness skills can be practiced and improved throughout one's life.
- Adults may be assertive in their personal and work relationships.
- Sexual partners may need to assertively communicate their needs and limits.

Topic 5: Negotiation

Subconcept: Negotiation allows people to solve a problem or resolve a conflict.

Developmental Messages:

Level 1

- Negotiation requires give and take on the part of all people involved.

- Good negotiation can enhance relationships and friendships.
- Sharing is a type of negotiation.

Level 2

- Negotiation is a way to compromise with others without using guilt, anger, or intimidation.
- There are many different negotiation techniques.
- Effective negotiation requires certain skills including: careful observation of other people; use of open body language; good verbal communication; imagining oneself in other people's positions; identifying all the options in a situation; and reaching mutual agreement.
- Negotiation works best when a problem or conflict is addressed in its early stages.

Level 3

- To negotiate one must decide what trade-offs can be accepted and what issues cannot be compromised.
- Teenagers who date need to learn to negotiate decisions about sexual behaviors and limits.
- It may be difficult for individuals who feel that they have less power in a relationship to negotiate effectively.
- Many relationship and sexual concerns can be resolved through negotiation.
- If people fail to reach an acceptable compromise even after negotiation, they may decide to walk away from the situation.

Level 4

- Manipulation, trying to unfairly control someone's decision or behavior without consideration of their feelings or needs, is different from negotiation.
- Negotiations that involve ultimatums or threats are often less effective.

Topic 6: Looking for Help

Subconcept: People can seek help from family, friends, or professionals.

Developmental Messages:

Level 1

- Family members and friends usually try to help one another.
- If parents cannot help, one can ask another family member, a teacher, religious leader, guidance counselor, a friend's parent, or another trusted adult.

Level 2

- Children may be able to help someone who has a problem.
- Sometimes the best help comes from someone who is a good listener.
- Asking for help is usually a wise decision.
- Families might need outside help to deal with problems involving alcohol, drugs, money, violence, health, and abuse.
- Community agencies and other people can provide help to families and individuals.
- Many problems need time to resolve.

Level 3

- People often have difficulty admitting they need help.
- Teenagers sometimes need to talk with an adult other than their parents.
- In order to find the best source of help, individuals should consider the nature of their problem and the questions they need answered.
- People who can help include family members, counselors, religious leaders, health/mental healthcare providers, and teachers.
- Some agencies specialize in working with young people and provide services for teenagers that do not require parental permission, are confidential, and cost little or no money.
- Most communities have a telephone crisis line so people can talk to someone about a problem; the local crisis line phone number is _____.
- While the Internet can provide information and support about a variety of topics and problems, some sites may be inaccurate and/or biased.

Level 4

- Sometimes people need to work through their problems themselves.
- Sometimes people need professional help.
- Seeking professional help can be a sign of strength.
- While the Internet can be a source of information and referrals, it cannot replace the support of family, friends, or professionals.

Key Concept 4:
Sexual Behavior

Sexuality is a central part of being human, and individuals express their sexuality in a variety of ways.

Sexual Behavior Life Behaviors:

Having applied the sexual behavior subconcepts at the appropriate age, the learner will be able to:

- Enjoy and express one's sexuality throughout life.
- Express one's sexuality in ways that are congruent with one's values.
- Enjoy sexual feelings without necessarily acting on them.
- Discriminate between life-enhancing sexual behaviors and those that are harmful to self and/or others.
- Express one's sexuality while respecting the rights of others.
- Seek new information to enhance one's sexuality.
- Engage in sexual relationships that are consensual, non-exploitative, honest, pleasurable, and protected.

Level 1
middle childhood,
ages 5 through 8;
early elementary school

Level 2
preadolescence,
ages 9 through 12;
upper elementary school

Level 3
early adolescence,
ages 12 through 15;
middle school/
junior high school

Level 4
adolescence,
ages 15 through 18;
high school

Topic 1: Sexuality Throughout Life

Subconcept: Sexuality is a natural and healthy part of life.

Developmental Messages:

Level 1

- Most children are curious about their bodies.
- Bodies can feel good when touched.

Level 2

- People become more curious about their sexuality as they become older.
- Talking to parents and other trusted adults about sexuality can be helpful.

Level 3

- All people, regardless of biological sex, gender, age, ability, and culture, are sexual beings.
- Sexuality is experienced in a variety of ways at different stages and points in people's lives.
- Sexual feelings, fantasies, and desires occur throughout life.
- Sexual feelings, fantasies, and desires are natural.
- Sexual feelings, fantasies, and desires do not need to be acted upon.

Level 4

- Sexuality is multifaceted, having biological, social, psychological, spiritual, ethical, and cultural dimensions.
- Sexuality is a natural part of being human.
- Sexuality is one component of total well-being to be expressed in harmony with other life needs.
- Healthy sexuality enhances total well-being.
- Sexuality can be more rewarding and positive when expressed in a sharing, enhancing, and non-exploitative way.
- People's interest in sexual activity and expression may change as they age.
- Elderly people can be sexually active and have intimate relationships.
- Sexual expression is not a significant part of some people's lives.

Topic 2: Masturbation

Subconcept: Masturbation is one way human beings express their sexuality.

Developmental Messages:

Level 1

- Touching and rubbing one's own genitals to feel good is called masturbation.

- Some boys and girls masturbate and others do not.
- Masturbation should be done in a private place.

Level 2

- Masturbation is often the first way a person experiences sexual pleasure.
- Many boys and girls begin to masturbate for sexual pleasure during puberty.
- Some boys and girls never masturbate.
- Masturbation does not cause physical or mental harm.
- Some families, religions, and cultures believe that masturbation is wrong.

Level 3

- Most people have masturbated at some time in their lives.
- How often a person masturbates varies for every individual.
- A person worried about masturbation might talk to a trusted adult.
- It may be difficult for some people to talk about masturbation.
- Masturbation, either alone or with a partner, is one way people can enjoy and express their sexuality without risking pregnancy or an STD/HIV.
- Many negative myths exist about masturbation.

Level 4

- People who are single, married, or in a committed relationship may masturbate.
- Masturbation may be an important part of a couple's sexual relationship.
- Being sexual with another person does not mean that masturbation must or should stop.

Topic 3: Shared Sexual Behavior

Subconcept: Individuals express their sexuality with a partner in diverse ways.

Developmental Messages:

Level 1

- People often kiss, hug, touch, and engage in other sexual behaviors with one another to show caring and to feel good.

Level 2

- Couples have varied ways to share sexual pleasure with each other.

- Being sexual with another person usually involves more than sexual intercourse.

Level 3

- Some sexual behaviors shared by partners include kissing; touching; talking; caressing; massaging; and oral, vaginal, or anal intercourse.
- Many pleasurable sexual behaviors do not put an individual at risk for an unintended pregnancy or STDs/HIV.
- The majority of people, regardless of biological sex, gender, ability, sexual orientation, gender identity, and culture, have sexual feelings and the need for love, affection, and physical intimacy.
- Sexual relationships are enhanced when a couple communicates with one another about what forms of sexual behavior they like or dislike.
- Sexual relationships are enhanced when partners make a commitment to respect each other's boundaries and do what they can to avoid STDs and unintended pregnancy.
- Sexual relationships can be more fulfilling in a loving relationship.
- A person has the right to refuse any sexual behavior.
- At any point during sexual activity a person has the right to ask a partner to stop and to expect that his/her request will be respected.
- A person should not pressure a partner to engage in any sexual behavior that he/she is uncomfortable with.
- Some sexual behaviors are prohibited by law and/or disapproved of by certain religions, cultures, or families.
- Both men and women can give and receive sexual pleasure.

Level 4

- For many people, sharing a sexual experience with a partner is a satisfying way to express sexuality.
- Couples and individuals need to decide how to express their sexual feelings.
- As people get older, they may continue to discover new forms of sexual expression to share with a partner.
- Individuals can learn what gives them sexual pleasure and communicate that to partners in order to enhance their sexual relationships.

Topic 4: Sexual Abstinence

Subconcept: Abstinence from sexual intercourse is the most effective method of preventing pregnancies and sexually transmitted diseases, including HIV.

Developmental Messages:

Level 2

- Children are not physically or emotionally ready for sexual intercourse and other sexual behaviors.

Level 3

- Abstinence means voluntarily choosing not to engage in certain behaviors.
- Sexual abstinence means not engaging in any sexual behavior that can result in a pregnancy or STD, including HIV.
- People may have different ideas about what constitutes abstinence, from no sexual contact of any kind including kissing, to only abstaining from sexual intercourse, and all points in-between.
- People of all ages, genders, and sexual orientations can choose to be abstinent.
- Sexual partners should discuss what they mean by abstinence.
- Abstinence from intercourse has benefits for teenagers and adults.
- Sexual abstinence is the best method to prevent pregnancy and STDs/HIV.
- Young teenagers are not mature enough for a sexual relationship that includes intercourse.
- Many adults believe school-age teenagers should not have sexual intercourse.
- Some religions teach that sexual intercourse should only occur in marriage.
- There are many ways to give and receive sexual pleasure without having intercourse.
- Teenagers in romantic relationships can express their feelings without engaging in sexual intercourse.
- Teenagers who date need to discuss sexual limits with their dating partners.
- Individuals need to respect the sexual limits set by their partners.
- Teenagers considering sexual activity should talk to a parent or other trusted adult about their decisions, contraception, and disease prevention.
- Teenagers who have already had sexual intercourse can choose to be abstinent in that same relationship and/or in future relationships.

Level 4

- Many teenagers have had sexual intercourse and many have not.
- Sexual intercourse is not a way to achieve adulthood.
- Many adults experience periods of abstinence.

Topic 5: Human Sexual Response

Subconcept: Female and male bodies respond both similarly and differently to sexual stimulation.

Developmental Messages:

Level 1

- Both girls and boys may discover that their bodies feel good when touched.

Level 2

- Human beings have natural, physical responses to sexual stimulation.
- During puberty, boys and girls may become more aware of their responses to sexual stimulation.

Level 3

- Women and men may be sexually aroused by thoughts, feelings, sights, smells, sounds, and touches.
- Boys/men get erections and girls/women experience vaginal lubrication during sexual arousal.
- Sexual response is experienced differently by different individuals.
- Sexual response varies from experience to experience and throughout life.
- Orgasm is an intense pleasurable release of sexual feelings or tension experienced at the peak of sexual arousal.

Level 4

- Most women need some clitoral stimulation to reach orgasm.
- Most couples do not experience simultaneous orgasm.
- As two sexual partners become more comfortable with each other, the nature of their sexual responses may change and may become more rewarding.
- Middle age may bring some changes in physiological sexual responses, but most men and women still desire sexual contact and experience orgasm.
- Women and men have the capacity to respond sexually throughout life.

Topic 6: Sexual Fantasy

Subconcept: Sexual fantasies are common.

Developmental Messages:

Level 3

- Many people experience sexual and erotic thoughts called fantasies.
- Fantasies are one type of sexual expression.
- People may fantasize while they are alone or with a partner.
- People do not need to act on their sexual fantasies.

Level 4

- People can have sexual fantasies about individuals of all genders without it necessarily affecting their understanding of their sexual orientation.

- Some people use erotic photographs, movies, art, literature, or the Internet to enhance their sexual fantasies when alone or with a partner.
- Some sexual fantasies involve mysterious or forbidden things.
- Many people's sexual fantasies include behaviors not actually acted upon or even desired in real life.

Topic 7: Sexual Dysfunction

Subconcept: Sexual dysfunction is the inability to express, experience, and/or enjoy sexuality.

Developmental Messages:

Level 3

- The way people feel about themselves and sexuality affects their ability to function sexually.
- Some people have sexual problems, commonly called sexual dysfunction.
- People of all genders and sexual orientations can experience sexual dysfunction.

Level 4

- What is perceived as sexual dysfunction varies among individuals.
- Common sexual dysfunctions include lack of desire, inadequate lubrication, erectile difficulties, and difficulties attaining orgasm.
- Sexual dysfunctions may result from guilt, fear, anger, stress, anxiety, depression, medical problems, medication, or relationship difficulties.
- Some sexual dysfunctions may indicate undiagnosed medical problems or relationship difficulties.
- Most sexual dysfunctions can be effectively managed through treatment or therapy with a specially trained professional.
- For some couples, honest communication can solve sexual problems.
- At one time or another, nearly everyone will experience a sexual concern or dysfunction.
- A person concerned about sexual functioning can talk to a trusted adult or health care provider.
- There are mental health professionals, including sex therapists, who can help individuals and couples deal with sexual dysfunction.

Key Concept 5:
Sexual Health

The promotion of sexual health requires specific information and attitudes to avoid unwanted consequences of sexual behavior.

Level 1
middle childhood,
ages 5 through 8;
early elementary school

Level 2
preadolescence,
ages 9 through 12;
upper elementary school

Level 3
early adolescence,
ages 12 through 15;
middle school/
junior high school

Level 4
adolescence,
ages 15 through 18;
high school

Sexual Health Life Behaviors:

Having applied the sexual health subconcepts at the appropriate age, the learner will be able to:

- Practice health-promoting behaviors, such as regular check-ups, breast and testicular self-exam, and early identification of potential problems.
- Use contraception effectively to avoid unintended pregnancy.
- Avoid contracting or transmitting a sexually transmitted disease, including HIV.
- Act consistently with one's own values when dealing with an unintended pregnancy.
- Seek early prenatal care.
- Help prevent sexual abuse.

Topic 1: Reproductive Health

Subconcept: Men and women must care for their reproductive health.

Developmental Messages:

Level 1

- Girls and boys need to take care of their bodies during childhood and adolescence.
- Like other body parts, the genitals need care.

Level 2

- Boys and girls should keep their genitals clean, healthy, and free from injury.

Level 3

- After a girl's breasts have developed, she needs to examine them each month using the correct breast self-examination procedure.
- After puberty, a boy needs to examine his testicles regularly using the correct testicular self-examination procedure.
- Young women should begin to receive regular gynecological exams, including pap smears, breast examinations, and/or STD testing, when they begin to engage in oral, vaginal, or anal intercourse or turn 18, whichever happens first.
- Young men should begin to receive regular sexual health exams from a general practitioner or urologist that include testicular exams and/or STD testing when they begin to engage in oral, vaginal, or anal intercourse or turn 18, whichever happens first.
- Individuals who suspect something is wrong with their sexual or reproductive organs, such as genital discomfort or itching or a lump in a breast or testicle, should seek medical attention immediately.
- Untreated STDs during adolescence can be especially dangerous to a boy's or girl's future reproductive capability.
- Drug use during adolescence can be especially dangerous to a boy's or girl's future reproductive capability.

Level 4

- Older men and women need to be regularly tested for such health issues as prostate cancer or breast cancer.
- Women and men in the workplace should be informed regarding any environmental hazards that could harm their reproductive system and the precautions necessary to avoid those hazards.

Topic 2: Contraception

Subconcept: Contraception enables people to have sexual intercourse and avoid unintended pregnancy.

Developmental Messages:

Level 1

- Some people have children and others do not.

- Each family can decide how many children to have, if any.

Level 2

- When a man and a woman want to have vaginal intercourse without having a child, they can use contraception to prevent pregnancy.
- Some religions and cultures teach that contraception is acceptable while others do not approve of using contraception.
- Decisions about using contraception are based on personal values, comfort with one's body, cultural traditions, availability of methods, and other factors.

Level 3

- Young people who are considering sexual intercourse should talk to a parent or another adult about their decision and about contraception.
- There are many different methods of contraception.
- Some contraceptive methods require a visit to a healthcare provider and a prescription while others are available "over-the-counter."
- Nonprescription ("over-the-counter") methods include male and female condoms, foam, gels, and suppositories.
- Young people can buy nonprescription contraceptives in a pharmacy, grocery store, market, or convenience store.
- Prescription methods include birth control pills, birth control injections, the birth control patch, the birth control ring, the diaphragm, cervical cap, and intrauterine devices (IUD).
- In most states, young people can get prescriptions for contraception without their parents' permission.
- Other methods of preventing pregnancy include abstinence, withdrawal, and natural family planning.
- Male and female sterilization are permanent methods of contraception.
- Each method of contraception has advantages and disadvantages.
- Certain contraceptive methods may not be appropriate for individuals with specific health issues.
- Some methods of contraception, such as withdrawal, are not as effective as others.
- Some methods of contraception, such as condoms, can also prevent the transmission of STDs/HIV.
- The most effective methods of contraception, such as the Pill, injection, and the birth control patch, do not help prevent the transmission of STDs/HIV.
- Couples who want to reduce their risk for both pregnancy and STDs/HIV need to use male or female condoms along with another effective method of contraception.
- Any method of contraception, in order to be effective in preventing pregnancy and STDs/HIV, must be used consistently and correctly.
- Although most contraceptive methods are made for the female body, men and women should make decisions about methods together.

Level 4

- A person whose religious or cultural teachings prohibit contraception may have to decide between those teachings, the risk of unintended pregnancy or STDs/HIV, and his/her decision to have vaginal, oral, or anal intercourse.
- When choosing contraception, people must weigh the advantages and disadvantages of a particular method as well as its effectiveness in preventing pregnancy and STDs/HIV.
- People should choose a method that they will use effectively and consistently.
- People can find creative and sensual ways to integrate contraception into their sexual relationships.
- Emergency contraception is a high dose of birth control pills that when taken shortly after vaginal intercourse can prevent pregnancy.
- Women who have had unprotected vaginal intercourse or whose contraceptive method failed can obtain emergency contraception from their health care provider or pharmacist.
- Emergency contraception should not be used as a primary method of birth control.

Topic 3: Pregnancy and Prenatal Care

Subconcept: Women who are pregnant or considering becoming pregnant should take care of their reproductive health and seek prenatal care.

Developmental Messages:

Level 1

- A pregnant woman must take extra care of her health with exercise, healthy foods, and frequent visits to her healthcare provider.
- Most babies are born healthy.
- Smoking, drinking alcohol, and using other drugs can hurt a fetus before it is born.

Level 2

- Birth defects may cause lifetime health or developmental problems.
- Pregnancy can happen anytime a girl/woman has unprotected vaginal intercourse with a boy/man.

Level 3

- When a woman decides to try to become pregnant or becomes pregnant, she should begin routine prenatal care; follow nutrition guidelines; avoid tobacco, alcohol, and other drugs; and consider being tested for STDs/HIV.
- If a woman suspects she is pregnant, she should consult a healthcare provider.
- Whether a woman decides to terminate a pregnancy or carry it to term, early discussions and medical care are important.
- STDs/HIV during pregnancy can result in birth defects.

- Men and women should be examined for STDs/HIV prior to conception.
- Pregnant teenagers need special medical care and support.
- Childbirth is a natural process that is usually safe for the pregnant woman and the baby.
- A woman can choose to have certain individuals, such as the father of the baby or family members, present during labor and delivery.
- Miscarriages may result from a maternal infection but most often occur because of genetic abnormalities in the fetus.
- Regardless of the mother's or father's age, health status, diet, or genetic background, some babies are born with medical problems or die in infancy.
- Some genetic disorders can cause birth defects or infant death.
- Men and women should find out if there are genetic disorders in their family before attempting a pregnancy.
- Some genetic disorders are so serious that men and women who are carrying them often decide to adopt a child instead of risking having a baby with the disorder.
- Most major medical centers have genetic counselors who can help people with family genetic disorders make decisions about having children.
- Parents whose baby dies or is born with birth defects can get special counseling to help them cope.

Level 4

- Women and couples who unsuccessfully attempt to become pregnant can seek infertility counseling, diagnosis, and treatment.
- Same gender couples have a number of pregnancy options available to them including alternative fertilizations, surrogacy, and shared parenting arrangements.
- Couples with genetic disorders or infertility problems who desire to have children have several medical options.
- Some women with serious diseases may decide not to become pregnant or continue a pregnancy because of the risk to the fetus or to themselves.

Topic 4: Abortion

Subconcept: When a woman becomes pregnant and chooses not to have a child, she has the option of having an abortion.

Developmental Messages:

Level 1

- Sometimes women become pregnant when they do not want to be or are unable to care for a child.

Level 2

- A woman faced with an unintended pregnancy can carry the pregnancy to term and raise the baby, place the baby for adoption, or have an abortion to end the pregnancy.
- Abortion is legal in the United States up to a certain point in a pregnancy.
- Abortion must be performed by a physician or other licensed healthcare provider.
- A legal abortion is very safe.
- People have a variety of beliefs about the ethics and morality of abortion.

Level 3

- People's beliefs about abortion are based on their religious, cultural, and family values.
- Some religions support the right to an abortion while others oppose abortion.
- Deciding whether or not to have an abortion can be difficult.
- Teenagers with an unintended pregnancy can talk with their parents, other family members, religious leaders, counselors, healthcare providers, or other trusted adults.
- The right of a woman to have a legal abortion is guaranteed by the Supreme Court, although there are restrictions in some states.
- State laws vary on teenagers' rights to obtain an abortion.
- Some states require teenagers to observe a waiting period, notify their parents, obtain parental permission, or obtain a judge's permission before having an abortion.
- The law regarding teenagers and abortion in this state is_____.
- No one can force a woman to have an abortion against her will – not even her parents or her partner.
- Abortions are safest when performed in the first 12 weeks of pregnancy.
- After 24 weeks of pregnancy, an abortion is only done when the woman's life is in danger or the fetus has extreme medical problems.
- An abortion can be done in a clinic, doctor's office, or hospital.
- Having a legal abortion rarely interferes with a woman's ability to become pregnant or give birth in the future.

Level 4

- Women can choose to have surgical abortions or medical abortions, which involve taking prescription medication under the supervision of a healthcare provider.
- Emergency contraception (the "morning after pill") is not a method of abortion.
- Abortion is not a method of contraception.
- Men who are the sexual partners of women considering abortion can express their feelings and desires.
- Women have the legal right to make the final decision about whether or not to choose abortion.
- The right of women to have legal abortions is being challenged in a variety of ways in the United States.

Topic 5: Sexually Transmitted Diseases

Subconcept: Sexually transmitted diseases (STDs) can be avoided by individual preventative behaviors.

Developmental Messages:

Level 1

- Sexually transmitted diseases are caused by germs such as bacteria and viruses.
- There are many types of sexually transmitted diseases.
- People who do not engage in certain behaviors do not get STDs.
- A small number of children are born with STDs that they get from their mothers during pregnancy or birth.
- The most common ways for a person to get an STD is to participate in sexual behavior or share a needle with another person who is already infected with an STD.
- Children who find needles on the ground should not touch them and should tell an adult.

Level 2

- STDs are sometimes referred to as sexually transmitted infections or STI's.
- STDs include diseases such as gonorrhea, syphilis, HIV infection, Chlamydia, genital warts, and herpes.
- The viruses and bacteria that cause STDs are usually found in the semen, vaginal fluids, and blood of an infected person.
- STDs are most commonly passed during sexual contact, but some can also be passed by sharing unsterilized needles or from a mother to child during pregnancy, birth, or breastfeeding.
- Abstinence from sexual activity is an effective way to avoid STDs.
- STDs can be passed during vaginal, oral, or anal intercourse.
- STDs can be transmitted even if the person does not have signs of infection.
- Anyone, regardless of age or sexual orientation, can get STDs if they have sexual contact with an infected person.
- Uninfected individuals who engage in sexual behavior cannot get an STD from each other.
- A person can have more than one STD at a time and can get an STD more than once.
- Those STDs caused by bacteria, such as gonorrhea, Chlamydia, or syphilis, can be cured with prescription medication.
- Those STDs caused by viruses, such as HIV, Human Papilloma Virus (HPV – genital warts), herpes, and hepatitis, can be treated but not cured.

Level 3

- Many teenagers who have vaginal, oral, or anal intercourse will become infected with an STD.

- The major symptoms of most STDs include genital discharge, sores on the genitals or mouth, abdominal pain, painful urination, skin changes, genital itching, or sore throat.
- The symptoms of STDs can be hidden, absent, or unnoticed, especially in women.
- One cannot determine who has an STD by just looking at that person or at that person's genitals.
- The only sure way to know if someone is infected with an STD is from testing and a medical exam.
- Individuals suspecting that they have an STD should stop having sexual intercourse, promptly go to a healthcare provider for testing, and refer sexual partners to a healthcare provider as well.
- Individuals who have been sexually assaulted should be tested for STDs.
- Public STD clinics, private doctors, family planning clinics, and hospitals are places for STD testing, treatment, and counseling.
- STDs can be detected through blood tests; urine tests; or vaginal, penile, or throat swabs.
- Routine medical exams do not typically check for STDs: therefore, individuals wishing to be tested must ask their healthcare provider.
- Persons infected with STDs should encourage their partner(s) to seek medical care.
- Sexual partners can reinfect each other with an STD unless both get proper treatment.
- Untreated STDs can lead to serious health problems, including infertility.
- Teenagers can get confidential testing and treatment for STDs without parental consent.
- Some communities have support groups for people with STDs.
- Professional counseling and support can be helpful for persons infected with an STD.
- Persons infected with STDs can lead satisfying and productive lives.
- Hepatitis B is the only STD that can be prevented by a vaccine.
- Proper use of latex condoms, along with water-based lubricants, can greatly reduce but not eliminate the chance of getting an STD.
- Dental dams, latex barriers used during oral sex, can reduce but not eliminate the risk of STD transmission.
- An uninfected couple can avoid STDs by practicing mutual monogamy.
- Individuals should discuss concerns about STDs with their sexual partner(s).
- In this community, call _____ for STD information and medical services.

Level 4

- Individuals can help fight STDs by serving as an accurate source of information, by being a responsible role model, and by encouraging others to protect themselves.

Topic 6: HIV and AIDS

Subconcept: HIV infection can be avoided by individual preventative behavior.

Developmental Messages:

Level 1

- HIV stands for Human Immunodeficiency Virus.
- Once a person gets HIV, he/she will have it for the rest of his/her life.
- HIV causes AIDS, which stands for Acquired Immune Deficiency Syndrome.
- People who have HIV or AIDS are more at risk of getting infections, diseases, and other illnesses.
- People with HIV who work hard to stay healthy can live for a very long time.
- There are medicines that people with HIV or AIDS can take to help them stay healthier and live longer.
- People who do not engage in certain behaviors do not get HIV or AIDS.
- A small number of children are born with HIV that they get from their mothers during pregnancy, birth, or breastfeeding,
- The most common ways for a person to get HIV is to participate in sexual behavior or share a needle with another person who is already infected with HIV.
- A person cannot become infected with HIV by being around, touching, or hugging someone who has HIV or AIDS.
- HIV is found in the blood of infected people; it is never a good idea to touch another person's blood.
- Children who find needles on the ground should not touch them and should tell an adult.

Level 2

- HIV is usually found in the blood, semen, vaginal fluids, and breast milk of an infected person.
- HIV can be transmitted even if the person does not have signs or symptoms of infection.
- Anyone can get HIV.
- Individuals who avoid blood, semen, vaginal fluids, and breast milk of other people by abstaining from sexual activity and not sharing needles greatly lower their risk of HIV infection.
- HIV is not spread by casual, social, or family contact, by insects, or by donating blood.
- HIV attacks an infected person's immune system, making it much harder for her/him to fight off infections.
- To have AIDS means that HIV has done enough damage to the body that the immune system is weak and certain serious diseases have developed.
- Some children may have parents, family members, or friends who have HIV or AIDS.
- People who have HIV or AIDS can enjoy happy and productive lives.
- People who have HIV or AIDS need the support of family and friends.

Level 3

- Some sexual behaviors that do not involve exposure to another person's semen, vaginal fluid, or blood (such as masturbation and hugging) pose no risk for HIV infection.

- HIV can be transmitted by vaginal, oral, or anal intercourse regardless of the gender(s) of the partners.
- Latex condoms can greatly reduce, but not eliminate, the risk of HIV transmission during intercourse.
- Dental dams, latex barriers used during oral sex, can reduce but not eliminate the risk of HIV transmission.
- Exposure to blood by sharing needles for drug use, piercing, or tattooing can put an individual at risk for HIV infection.
- People infected with HIV may look and feel healthy and not be aware that they are infected.
- People infected with HIV are sometimes referred to as being HIV positive.
- The only way to know for sure that one is infected with HIV is to be tested by a healthcare provider.
- Healthcare providers test for the presence of HIV antibodies by an oral swab or blood test.
- Teenagers are usually able to get tested for HIV without parental permission; to learn more about HIV testing in this community call _____.
- HIV attacks specific cells in one's immune system called CD4 cells that defend the body against infection and disease.
- Individuals with weaker immune systems because of HIV are more susceptible to common illnesses.
- The common illnesses that affect people with HIV or AIDS who have weakened immune systems are often referred to as opportunistic infections.
- AIDS is a diagnosis that healthcare providers make when a person infected with HIV has a lowered CD4 cell count and/or opportunistic infections.
- It can take several years after becoming infected with HIV for symptoms of AIDS to appear.
- Teenagers who become infected with HIV will probably not develop AIDS until they are much older.
- The first symptoms of AIDS are similar to common minor illnesses and can include one or more of the following: fatigue, swollen lymph glands, fever, loss of appetite and weight, diarrhea, persistent yeast infections, and night sweats.
- There are medicines to help treat individuals infected with HIV or diagnosed with AIDS.
- There is no cure for HIV or AIDS.
- Many communities have support groups for people with HIV or AIDS.

Level 4

- Healthcare providers and other professionals who may be exposed to patients' blood, semen, vaginal fluids, or breast milk should observe universal precautions, including avoiding bodily fluids and using latex gloves.
- People can always reduce their risk of HIV infection by abstaining from certain behaviors, using condoms and other latex barriers, and using only clean or sterilized needles.
- HIV/AIDS is a global pandemic, affecting almost every country in the world.
- Certain regions of the world, such as sub-Saharan Africa and southeast Asia, are particularly hard hit by the HIV/AIDS pandemic and often lack the resources needed to prevent and treat this disease and deal with its lasting impact.

- Individuals with HIV or AIDS are often discriminated against and may fear letting people know their status.
- There are laws in the United States to protect individuals with HIV or AIDS from discrimination.
- Individuals with HIV or AIDS need help, love, and support from family, friends, and community.
- By taking precautions and preventing the spread of HIV/AIDS whenever possible, individuals can contribute to stemming the impact of the pandemic.
- Individuals can make a difference in the global AIDS pandemic by donating money, time, or resources to increase awareness, improve prevention education, and help individuals infected with HIV or AIDS.

Topic 7: Sexual Abuse, Assault, Violence, and Harassment

Subconcept: Individuals have the right to maintain boundaries that will help prevent or stop sexual abuse, assault, violence, and harassment; no one should coerce, abuse, or assault another person.

Developmental Messages:

Level 1

- One's body belongs to oneself.
- There are parts of one's body that are considered to be private, including one's mouth, nipples, breasts, chest, penis, scrotum, vagina, vulva, and buttocks.
- No one should touch the private parts of a child's body except for health reasons or to clean them.
- Children should not touch the private parts of other people's bodies.
- Child sexual abuse is when someone touches the private parts of a child's body without a health or hygiene reason.
- Sexual abuse can also occur when someone asks a child to touch the private parts of his/her body.
- Both boys/men and girls/women can be sexually abused.
- Everyone, including children, has the right to tell others not to touch their body when they do not want to be touched.
- If a child experiences unwanted or uncomfortable touching, he/she should tell a trusted adult, even if he/she was told to keep it a secret.
- Children can be sexually abused by a stranger or by someone they know.
- A child is never at fault if a person – even a family member – touches him/her in a way that is wrong or uncomfortable.
- If a stranger tries to get a child to go with him/her, the child should run and tell a parent, teacher, neighbor, or other adult.
- Most people would never abuse children.

Level 2

- Sexual abuse is very common, even though many people do not want to talk about it.
- Sexual abuse is most often committed by someone the child knows.

- An abuser can be an adult, a teenager, or child, and can be male or female.
- Most sexual abuse involves some kind of secrecy, bribery, trickery, threat, or force.
- If a child experiences unwanted or uncomfortable touching, he/she should tell a trusted adult; if that adult doesn't believe or help him/her, the child should tell another adult, and keep telling until someone helps.
- Sexual abuse may or may not involve touch.
- When people are sexually abused they can have many conflicting emotions including feeling confused, angry, scared, guilty, ashamed, alone, worthless, depressed, and helpless, or feeling special, wanted, loved, needed, and cared for.
- There are many people who can help young people who have been abused, including school counselors, teachers, doctors, religious leaders, and police.
- Although chatting or meeting people online can be fun, individuals should be cautious because it can be unsafe.
- Some people use the Internet to trick young people into sexually abusive situations.
- Sexual harassment is unwanted and uninvited sexual attention such as teasing, touching, or taunting.
- Sexual harassment is against the law.
- This school's sexual harassment policy is _____.

Level 3

- Sexual abuse involving touch can include kissing, an abuser touching "private parts," touching the abusers "private parts," being asked to touch one's own "private parts," or engaging in vaginal, oral, or anal intercourse.
- Sexual abuse not involving touch can include being shown pornographic movies, magazines, websites, or other materials; taking photos, videos, or other recordings; or watching sexual acts.
- Sexual coercion is when a person uses threats or force in order to engage in sexual behavior with another person.
- No one should coerce another person into engaging in any type of sexual behavior.
- Sexual assault is a person forcing another person to have any type of intimate sexual contact.
- Sexual assault can occur with physical or psychological force.
- When sexual assault involves penetration of the vagina or anus it is called rape.
- Both boys/men and girls/women can be sexually assaulted, although it is more commonly reported by girls/women.
- People who are sexually assaulted are never at fault.
- Sexual assault by an acquaintance, a friend, or a date is often called acquaintance rape or date rape.
- One should never force another person to engage in any type of sexual behavior.
- Sexual assault is a crime.
- A person who is sexually assaulted can report the assault to the police who may start an investigation.

- Tools that can help protect individuals in potential sexual assault situations include learning self-defense techniques, assessing whether a situation may be dangerous, avoiding alcohol and other drugs, and developing assertiveness skills.
- Not all sexual abuse, assault, violence, and harassment can be prevented.
- Domestic violence is psychological, physical, and/or sexual abuse between people in an intimate relationship who are dating, living together, or married.
- Psychological, physical, and/or sexual abuse between people who are dating is also known as dating violence.
- Many people who commit sexual abuse, assault, or domestic violence experienced abuse at some point in their lives.
- Many community resources can help individuals who have survived sexual harassment, assault, or other forms of violence, including counselors, teachers, doctors, religious leaders, rape crisis centers, domestic violence organizations, and the police.
- Sexual harassment can occur in a variety of settings including schools, the workplace, and extracurricular programs.
- In this community, you can call _____ for information on sexual abuse, sexual assault, domestic violence, or sexual harassment.

Level 4

- People who have been sexually abused or assaulted may benefit from support, counseling, and medical care.
- Whether or not to report sexual abuse, assault, violence, or harassment, is a personal decision that can be difficult for survivors to make.
- The investigation and/or trial resulting from reported sexual abuse, assault, violence, or harassment can be a difficult experience for survivors.

Key Concept 6:
Society and Culture

Social and cultural environments shape the way individuals learn about and express their sexuality.

Society and Culture Life Behaviors:

Having applied the society and culture subconcepts at the appropriate age, the learner will be able to:

- Demonstrate respect for people with different sexual values.
- Exercise democratic responsibility to influence legislation dealing with sexual issues.
- Assess the impact of family, cultural, media, and societal messages on one's thoughts, feelings, values, and behaviors related to sexuality.
- Critically examine the world around them for biases based on gender, sexual orientation, culture, ethnicity, and race.
- Promote the rights of all people to accurate sexuality information.
- Avoid behaviors that exhibit prejudice and bigotry.
- Reject stereotypes about the sexuality of different populations.
- Educate others about sexuality.

Level 1
middle childhood,
ages 5 through 8;
early elementary school

Level 2
preadolescence,
ages 9 through 12;
upper elementary school

Level 3
early adolescence,
ages 12 through 15;
middle school/
junior high school

Level 4
adolescence,
ages 15 through 18;
high school

Topic 1: Sexuality and Society

Subconcept: Society influences what people believe and how they feel about sexuality.

Developmental Messages:

Level 2

- Boys and girls get messages early in their life about how they are supposed to act, dating, and sexual behaviors.
- Individuals should not make decisions based solely on what their peers are doing.

Level 3

- Every culture communicates norms and taboos about sexuality.
- Different cultures may have widely varying views about sexuality.
- In a pluralistic society, an individual's right to hold different opinions is valued.
- The messages one receives about sexuality may vary depending on his/her age or gender.
- Societal messages about sexuality are often confusing and contradictory.
- Messages received about sexuality from one's family and culture may be different from general societal messages.
- It can be difficult to sort through and understand conflicting messages about sexuality.
- Individuals need to critically evaluate messages received from different sources and establish guidelines for their own behavior.
- Holding values that are different from one's family and culture is often difficult.
- In most schools, there are unwritten norms about sexuality for teenagers.

Level 4

- Because of the wide range of sexual values and beliefs, people need to communicate their views to their friends and partners in order to negotiate behaviors that are acceptable to everyone involved.
- Understanding the diversity of views about sexuality is important.

Topic 2: Gender Roles

Subconcept: Cultures teach what it means to be a man or a woman.

Developmental Messages:

Level 1

- Girls and boys have many similarities and a few differences.

- Some people may expect or demand that boys and girls behave in certain ways, but this is beginning to change.
- Both women and men can be involved and caring parents.
- Boys and girls can do the same chores at home.
- Men and women are capable of doing almost all the same jobs.
- Some men and women may be told that certain jobs and tasks are only for women or only for men, but this is beginning to change.

Level 2

- Boys and girls receive messages about how they should behave from their families, friends, the media, and society.
- The belief that all people of the same gender should behave the same way is called a stereotype.
- People often expect girls and boys to behave stereotypically.
- Some families have different expectations for their boy and girl children.
- Sometimes people receive unequal or negative treatment because of their gender.
- Certain laws and rules protect women's and men's rights.
- Boys and girls can have equal talents, characteristics, strengths, and hopes for their future.
- Girls and boys can be friends and respect each other.

Level 3

- Attitudes about proper behavior for men and women differ among families, cultures, and individuals.
- Some families and cultures have different expectations and rules about sexual practices for females and males.
- Accepting gender role stereotypes can limit a person's life.
- Individuals should be allowed to make their own choices about appropriate roles for themselves as men and women.
- The way a person expresses his/her gender does not necessarily have anything to do with whether that person is heterosexual, gay, lesbian, or bisexual.
- Young men and young women should be given the same opportunities.
- Laws protect young women's and men's rights to participate equally in athletic activities.
- Laws protect women's and men's rights to hold jobs.

Level 4

- Gender role stereotypes can lead to problems for both men and women such as poor body image, low aspirations, low paying jobs, relationship conflict, stress-related illness, anxiety about sexual performance, sexual harassment, and date rape.

- Gender role stereotypes are harmful to both men and women.
- Some people, primarily women and girls, are still denied equal treatment on the basis of gender even though laws prohibit discrimination.
- In a sexual relationship, both partners, regardless of gender, have equal rights and responsibilities.

Topic 3: Sexuality and the Law

Subconcept: Certain laws govern sexual and reproductive rights.

Developmental Messages:

Level 3

- The Supreme Court has ruled that, to a certain extent, people have the right to make personal decisions concerning sexuality and reproductive health matters, such as abortion, sterilization, and contraception.
- State laws govern the age of consent for sexual behaviors.
- Age of consent laws are gender neutral.
- The law in this state concerning the age of consent is_____.
- Sexual abuse, assault, and harassment are illegal in all states.

Level 4

- Many states have laws requiring HIV prevention and sexuality education.
- Some states and cities have passed laws banning discrimination on the basis of sexual orientation.
- Some cities and municipalities have passed or are considering laws banning discrimination on the basis of gender identity.
- Laws are currently being developed to govern new reproductive technologies.
- Courts across the United States are currently debating legal issues concerning same-sex marriage.
- The Supreme Court recently ruled that state laws restricting certain types of sexual behavior between consenting adults were unconstitutional.
- Court cases have provided guidelines for determining what is obscene, including whether the material portrays sexual conduct in an offensive way, is without value, and if a "reasonable" person would find the work to possess no social value.
- Public nuisance behavior, such as exhibitionism and voyeurism, are illegal in most states.
- Prostitution is illegal in all states except Nevada.
- Child pornography is illegal.

Topic 4: Sexuality and Religion

Subconcept: Religions' views about sexuality affect people's sexual attitudes and behaviors.

Developmental Messages:

Level 1

- Some families go to a church, mosque, or synagogue to worship; some families do not.
- Religions teach people how to love each other, how to behave, and what is right and wrong.
- Different religions may promote similar or different values.

Level 2

- Some people consider themselves spiritual without necessarily belonging to a particular religion.
- Many religions teach that sexual intercourse should occur only in marriage.

Level 3

- All world religions have views about sexuality and its place in the human experience.
- Some religions have more liberal and moderate views on sexuality, while others are more conservative.
- One's religious values can play an important role in sexual decision-making.
- When people's values about sexuality differ from those taught by their religion, they may experience conflict.

Level 4

- Some people continue to respect their religion's teaching and traditions but believe that some specific views are not personally relevant.
- Partners with very different religious backgrounds may have difficulty reaching agreements about their sexual relationship.
- Contemporary religions struggle with many issues related to sexuality and reproduction.
- A growing number of congregations openly welcome gay, lesbian, bisexual, and transgender people.

Topic 5: Diversity

Subconcept: Our society has a diversity of sexual attitudes and behaviors; some people are unfairly discriminated against because of the way they express their sexuality.

Developmental Messages:

Level 1

- Individuals differ in the way they think, act, look, and live.
- Talking about differences helps people understand each other better.
- The belief that all members of a group will behave the same way is called a stereotype.

- Stereotypes can hurt people.
- All people should receive fair and equal treatment.
- People who are different are often treated negatively or unequally, which is unfair.

Level 2

- Culture, race, ethnicity, religion, biological sex, sexual orientation, gender identity, physical ability, and age all play a role in how individuals appear, think, and behave.
- People are sometimes discriminated against because of race, culture, ethnicity, language, socio-economic class, age, and disability.
- People are sometimes discriminated against because of biological sex, appearance, sexual orientation, gender identity, family, and living arrangements.
- Discrimination can lead to lower self-esteem, unequal opportunities, and physical and emotional problems.
- Discrimination has negative consequences for the individual, family, community, and society.
- Discrimination limits a society's ability to utilize the full potential of all its members.
- Discrimination is illegal.
- Young people who believe they are being discriminated against should tell a parent or other adult.

Level 3

- People's lives are enriched when they understand and celebrate diversity.
- Societies work best when different groups respect each other's views.
- People have the right to speak up when they encounter discrimination and when they see others being discriminated against.
- Laws, policies, and procedures can help individuals fight discrimination.

Level 4

- Examining one's views about diversity occurs throughout life.
- Confronting one's own biases and prejudices can be difficult.
- Workplaces benefit from having employees from diverse backgrounds.

Topic 6: Sexuality and the Media

Subconcept: The media has a profound effect on sexual information, values, and behavior.

Developmental Messages:

Level 1

- Some information on television, in the movies, in books and magazines, on the radio, and on the Internet is true and some is not.
- Some commercials, television shows, movies, and magazines make people and things look different or better than they really are.
- Some television programs, movies, and websites are not appropriate for young children.

Level 2

- The media can influence the way people think and behave.
- The media often presents an unrealistic image of what it means to be male or female, what it means to be in love, and what parenthood and marriages are like.
- No one looks as perfect in real life as certain actors and actresses appear in the media.
- The media sometimes negatively portrays groups of people by using stereotypes.
- A parent or trusted adult can help when media messages are confusing.
- Parents have the right to determine what is appropriate viewing material for their own children.
- Young people may need to ask a parent or trusted adult for help in determining what information in the media is accurate and what is not.
- People can refuse to watch, read, and/or listen to anything that offends them.

Level 3

- The media usually does not portray sexuality realistically.
- Soap operas, talk shows, and movies may give inaccurate and unrealistic information and portrayals of sexuality.
- Real relationships require more effort than is often portrayed in the media.
- The media sometimes portrays stereotypes about the sexuality of certain groups.
- The media primarily depicts and focuses on heterosexual people and relationships.
- Some television shows and movies provide positive models of relationships and sexuality.
- People who recognize that the images in the media may be stereotypical and unrealistic are less likely to be negatively affected by them.
- Teens and adults have a responsibility to help younger children avoid or deal effectively with media influences.
- Although chatting or meeting people online can be fun, individuals should be cautious because it can be unsafe.
- Communicating one's reactions to the media about the portrayal of sexual issues is important.

Topic 7: Sexuality and the Arts

Subconcept: Sexual and erotic images are common themes in art.

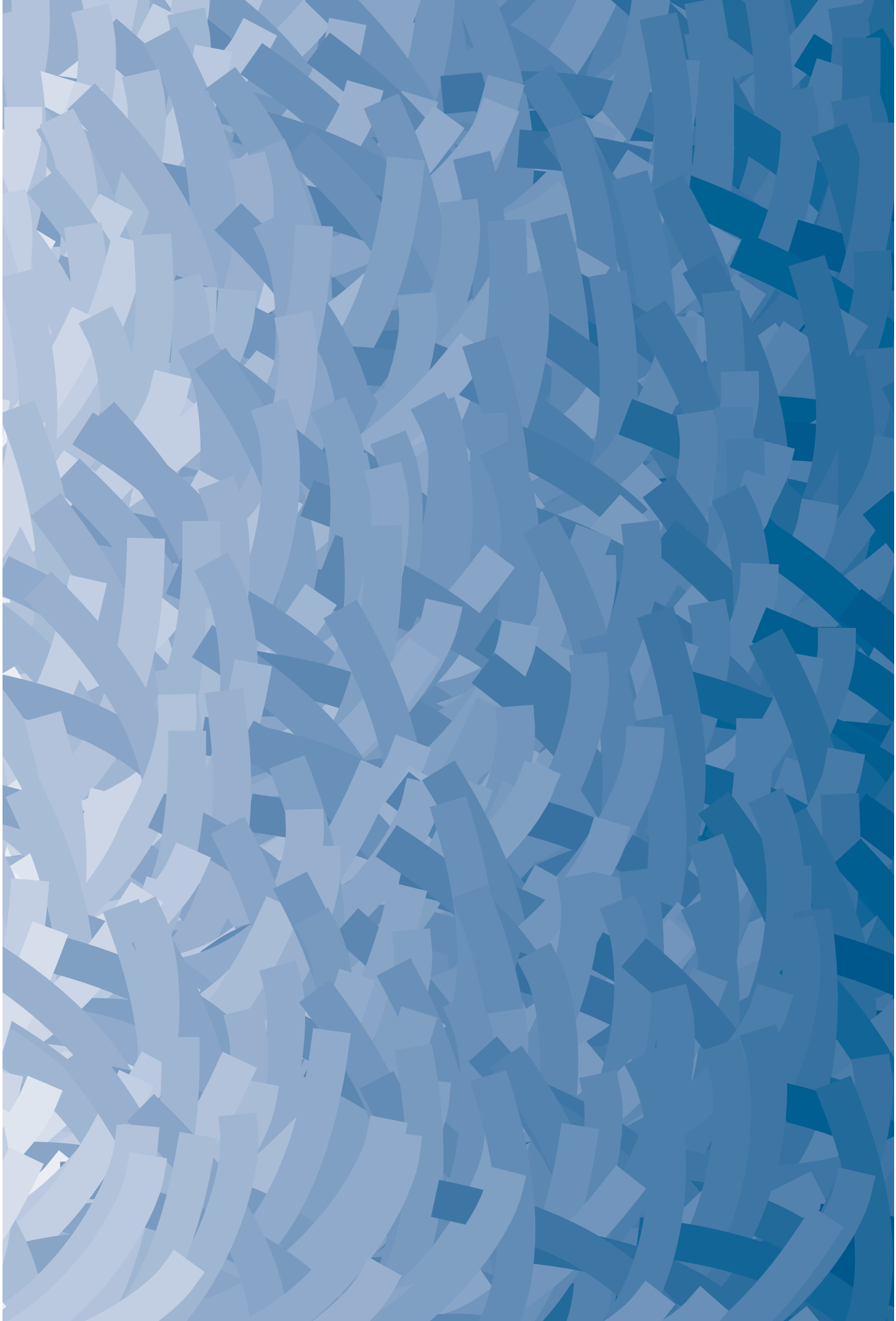
Developmental Messages:

Level 3

- Sexual images are often depicted in the arts, such as music, films, drama, and literature.

Level 4

- The nature of sexual images in art changes throughout history.
- What one person might consider to be erotic art another person may not.
- Erotic images in art reflect society's views about sexuality and help people understand sexuality.
- Art with sexual images that reflect one culture's norms may be considered obscene in another culture.
- Some people try to regulate or eliminate sexual images in art.



Using the *Guidelines*

The *Guidelines* were designed as a framework for comprehensive sexuality education; as such, they can be used to create new programs or evaluate existing curricula and material. SIECUS believes that the *Guidelines* are an excellent starting point for both experienced sexuality education teachers and educators new to this topic. The following section is designed to give educators additional information, ideas, and encouragement for turning the *Guidelines* into a high-quality, comprehensive sexuality education program for young people in their school or community.

Prioritizing Topics

The task force designed the *Guidelines* to include all of the concepts and topics that young people need to learn in order to become sexually healthy adults. Ideally, all sexuality education programs would cover all of the concepts, topics, and developmental messages included in the *Guidelines*. SIECUS realizes, however, that due to constraints on time, staff, and other resources, many programs will not be able to tackle every topic in the *Guidelines*.

Educators and curriculum developers who find themselves in this position may need to start by choosing the topics they will cover. Decisions about topics are most often based on the amount of time and resources that can be devoted to a program as well as the needs of the young people involved.

Educators can use the key concepts and topics as a jumping off point and then work with staff, parents, and/or young people to narrow down and prioritize this list. Many educators prioritize topics based on their personal observations of the needs of the young people they work with. For example, after hearing young people spread misinformation about reproduction or demonstrate a lack of information about anatomy, an educator may choose to focus a program or lesson on *Key Concept 1: Human Development*. It can also be helpful to ask young people directly for their input in determining which topics will be covered.

The following exercise is designed to be conducted in a group setting—with educators, administrators, parents, or young people. Whether educators are evaluating an existing curriculum or creating a new one, this exercise can help them choose topics and determine priorities.

Prioritizing Topics Activity

On a sheet of paper, the facilitator should list all 39 topics suggested in the *Guidelines*, with a blank space in front of each for a score. Make one copy of this sheet for each participant and save one sheet to tally the final scores at the end of the activity. Also recreate this list on a large piece of newsprint so the whole group can view the final results.

Give each person a sheet with the 39 topics and explain that each individual has 15 points that he/she can assign to the topics listed. They can assign the points any way they want—i.e., he/she can give one topic 15 points, 15 topics one point each, or three topics five points each—however, no one can exceed 15 points total. Explain that ultimately the topics that get the most points will be considered the top priorities.

After giving each person 5–7 minutes to decide on their totals, have them share their score sheets with the whole group. Ask people to explain why they distributed their points in the way that they did. As each person presents, the facilitator should keep a tally of how the points are distributed and note the similarities and differences in the scores given.

After all the participants have shared their individual scores and the results have been tallied, note which topics received the highest scores. These are the ones the whole group has decided are most important. Allow the group an opportunity to negotiate and reprioritize based on the discussion.

Filling in the Gaps

While the *Guidelines* contain the key concepts, topics, and messages for a comprehensive program, they are not a curriculum; therefore, specific information is often left out. For example, the *Guidelines* suggest that students in early elementary school learn that "Each body part has a correct name and a specific function," and that "A girl/woman has breasts, nipples, a vulva, a clitoris, a vagina, a uterus, and ovaries." They do not, however, explain the specific function of each of these parts to students or educators. It is the responsibility of educators to fill in this information when necessary.

Whether educators are using the *Guidelines* to evaluate existing curricula or create new materials, it is important to have basic, accurate information about sexuality. Such background information can help individuals determine if the curriculum they are reviewing contains accurate, unbiased information and can be an essential base for any lessons that are developed. Numerous books and other resources are available to help educators review basic information and share it with young people.

Resource Manuals

There are a number of books and manuals that can serve as excellent reference sources for educators to review basic information, confirm facts or figures, and seek answers to questions they may have. Educators may want to invest in a college-level human sexuality textbook, many of which provide introductory information in a straightforward manner and can serve as a valuable resource for both new and experienced teachers. Educators may also be interested in reference manuals that provide more in-depth information on specific topics such as women's health or contraception. Some available textbooks and resource manuals include:

- *Exploring the Dimensions of Human Sexuality*, by Jerrold S. Greenberg, Clint E. Bruess, and Debra Haffner; Jones and Bartlett; 40 Tall Pine Drive, Sudbury, MA, 01776; 978/443-5000; www.jbpub.com.

- *Our Sexuality*, by Robert Crooks and Karla Baur; Wadsworth Publishing/Thompson Learning; P.O. Box 6904, Florence, KY, 410022; 800/354-9706; www.wadsworth.com.

- *Our Bodies, Ourselves*; Our Bodies Ourselves; 34 Plympton Street, Boston, MA 02118; 617/451-3666; www.ourbodiesourselves.org.

- *Contraceptive Technology*, by Robert A. Hatcher, et al; Ardent Media; Box 286, Cooper Station P.O., New York, NY, 10276; 800/218-1535; www.managingcontraception.com.

For additional resources see SIECUS' Annotated Bibliography: Resources for Professionals *(available online at www.siecus.org) or contact SIECUS' Mary S. Calderone Library at 212/819-9770.*

Websites

The Internet can also be a valuable source of basic information and statistics on such topics as contraceptive methods, STDs, and HIV. Scientific information and statistics on these topics frequently change and educators will need to continually update their information. Websites can be particularly useful on such topics as they are reviewed and revised more often than printed publications. At the same time, there is a great deal of inaccurate and biased information available on the Internet and it is important to use only reliable sources. Some reliable websites include:

STDs

- Centers for Disease Control and Prevention, Division of Sexually Transmitted Diseases
  www.cdc.gov/std
- Centers for Disease Control and Prevention, National Prevention Information Network, a service of the CDC National Center for HIV, STD, and TB Prevention
  www.cdcnpin.org
- The American Social Health Association
  www.ashastd.org

HIV

- Centers for Disease Control and Prevention, Division of HIV and AIDS Prevention
  www.cdc.gov/hiv/dhap.htm
- Centers for Disease Control and Prevention, National Prevention Information Network, a service of the CDC National Center for HIV, STD, and TB prevention
  www.cdcnpin.org

- University of California at San Francisco, Center for AIDS Prevention Studies
  www.caps.ucsf.edu

Contraception and Pregnancy

- Planned Parenthood Federation of America
  www.ppfa.org
- United States National Library of Medicine and National Institutes of Health
  www.nlm.nih.gov/medlineplus/birthcontrol.html
- Not-2-Late.com; The Emergency Contraception Website
  www.not-2-late.com

For links to additional websites, see SIECUS' website at www.siecus.org.

Books for Young People

While the *Guidelines* present age-appropriate messages, these are not meant to be read verbatim or incorporated into lesson plans word-for-word. One of the challenges for educators may be determining the best language to use when presenting information to students. Numerous books have been developed for young people of various ages that explain many of the topics recommended in the *Guidelines* including puberty, relationships, sexual orientation, and contraception. Educators may find that such books help them develop the most appropriate and effective language for their students. Some available books for young people include:

- *It's So Amazing: A Book About Eggs, Sperm, Birth, Babies, and Family*, by Robie H. Harris, Penguin Putnam; 405 Murray Hill Parkway, East Rutherford, NJ 07073; 800/788-6262; www.penguinputnam.com.

- *It's Perfectly Normal: Changing Bodies, Growing Up, Sex and Sexual Health*, by Robie H. Harris; Penguin Putnam; 405 Murray Hill Parkway, East Rutherford, NJ 07073; 800/788-6262; www.penguinputnam.com.

- *The What's Happening to My Body? Book for Boys: A Growing Up Guide for Parents and Sons The What's Happening to My Body? Book for Girls: A Growing Up Guide for Parents and Daughters*, by Lynda Madaras and Area Madaras; New Market Press; 18 E. 48th Street, Suite 1501, New York, NY, 10017; 212/832-3575; www.newmarketpress.com.

- *The Underground Guide to Teenage Sexuality*, by Michael Basso; Fairview Press; 2450 Riverside Avenue, Minneapolis, MN, 55454; 800/544-8207; www.fairviewpress.org.

- *The "Go Ask Alice" Book of Answers: A Guide to Good Physical, Sexual, and Emotional Health*, by Columbia University's Health Education Program; Owl Books; 16365 James Madison Highway, Gordonsville, VA, 22942; 888/330-8477; www.henryholt.com/owlbooks.htm.

For additional books for young people see SIECUS' Annotated Bibliography: Facts on Sexuality-Related Issues for Young People *and* SIECUS' Annotated Bibliography: Sexuality Education in the Home *(available online at www.siecus.org) or call SIECUS' Mary S. Calderone Library at 212/819-9770.*

Community Information

The *Guidelines* include a number of messages that are meant to be customized for individual schools and communities such as "This school's sexual harassment policy is _____," and "Most communities have a telephone crisis line so people can talk to someone about a problem; the local crisis line phone number is _____."

These messages are especially important in helping young people identify resources and access available services in their community. Educators may want to complete these messages for their community before a course begins or use these messages as a launching point for a research project in which students investigate the available resources and services.

Teaching Methods

SIECUS believes that sexuality education is best taught using a variety of teaching methods that allow students to gain knowledge, acquire skills, and explore their values. The *Guidelines*, however, do not recommend teaching methods or provide ideas on matching available techniques with topics. Whether educators are creating their own program or evaluating existing materials, familiarity with a wide variety of methods for teaching about sexuality can be helpful. Some available resources on teaching methods include:

- *Teaching About Sexuality and HIV: Principles and Methods for Effective Education*, by Evonne Hedgepeth and Joan Helmich; New York University Press; Washington Square, New York, NY 10003; 212/998-2575, www.nyupress.edu.

- *Sexuality Education: Theory and Practice*, Clint Bruess and Jerrold Greenberg; Jones and Bartlett; 40 Tall Pine Drive, Sudbury, MA, 01776, 978/443-5000; www.jbpub.com.

For additional resources see SIECUS' Annotated Bibliography: Resources for Professionals *(available online at www.siecus.org) or contact SIECUS' Mary S. Calderone Library at 212/819-9770.*

Evaluating Existing Curricula and Lessons

Many sexuality education resources already exist, from complete pre-packaged curricula, to lesson plans that cover one topic, to time-tested activities that have been frequently used with young people, to videos and other classroom materials.

More often than not, there is no need to reinvent the wheel. Sexuality education professionals have already created activities on almost every sexuality-related topic and these lessons can be easily modified and adapted to fit a variety of settings and age-groups.

Not all lesson plans or curricula, however, are created equal. Educators need to review all materials closely to ensure that the important topics and concepts are covered, that the information is accurate and age-appropriate, and that the resource does not rely on fear or shame. In addition, educators will want to look at whether a wide variety of teaching strategies are employed, whether the curriculum is culturally appropriate, and whether it encourages parental involvement. Finally, educators will want to make sure that the curriculum or lessons plans are based on theories and techniques that have been proven effective.

These simple questions, based on the *Guidelines* and available research, are a great place to begin.

Reviewing Topics and Messages

The *Guidelines* can help educators evaluate curriculum or lesson plans by providing a framework of suggested concepts, topics, and messages.

- Which of the six key concepts does this curriculum/lesson address?
- Which topics suggested for these key concepts are included?
- Which topics suggested for these key concepts are not included?
- Are the messages included in the curriculum/lesson similar to those suggested by the *Guidelines*?
- Are the messages included in the curriculum/lesson age-appropriate according to the *Guidelines*?
- Are there important key concepts, topics, or messages suggested in the *Guidelines* that have been left out?

Ensuring Skills Are Addressed

In addition to providing information, the best curriculum and lessons on sexuality provide young people with opportunities to learn and practice a number of important skills.

- Does the curriculum/lesson help young people build self-esteem?
- Does the curriculum/lesson help young people identify other sources of information/help?
- Does the curriculum/lesson help young people learn critical analysis skills?
- Does the curriculum/lesson help young people identify risk factors?
- Does the curriculum/lesson help young people practice decision-making and negotiation skills?
- Does the curriculum/lesson help young people practice communication skills?

Checking Accuracy and Appropriateness

It is also important to make sure that the information included in the curriculum/lesson is accurate, up-to-date, and appropriate for the students in the program.

- Is the information in the curriculum/lesson scientifically and medically accurate?
- Is the information up-to-date?
- Is the information presented in a way that is appealing to young people?
- Is the curriculum/lesson, including graphics, materials, and examples, culturally appropriate for the age, race, ethnicity, and sexual orientation of all the young people in the program?

Weeding Out Fear and Shame

Some sexuality education curricula and lessons rely on messages of fear and shame to try to control young people's sexual behavior. There is no evidence that using fear will help young people delay sexual activity, and such messages may negatively affect their views on sexuality. These questions can help educators identify and avoid fear-based materials.

- Does the curriculum/lesson indicate that pre-marital sexual behavior inevitably leads to pregnancy, STDs, guilt, bad relationships, or other negative consequences?
- Does the curriculum/lesson portray students who have engaged in sexual behavior as troubled or less worthy of respect?
- Does the curriculum/lesson portray sexuality/sexual behaviors as a force that young people cannot control?
- Does the curriculum/lesson assert that STDs and unintended pregnancy are never an issue for married people?

But Does It Work?

As with any education program, it is important to continually assess whether a program is successful. Research has shown that programs that teach young people about both abstinence and other pregnancy and disease prevention methods can help young people delay intercourse, reduce the frequency of intercourse, reduce the number of partners they have, and increase condom and contraceptive use among sexually active teens. Although the types of programs that have been found to be effective vary, noted researcher Doug Kirby has identified 10 characteristics that these programs have in common.[7] Educators evaluating curricula or lesson plans may want to keep these in mind as well.

Effective programs:

- Focus on reducing one or more sexual behaviors that lead to unintended pregnancy or HIV/STD infection.
- Are based on theoretical approaches that have been demonstrated to influence other health-related behavior and identify specific important sexual antecedents to be targeted.
- Deliver and consistently reinforce a clear message about abstaining from sexual activity and/or using condoms or other forms of contraception. This appears to be one of the most important characteristics that distinguish effective from ineffective programs.
- Provide basic, accurate information about the risks of teen sexual activity and about ways to avoid intercourse or use methods of protection against pregnancy and STDs.

- Include activities that address social pressures that influence sexual behavior.
- Provide examples of and practice with communication, negotiation, and refusal skills.
- Employ teaching methods designed to involve participants and have them personalize the information.
- Incorporate behavioral goals, teaching methods, and materials that are appropriate to the age, sexual experience, and culture of the students.
- Last a sufficient length of time (i.e., more than a few hours).
- Select teachers or peer leaders who believe in the program, and provide them with adequate training.

There are many existing curricula and compilations of lesson plans that meet the criteria set forth above. It is often just a matter of matching the right curriculum to the students and the program.

For a list of available sexuality education curricula and lesson plans see SIECUS' Annotated Bibliography: Sexuality Education Curricula *or contact SIECUS' Mary S. Calderone Library at 212/819-9770.*

CURRICULUM EVALUATION TOOL

Often, educators or curriculum review committees are charged with evaluating extensive programs or comparing the strengths and weaknesses of a number of available curricula. These individuals may need to examine each curriculum in greater detail. To help them with this sometimes daunting task, SIECUS has created the following evaluation tool based on the *Guidelines* that may be photocopied and filled in as a curriculum is read and discussed.

Curriculum .....

Publisher/Distributor .....

Address .....

.....

Phone ..... Fax .....

E-mail .....

Cost .....

Date Published ..... Date of Revisions/Updates .....

Grade Levels Included .....

Number of Lessons .....

CONCEPTS AND TOPICS COVERED

Key Concept	**1** major emphasis	**2**	**3** addressed but not a major focus / major emphasis	**4**	**5** not addressed
HUMAN DEVELOPMENT					
Reproductive and Sexual Anatomy and Physiology	**1**	**2**	**3**	**4**	**5**
Puberty	**1**	**2**	**3**	**4**	**5**
Reproduction	**1**	**2**	**3**	**4**	**5**
Body Image	**1**	**2**	**3**	**4**	**5**
Sexual Orientation	**1**	**2**	**3**	**4**	**5**
Gender Identity	**1**	**2**	**3**	**4**	**5**

Key Concept	1 major emphasis	2	3 addressed but not a major focus / major emphasis	4	5 not addressed
RELATIONSHIPS					
Families	1	2	3	4	5
Friendship	1	2	3	4	5
Love	1	2	3	4	5
Romantic Relationships and Dating	1	2	3	4	5
Marriage and Lifetime Commitments	1	2	3	4	5
Raising Children	1	2	3	4	5
PERSONAL SKILLS					
Values	1	2	3	4	5
Decision-making	1	2	3	4	5
Communication	1	2	3	4	5
Assertiveness	1	2	3	4	5
Negotiation	1	2	3	4	5
Looking for Help	1	2	3	4	5
SEXUAL BEHAVIOR					
Sexuality throughout Life	1	2	3	4	5
Masturbation	1	2	3	4	5
Shared Sexual Behavior	1	2	3	4	5
Sexual Abstinence	1	2	3	4	5
Human Sexual Response	1	2	3	4	5
Sexual Fantasy	1	2	3	4	5
Sexual Dysfunction	1	2	3	4	5

Key Concept	1 major emphasis	2	3 addressed but not a major focus / major emphasis	4	5 not addressed
SEXUAL HEALTH					
Reproductive Health	1	2	3	4	5
Contraception	1	2	3	4	5
Pregnancy and Prenatal Care					
Abortion	1	2	3	4	5
STDs	1	2	3	4	5
HIV and AIDS	1	2	3	4	5
Sexual Abuse Assault, Violence and Harassment	1	2	3	4	5
SOCIETY AND CULTURE					
Sexuality and Society	1	2	3	4	5
Gender Roles	1	2	3	4	5
Sexuality and the Law	1	2	3	4	5
Sexuality and Religion	1	2	3	4	5
Diversity	1	2	3	4	5
Sexuality and the Media	1	2	3	4	5
Sexuality and the Arts	1	2	3	4	5

ABSTINENCE AND SAFER SEX

❑ Curriculum explores benefits of abstinence.

❑ Curriculum presents abstinence without relying on fear or shame.

❑ Curriculum reaches a balance between abstinence and safer sex messages.

❑ Curriculum discusses abortion when pregnancy, parenthood, and adoption are included.

Comments: .....

.....

FEAR OR SHAME-BASED MESSAGES

Curriculum indicates that sexual behavior almost always or always leads to:

- ❑ STDs
- ❑ Pregnancy
- ❑ Bad relationships
- ❑ Guilt
- ❑ Other .....

❑ Curriculum uses derogatory terms for students who have engaged in sexual behavior.

❑ Curriculum portrays sexuality as a force that young people cannot control.

❑ Curriculum asserts that STDs and unintended pregnancy are never issues for married couples.

Comments: .....

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ACCURACY AND RELEVANCE

❑ Information is scientifically accurate.

❑ Information is up-to-date.

❑ Information is presented in a way that appeals to young people.

❑ Information, graphics, and materials represent target populations.

Comments: .....

.....

TEACHING STRATEGIES

Which teaching strategies are used? (check all that apply)

- ❑ case study
- ❑ brainstorming
- ❑ whole group processing/ large group discussion
- ❑ journals
- ❑ lecture
- ❑ audio-visual materials
- ❑ peer education component
- ❑ small group activity
- ❑ role play
- ❑ homework
- ❑ worksheets
- ❑ anonymous question box
- ❑ community speakers/involvement
- ❑ parent/guardian involvement
- ❑ other .....

Which skills are addressed/taught? (check all that apply)

- ❑ self-esteem building
- ❑ critical analysis
- ❑ decision-making
- ❑ negotiation
- ❑ peer refusal
- ❑ handling partner pressure
- ❑ media literacy
- ❑ use of contraception/condoms
- ❑ identifying other sources of information/help
- ❑ risk factor identification
- ❑ communication
- ❑ sexual limit setting
- ❑ handling peer pressure
- ❑ handling media pressure
- ❑ obtaining contraception/condoms
- ❑ other .....

❑ Curriculum reaches a balance between helping young people gain knowledge, examine their attitudes, and develop healthy behaviors

Comments: .....

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CULTURAL SENSITIVITY

❑ Curriculum is inclusive of many racial and ethnic groups in examples, pictures, and illustrations.

❑ Curriculum takes into account the cultural and ethnic values, customs, and practices of the target community.

❑ Curriculum contains stereotypic references or images regarding gender.

❑ Curriculum contains stereotypic references or images regarding race/ethnicity.

❑ Curriculum contains stereotypic references or images regarding family types.

❑ Curriculum contains stereotypic references or images regarding sexual orientation.

❑ Curriculum contains stereotypic references or images regarding age.

❑ Curriculum contains stereotypic references or images regarding ability.

Comments: .....

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PARENTAL INVOLVEMENT

❑ Curriculum encourages students to discuss sexuality with their parents.

❑ Curriculum provides parallel curriculum for parents.

❑ Curriculum provides homework assignments for students that include home discussions.

❑ Curriculum suggests other responsible adults to talk with if parents are not an option.

Comments: .....

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.....

OTHER CONSIDERATIONS

❑ Curriculum explicitly presents the values underlying the curriculum.

❑ Messages are age-appropriate.

❑ Curriculum recommends appropriate supplemental materials.

❑ Curriculum includes an evaluation component.

❑ Curriculum provides guidance for integrating topic into other subject areas.

❑ Curriculum encourages social action/volunteerism.

❑ Curriculum reinforces clear values against unprotected sexual activity.

❑ Curriculum includes information on recognizing social influences on behavior.

❑ Curriculum includes exercises on changing group norms.

❑ Curriculum employs active learning methods.

Comments: .....

.....

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STDs/HIV CHECKLIST

It may also be helpful for educators to create simple evaluation tools or checklists to review lessons on specific topics that they have chosen to cover. Checklists can be based on subconcepts and developmental messages in the *Guidelines* as well as additional information that educators have found in their research.

The following is a checklist on STDs/HIV. It is adapted from a larger checklist created by William Yarber to help educators and school officials evaluate their existing STD/HIV prevention programs or create new curricula and materials on the topic. Dr. Yarber is a professor of Applied Health Science at Indiana University and the senior director of the Rural Center for AIDS/STD Prevention. Dr. Yarber was also a member of the National Guidelines Task Force.

The checklist includes essential topics for STD/HIV prevention curricula and provides a basic concept for each topic. Specific developmental messages are not included. It is based on the *Guidelines* as well as other research on STDs/HIV. Educators evaluating STD/HIV prevention curricula can use this checklist along with the messages in the *Guidelines* to ensure that programs their community is using or considering are complete and accurate.

The STD/HIV Problem

❑ **The "Hidden" STD Epidemic**
Although STDs are the most commonly reported infection disease in the United States, they are often hidden and the prevalence underestimated which can cause negative outcomes for individuals and society.

❑ **STDs**
There are over 25 STDs, including HIV/AIDS, many of which have a particular impact on teenagers.

❑ **Size of Problem**
STDs are prevalent in both the United States and around the world.

❑ **People with STDs/HIV**
STD infections occur in all communities and population groups although individuals in under-served communities and communities of color are disproportionately affected by STDs and HIV.

❑ **Problems Caused by STDs/HIV**
STDs/HIV impact lives and relationships, finances, research and healthcare priorities, and prevention efforts.

❑ **Reasons for the STD/HIV Epidemics**
The STD/HIV epidemics are exacerbated by inadequate education, health care, and support, as well as social, economic, and emotional barriers that prevent some people from getting treatment.

Transmission of STDs/HIV

❑ **STD Organisms**
STDs/HIV are usually found in body fluids and individuals can have more than one STD infection at a time.

❑ **Sexual Transmission of STDs/HIV**
STDs/HIV are contracted during contact with an infected person; vaginal, anal, and oral sex all involve risk.

❑ **Sexual Relationships**
Partner choice can increase risk for STDs/HIV.

❑ **Blood Transmission of STDs/HIV**
Blood-to-blood transmission is the second-most common way STDs/HIV are contracted and people who share needles, people who have their bodies tattooed or pierced, and healthcare workers are at increased risk.

❑ **Mother-to-Child Transmission**
STDs/HIV are sometimes passed from mother to child during pregnancy or breast-feeding but medical treatment is available to reduce a child's risk of contracting STDs/HIV from his/her mother.

❑ **Increased HIV Risk with STD Infection**
People with an STD are at increased risk of contracting HIV and people with HIV and an STD are at increased risk of transmitting HIV.

❑ **STD Transmission without Sex or Injection Drug Use**
STDs/HIV are not transmitted through casual non-sexual contact.

STD/HIV Prevention

❑ **Sexual Abstinence**
While sexual feelings are natural, there are benefits to sexual abstinence and delaying sexual intercourse.

❑ **Mutual Sexual Exclusivity**
There are benefits to mutual sexual exclusivity; exclusive relationships other than marriage exist.

❑ **Condom Use**
Condoms can be effective in preventing the spread of STDs/HIV; individuals should learn when and how to use condoms.

❑ **Careful Partner Selection**
Carefully selecting partners can help individuals avoid sexual contact with people who might be at high risk for STDs/HIV.

❑ **Avoid Injection and Other Drugs**
Injection drug use involves risk for STDs/HIV; individuals can identify and resist the pressure to use drugs.

❑ **Vaccines**
Hepatitis B is the only STD with a vaccine but efforts are underway to create vaccines for HIV and Human Papilloma Virus.

❑ **Other Prevention Methods**
There are many things individuals can do to help prevent the transmission of STDs/HIV including engaging in lower risk behaviors; avoiding contact with blood, semen, or vaginal fluids; and seeking appropriate prenatal care.

❑ **Communicating Prevention to Others**
Communication is a valuable and necessary component of prevention and individuals can suggest ways to improve communication about sexuality-related issues.

❑ **Choosing Friends Wisely**
Friends who support preventive and risk-reduction behaviors are important.

❑ **Help Avoiding STDs/HIV**
Individuals need to know who might help them avoid STDs/HIV; teenagers may want to talk with their parents or other supportive adults about sexuality, growing up, and STD/HIV prevention.

❑ **Taking Responsibility for Personal Health and the Health of Others**
Individuals can make efforts to control the spread of STDs/HIV by serving as responsible role models, accurate sources of information, and supportive friends.

RECOGNIZING STDs/HIV

❑ **STD/HIV Symptoms**
STDs/HIV may have no symptoms or may have symptoms similar to those of other infections; individuals can become alert to the symptoms of STDs/HIV and seek prompt medical attention if they suspect they may be infected.

❑ **What to Do After Suspecting an STD/HIV**
Individuals who suspect STD/HIV symptoms can stop having sexual contact, stop using and sharing needles, seek prompt medical attention, and encourage partners to seek testing and treatment as well.

SEEKING STD/HIV TESTS AND TREATMENT

❑ **STD/HIV Tests and Counseling**
People who have practiced any STD/HIV risk behaviors may want to seek STD/HIV counseling/testing.

❑ **Confidential Testing and Treatment of Minors**
Young people facing health issues may want to talk to parents or other trusted adults, but can often receive testing and treatment without parental consent.

❑ **The Medical Visit**
Many different types of testing and treatment exist; individuals should talk to their healthcare provider about what is best for them.

❑ **STD/HIV Treatment**
Although some STDs, such as HIV, have no cure, a number of STD treatments exist.

❑ **Support for People with STDs/HIV**
Individuals who are infected with an STD/HIV need the support of family and friends and may also be able to find support groups or other resources that can help.

PARTNER STD/HIV TESTING AND TREATMENT

❑ **Importance of Asking Partner to See a Health Care Provider**
Encouraging a partner to seek testing and treatment can protect his/her health, prevent reinfection, and reduce the spread of STDs/HIV.

❑ **Ways of Getting Partners to Testing and Treatment**
Public health professionals and healthcare providers can help individuals determine the best way to approach their partner(s) about the need for testing and treatment.

For more information or a copy of the complete STD/HIV checklist, please contact SIECUS at 212/819-9770.

Creating New Curricula and Lessons

Some educators or curriculum developers may prefer to create there own curricula or lessons. The *Guidelines* can help them do this as well. The first task is determining what topics the program will address based on the needs of the students and the available time, staff, and resources. *(See the Prioritizing Topics section on page 79 for specific ideas on how to do this.)*

The number of topics selected as well as the number of sessions and amount of time available will determine how many lessons educators or curriculum developers will need to create. It is important to remember that students can only absorb a limited amount of information in any given session; trying to cram too many topics into one session is not effective.

Goals and Learning Objectives

The next step is to develop goals and learning objectives for each lesson that is planned. Goals provide a framework for the topic and the general direction for the lesson. Goals describe what the lesson will teach about, explain, discuss, or demonstrate. The subconcepts listed for each topic in the *Guidelines* can serve as starting point for developing goals. For example, in *Key Concept 3: Personal Skills*, Topic 4 is Assertiveness. An educator creating a lesson plan on assertiveness may decide that his/her goal is to explore assertiveness and teach that "assertiveness is communicating feelings and needs, while respecting the rights of others."

Once goals have been finalized, educators need to develop specific learning objectives that focus on what young people will learn from the lesson. Many educators find it helpful to think of learning objectives as falling into four basic categories. In a given lesson, students may acquire new knowledge, enhance thinking skills, develop psychomotor skills, or change attitudes, values, and/or feelings.[8]

The life behaviors listed for each key concept can help educators create broad outcome measures. Life behaviors are essentially outcomes of instruction that reflect actions students will be able to take after having applied the information and skills.

In addition, the developmental messages in the *Guidelines* can help educators create learning objectives for lessons on specific topics. For example, in *Key Concept 3: Personal Skills*, Topic 3 is Communication. An educator creating a lesson plan for middle school or junior high school students (Level 3) on communication might generate the following learning objectives using the *Guidelines*' developmental messages:

By the end of this session:

- Students will be able to identify three behaviors that can enhance communication.
- Students will be able to identify three behaviors that can impair communication.
- Students will be able to reflect on how verbal and nonverbal communication may have a different meaning depending on the individual, family, gender, cultural background, and situation.

Not all of the developmental messages in the *Guidelines* should or will become learning objectives. Educators and curriculum planners will once again have to prioritize the information and skills they want to convey to young people in their community. In addition, many of the developmental

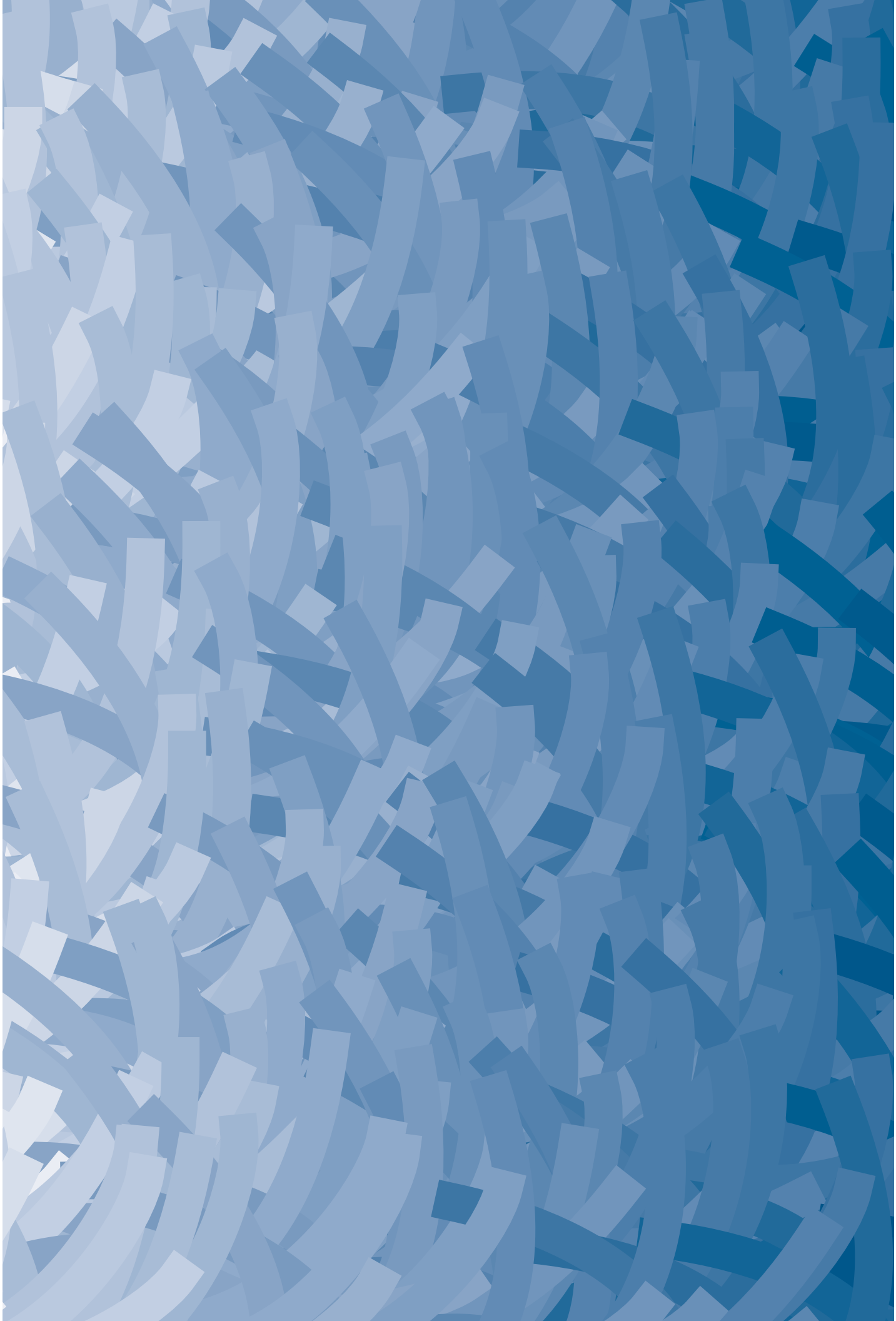
messages build on each other and educators may find that it is easier and more effective to cover a number of related messages in one learning objective.

Teaching Methods

The final step to creating a lesson plan involves deciding which teaching methods will work best for each topic. Again, this decision depends on the time and resources available, the comfort level of the educator, and the needs and abilities of the students in the course. SIECUS believes that sexuality education is most effective when young people not only receive information but are also given the opportunity to explore their own attitudes and values and to develop or strengthen social skills. A wide variety of teaching methods and activities can foster learning such as interactive discussions, role plays, demonstration, individual and group research, group exercises, and homework assignments.

Evaluation

Even when educators and curriculum planners have developed their own lessons, it is helpful to review these lessons once they are written to ensure that they cover the important topics and concepts, are accurate and age-appropriate, and do not rely on fear or shame. Educators will also want to make sure that the curriculum or lessons are based on theories and techniques that have been proven effective. *(See the Evaluating Curricula section on page 84 for specific ideas on how to do this.)*



Additional Resources

There are numerous organizations dedicated to sexuality, education, and the health and well-being of our nation's youth. These organizations provide information, guidance, and support to educators looking to create, evaluate, or implement sexuality education in their community. The following list includes organizations who conduct research, develop curricula, and provide advocacy tools for educators, policymakers, and parents.

Academy for Educational Development
Committed to solving social health problems in the United States and throughout the world through education, training, social marketing, policy analysis, and innovative program design.

1255 23rd Street N.W.
Washington, DC 20037
Website: www.aed.org

Phone: 202/884-8700
Fax: 202/884-8701

Advocates for Youth
Dedicated to promoting policies which help young people make informed and responsible decisions about their sexual health.

2000 M Street, N.W., Suite 750
Washington, DC 20036
Website: www.advocatesforyouth.org

Phone: 202/419-3420
Fax: 202/419-1448

Alan Guttmacher Institute
Working to provide research data and policy analysis on reproductive health issues, both domestic and international.

120 Wall Street, 21st Floor
New York, NY 10005
Website: www.agi-usa.org

Phone: 212/248-1111
Fax: 212/248-1951

American Psychological Association - Healthy Lesbian, Gay, and Bisexual Students Project
Working to strengthen the capacity of the nation's schools to prevent the behavioral health risks of lesbian, gay, and bisexual students through knowledge development, dissemination, and application by working with and through national organizations of school stakeholders.

750 First Street, NE
Washington, DC, 20002
Website: www.apa.org/ed/hlgb/

Phone: 202/336-5977
Fax: 202/336-6130
TDD/TTY: 202/336-6123

American School Health Association
Dedicated to protecting and promoting the health of children and youth by supporting coordinated school health programs as a foundation for school success.

P.O. Box 708
Kent, Ohio 44240
Website: www.ashaweb.org

Phone: 330/678-1601
Fax: 330/678-4526

American Social Health Association
Dedicated to improving the health of individuals, families, and communities, with a focus on preventing sexually transmitted diseases and their harmful consequences.

P.O. Box 13827
Research Triangle Park, NC 27709
Website: www.ashastd.org

Phone: 919/361-8400
Fax: 919/361-8425

Centers for Disease Control and Prevention (CDC)
Promoting health and quality of life by preventing and controlling disease, injury, and disability.

Public Inquiries/MASO F07
1600 Clifton Road
Atlanta, GA 30333
Website: www.cdc.gov

Phone: 800/311-3435
Fax: 404/639-3880

Child Trends
Dedicated to improving the lives of children by conducting research and providing science-based information to improve the decisions, programs, and policies that affect children.

4301 Connecticut Avenue, N.W., Suite 100
Washington, DC 20008
Website: www.childtrends.org

Phone: 202/362-5580
Fax: 202/362-5533

Comprehensive Health Education Foundation
Promoting health and quality of life through education by providing the skills, information, and resources people need to live safe and healthy lives.

22419 Pacific Highway South
Seattle, WA 98198
Website: www.chef.org

Phone: 206/824-2907
Fax: 206/824-3702

ETR Associates
Dedicated to enhancing the well-being of individuals, families, and communities by providing leadership, educational resources, training, and research in health promotion with an emphasis on sexuality and health education.

P.O. Box 1830
Santa Cruz, CA 95061-1830
Website: www.etr.org

Phone: 831/438-4060 or 800/321-4407
Fax: 831/438-4284 or 800/435-8433

Gay, Lesbian & Straight Education Network
Working to ensure that each member of every school community is valued and respected regardless of sexual orientation or gender identity/expression.

121 West 27th Street, Suite 804
New York, NY 10001
Website: www.glsen.org

Phone: 212/727-0135
Fax: 212/727-0254

Girls Incorporated
Dedicated to inspiring all girls to be strong, smart, and bold by providing educational programs to American girls, particularly those in high-risk, underserved areas.

120 Wall Street, 3rd Floor
New York, NY 10001
Website: www.girlsinc.org

Phone: 212/509-2000
Fax: 212/509-8708

The Henry J. Kaiser Family Foundation
An independent philanthropic organization focusing on the major health issues facing the nation.

2400 Sand Hill Road
Menlo Park, CA 94025
Website: www.kff.org

Phone: 800/656-4533
Fax: 650/854-4800

National Association of State Boards of Education
Working to strengthen state leadership in educational policymaking, promote excellence in the education of all students, advocate equality of access to educational opportunity, and assure continued citizen support for public education.

277 S. Washington Street, Suite 100
Alexandria, VA 22314
Website: www.nasbe.org

Phone: 703/684-4000
Fax: 703/836-2313

National Campaign to Prevent Teen Pregnancy
Working to improve the life prospects of this generation and the next by influencing cultural values and building a more effective grassroots movement.

2100 M Street, N.W., Suite 300
Washington, DC 20037
Website: www.teenpregnancy.org

Phone: 202/261-5655
Fax: 202/331-7735

National Education Association - Health Information Network
Improving the health and safety of school personnel and students by providing the school community with vital and timely health information that will increase teacher and education support professional (ESP) quality and student achievement.

1201 16th Street, N.W.
Washington, DC 20036
Website: www.neahin.org

Phone: 202/822-7570
Fax: 202/822-7775

National Minority AIDS Council
Developing leadership within communities of color to address the challenges of HIV/AID by providing training opportunities, promoting sound HIV/AIDS and public health policy, and producing informative resources.

1931 13th Street, N.W.
Washington, DC 20009
Website: www.nmac.org
Phone: 202/483-6622
Fax: 202/483-1135

National School Boards Association
Fostering excellence and equity in public education through school board leadership by representing the school board perspective before federal government agencies and with national organizations that affect education.

1680 Duke Street
Alexandria, VA 22314
Website: www.nsba.org
Phone: 703/838-6722
Fax: 703/683-7590

National Information Center for Children and Youth with Disabilities
Dedicated to providing information on disabilities and disability-related issues.

P.O. Box 1492
Washington, DC 20013
Website: www.nichcy.org
Phone: 800/695-0285
Fax: 202/884-8441

National Network for Youth
Dedicated to ensuring that young people can be safe and lead healthy and productive lives, particularly those with less opportunity to become contributing members of their communities.

1319 F Street, N.W., Suite 401
Washington, DC 20004
Website: www.nn4youth.org
Phone: 202/783-7949
Fax: 202/783-7955

National Organization on Adolescent Pregnancy, Parenting and Prevention
Dedicated to providing general leadership, education, training, information, advocacy, resources, and support to individuals and organizations in the field of adolescent pregnancy, parenting, and prevention.

1319 F Street, N.W., Suite 400
Washington, DC 20004
Website: www.noappp.org
Phone: 202/783-5770
Fax: 202/783-5775

Network for Family Life Education
Dedicated to providing young people with honest, medically accurate, and balanced information about sexuality in schools, homes, and communities.

Rutgers University Center for Applied Research
41 Gordon Road, Suite A
Piscataway, NJ 08854
Website: www.sexetc.org
Phone: 732/445-7929
Fax: 732/445-7970

Parents, Families and Friends of Lesbians and Gays
Promoting the health and well-being of gay, lesbian, bisexual, and transgender persons, and their families and friends through support, education, and advocacy.

1101 14th Street, N.W., Suite 1030
Washington, DC 20005
Website: www.pflag.org

Phone: 202/638-4200
Fax: 202/638-0243

Planned Parenthood Federation of America
Dedicated to the principles that every individual has a fundamental right to decide when or whether to have a child and that every child should be wanted and loved.

443 West 33rd Street
New York, NY 10001
Website: www.plannedparenthood.org

Phone: 212/541-7800 or 800/829-PPFA
Fax: 212/245-1845

The Rape, Abuse & Incest National Network (RAINN)
Leading the national efforts to improve services to victims and ensure that rapists are brought to justice by operating the National Sexual Assault Hotline and educating the public about sexual assault.

635-B Pennsylvania Avenue, S.E.
Washington, DC 20003
Website: www.rainn.org

Hotline: 800/656-HOPE *(free, confidential, and available 24 hours)*
Phone: 202/544-1034
Fax: 202/544-3556

Sexuality Information and Education Council of the United States
Advocating for the right of all people to accurate information, comprehensive education about sexuality, and sexual health services, and working to create a world that ensures social justice and sexual rights.

130 West 42nd Street, Suite 350
New York, NY 10036
Web site: www.siecus.org

Phone: 212/819-9770
Fax: 212/819-9776

(For additional organizations and resources, see SIECUS' website at www.siecus.org or call SIECUS at 212/819-9770.)

References

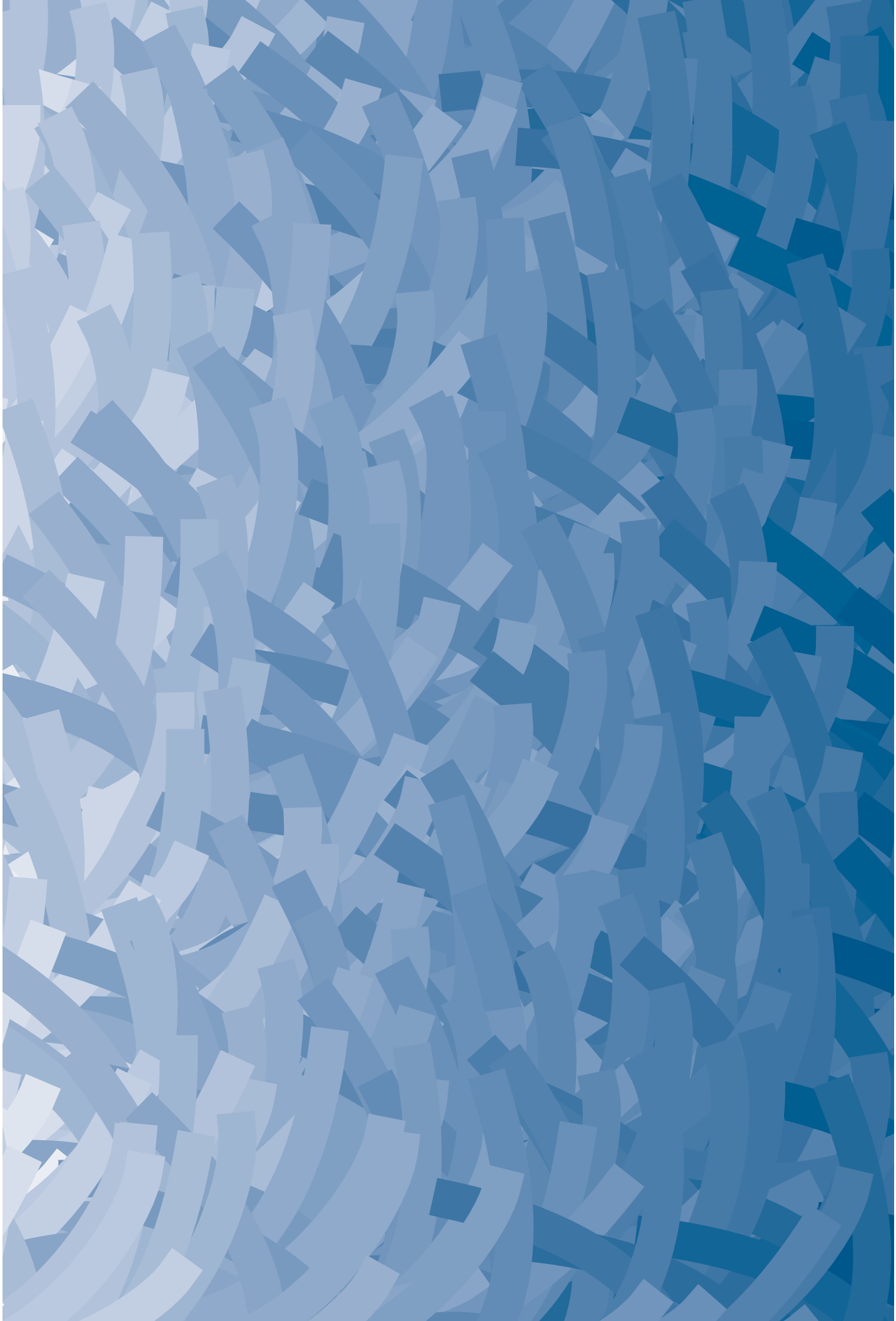
1. *Issues and Answers: Fact Sheet on Sexuality Education*, (New York, NY: SIECUS, September 2001).
2. *SIECUS State Profiles: A Portrait of Sexuality Education and Abstinence-Only-Until-Marriage Programs in the States* (Washington, DC: SIECUS, 2004).
3. D. Kirby, *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy* (Washington, DC: The National Campaign to Prevent Teen Pregnancy, May 2001).
4. P. Donovan, *Risk and Responsibility: Teaching Sex Education in America's Schools Today*, (New York, NY: Alan Guttmacher Institute, 1989), pp. 5-6.
5. *Teaching Our Teachers To Teach* (New York, NY: SIECUS, 1996).
6. School Health Education Study. *Health Education. A Conceptual Approach to Curriculum Design*, (Minnesota: 3M Education Press, 1967).
7. D. Kirby, *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*.
8. R. S. Cafferella, *Planning Programs for Adult Learners: A Practical Guide for Educators, Trainers and Staff Developers* (San Francisco, CA: Jossey-Bass Publishers, 1994).

SIECUS affirms that sexuality is a fundamental part of being human, one that is worthy of dignity and respect. We advocate for the right of all people to accurate information, comprehensive education about sexuality, and sexual health services. SIECUS works to create a world that ensures social justice and sexual rights.

130 West 42nd Street, Suite 350
New York, NY 10036.7802
phone: 212 819.9770

1706 R Street, NW
Washington, DC 20009
phone: 202 265.2405

www.siecus.org



Sexuality Education Curriculum Evaluation Tool (Travers & Whitby, 2014)

EVALUATING FOR APPROPRIATE CONTENT (SIECUS Key Concepts)				
Human Development				
Contains information about reproduction, sexual anatomy, and physiology	0	1	2	3
Contains information about puberty	0	1	2	3
Contains information about reproduction	0	1	2	3
Contains information about body image	0	1	2	3
Contains information about sexual orientation	0	1	2	3
Contains information about gender identity	0	1	2	3
Relationships	0	1	2	3
Contains information about families	0	1	2	3
Contains information about friendship	0	1	2	3
Contains information about love	0	1	2	3
Contains information about romantic relationships	0	1	2	3
Contains information about marriage and lifetime commitments	0	1	2	3
Contains information about raising children	0	1	2	3
Personal Skills	0	1	2	3
Contains information about values	0	1	2	3
Contains information about decision making	0	1	2	3
Contains information about communication	0	1	2	3
Contains information about assertiveness	0	1	2	3
Contains information about negotiation	0	1	2	3
Contains information about looking for help	0	1	2	3
Sexual Behavior	0	1	2	3
Contains information about sexuality throughout life	0	1	2	3
Contains information about masturbation	0	1	2	3
Contains information about shared sexual behavior	0	1	2	3
Contains information about sexual abstinence	0	1	2	3
Contains information about human sexual response	0	1	2	3
Contains information about sexual fantasy	0	1	2	3
Contains information about sexual dysfunction	0	1	2	3

Sexual Health	0	1	2	3
Contains information about reproductive health	0	1	2	3
Contains information about contraception	0	1	2	3
Contains information about pregnancy and prenatal care	0	1	2	3
Contains information about abortion	0	1	2	3
Contains information about sexually transmitted diseases	0	1	2	3
Contains information about HIV and AIDS	0	1	2	3
Contains information about sexual abuse, assault, violence, and harassment	0	1	2	3
Society and Culture				
Contains information about sexuality and society	0	1	2	3
Contains information about gender roles	0	1	2	3
Contains information about sexuality and the law	0	1	2	3
Contains information about sexuality and religion	0	1	2	3
Contains information about diversity	0	1	2	3
Contains information about sexuality and the media	0	1	2	3
Contains information about sexuality and the arts	0	1	2	3
EVALUATING FOR CONTENT ACCURACY				
The curriculum only uses scientifically and medically accurate information	0	1	2	3
The curriculum contains information that is not older than 10 years	0	1	2	3
Lessons include various graphics, including line drawings, photographs, and/or video	0	1	2	3
Curriculum includes or requires concrete materials and examples for lessons	0	1	2	3
Curriculum includes information that is appropriate and accurate for students of different ages	0	1	2	3
Curriculum includes information that accurately represents various racial and ethnic groups	0	1	2	3
Curriculum includes information that accurately represents various sexual orientations	0	1	2	3
Curriculum includes information about people with ASD and other developmental disabilities	0	1	2	3
The curriculum includes information about the benefits of abstinence without relying on fear or shame	0	1	2	3
The curriculum includes accurate information about safe sex	0	1	2	3

EVALUATING FOR FEAR AND SHAME (Grounds for Exclusion)		
The curriculum uses shame, guilt, or fear to prevent premarital sexual behavior	Y	N
The curriculum uses shame, guilt, or fear to prevent masturbation	Y	N
Curriculum portrays people who engage in premarital sexual behavior as deviant, troubled, or unworthy of respect	Y	N
Curriculum portrays sexuality as a force that young people cannot control	Y	N
Curriculum portrays normal sexual behavior among people with disabilities as devious, dangerous, or criminal	Y	N
Portrays premarital sex as always or almost always causing STDs, unwanted pregnancy, or health problems	Y	N