

**Milwaukee Public Schools
Wellness and Prevention Office**

**Human Growth & Development Curriculum
7th Grade Lessons**

OUTLINE

- Lesson 1- Reproductive Review
- Lesson 2- A Date or a Friend
- Lesson 3- Communication, Assertiveness and Negotiation
- Lesson 4- Decision Making Process
- Lesson 5- Needs and Limits
- Lesson 6- Abstinence
- Lesson 7- Warning Signs
- Lesson 8- Sexual Abuse
- Lesson 9- Looking for Help (**Reserve computer lab**)
- Lesson 10- Contraception
- Lesson 11- Negotiating Sexual Risk Reduction
- Lesson 12- Sexting and Cyber bullying
- Lesson 13- STIs Card Sort
- Lesson 14- HIV/AIDS Basic Facts (might require two days)

Lessons that can be replaced by completing the following curriculum:

Curriculum	MPS HGD lessons that do not have to be covered if specified curriculum is taught
Making Proud Choices	3, 4, 5, 6, 11, 13, 14
Life Skills	3, 4

National Health Education Standards

Primary Focus

Standard 1 – Core Concepts

Students will comprehend concepts related to health promotion and disease prevention to enhance health.

MPS Learning Targets – Students will:

Health

- Understand human growth and development, HIV, sexually transmitted diseases and pregnancy prevention.

Reading

- Read age appropriate materials and demonstrate fluency (decode automatically), accuracy (problem solve new words), and expression (pausing and intonation) to achieve purposes in reading.

What You Need to Know- lesson objectives:

- Pronounce, spell, and describe the function (with 75% accuracy) of the 45 terms in the glossary on Reproductive System Reference Sheet 3.
- Explain that variation in size and shape of sexual parts is normal.

Materials:

- 28 Reproductive System Game Cards (one class set ... that is: one single-sided copy of each of eight pages, cut into four parts, so there's one question on each “card.”)
- Overhead projector
- Shoe box or coffee can
- Reproductive System Reference Sheet
- Family Homework Exercise: The Reproductive System
- Reproductive System Worksheet (2 copies per student)

Procedures:

1. Review reproductive system

The 6th and 8th grade has “Just the Facts” introduction lessons. If you feel that the students need a review, use that lesson’s diagrams and procedure notes to review. Besides reviewing the body parts, make sure to explain how fertilization takes place. Make sure to cover the steps of the menstrual cycle.

2. Play the Reproductive System Game.

- a. Begin by refreshing everyone’s memory about ground rules and emphasizing mutual consideration.
- b. Drop the *Reproductive System Game Cards* into a shoe box or coffee can.
- c. Have students pair up and provide each pair with plenty of scrap paper.
- d. One student draws a game card and hands it to you.
- e. You read the question aloud and give each team a half a minute to consult with one another, and/or look at their reference sheets, and jot their answer on a slip of scrap paper. Thus, all teams play at once holding their answers up, as soon as they can.
- f. Either you or the student who drew the question reads the answer and explanation aloud.
- g. Every team with a correct answer gets one point.

Lesson Number: 1
Grade Level: 7th grade
“Reproductive Review”

Milwaukee Public Schools
Human Growth and Development Curriculum

h. A second student draws a game card ... repeat steps d-g, until all 28 game cards have been used.

Take home work:

• **Family Homework Exercise: The Reproductive System**

Students will need to take home two copies of **The Reproductive System Worksheet** to complete this Family Homework.

- Complete and turn in **The Reproductive System Worksheet**, independently.

Reproductive System Review Game Cards

<p>Q: True or False? The menstrual period lasts about a day each month.</p> <p>A: False</p> <p>Explanation: It usually takes between two and 10 days for the uterus to completely empty. There are about four to six tablespoons of blood and tissue in all.</p>	<p>Q: True or False? Each time a man or boy ejaculates, about 360 million sperm cells come out.</p> <p>A: True</p> <p>Explanation: He may release a half to a whole teaspoonful of semen. It usually contains at least 200 million sperm cells. 360 million is average.</p>
<p>Q: How long after its release can an egg be fertilized? About a day, about a week, or about month?</p> <p>A: About a day.</p> <p>Explanation: If it doesn't meet with a sperm within a day, or two at most, the ovum just dissolves.</p>	<p>Q: True or False? Another word for tube is “duct.”</p> <p>A: True</p> <p>Explanation: That is why many books call the fallopian tubes “oviducts” and the vas deferens tubes “sperm ducts.”</p>

<p>Q: The end of the uterus that opens into the vagina is the _____</p> <p>A: Cervix</p> <p>Explanation: The cervix is not a separate part; it’s just the neck of the uterus. The doctor wipes some cells from the cervix when a woman has a Pap Test for cancer. These cells are examined under a microscope.</p>	<p>Q: The sac that holds the testes is called the _____</p> <p>A: Scrotum</p> <p>Explanation: The scrotum holds them and controls their temperature. Sperm can only grow at temperatures a little cooler than normal body temperature of 98.6 degrees ... so the testes have to be outside the body, in the scrotum, in order to be cool enough to make sperm.</p>
<p>Q: True or False? Once a girl starts having menstrual periods, she will get one every 28 days.</p> <p>A: False</p> <p>Explanation: 28 days is only an average. Adult women may have periods every 20 to 36 days. In some adults and most young girls, the cycle is a different length each time ... 3 weeks one time, 5 weeks another, maybe even skipping some months altogether. Then, around age 45 to 55, a woman stops having menstrual periods.</p>	<p>Q: True or False? Having intercourse a lot will make the penis larger?</p> <p>A: False</p> <p>Explanation: The penis is not made of muscle, so exercise has no effect on its size. Like the ears and the feet, the penis is a different size in each person.</p>

<p>Q: True or False? When a boy is circumcised, the doctor removes the glans of the penis.</p> <p>A: False</p> <p>Explanation: Neither the glans, nor the shaft is removed. It's the foreskin that is removed in a circumcision operation. The foreskin is an extra sleeve of skin that partly covers the glans.</p>	<p>Q: When a woman or girl releases an egg, it's called _____</p> <p>A: Ovulating or Ovulation</p> <p>Explanation: The Latin name for egg is “ovum.” So when an ovum pops out of an ovary, it's called ovulation. That happens about once a month, a couple of weeks before a girl's period.</p>
<p>Q: True or False? A woman usually ovulates during her menstrual period.</p> <p>A: False</p> <p>Explanation: She usually ovulates two weeks before her next period. She ovulates and then, if she does not get pregnant, the extra lining in the uterus is not needed. So after two weeks, it comes out. That's called menstruating or “having a period.”</p>	<p>Q: Name one of the parts of the body that makes some of the liquid in semen.</p> <p>A: Seminal vesicles, prostate gland, Cowper's glands.</p> <p>Explanation: Any of these answers is OK. Actually, the seminal vesicles and prostate contribute directly to the semen. The Cowper's glands make a discharge that lines the urethra and makes it less acid-like. All three parts are important in keeping sperm healthy.</p>

<p>Q: True or False? Doctors usually recommend circumcision.</p> <p>A: False</p> <p>Explanation: Today, it is generally left up to the parents whether to have a baby boy circumcised. Doctors disagree about whether it is a good idea. Parents may choose to do it because of religious beliefs or so the son will look like the father or to try to reduce future infections. Many parents today choose not to have their sons circumcised, unless there is a problem.</p>	<p>Q: The liquid that carries sperm is called _____</p> <p>A: Semen</p> <p>Explanation: Semen is the thick, white discharge that nourishes sperm and helps it travel further and live longer. A teaspoonful or less of semen comes out each time a man or boy ejaculates.</p>
<p>Q: When sperm comes out, it's called _____.</p> <p>A: Ejaculation or Nocturnal Emission</p> <p>Explanation: Either answer is correct. Ejaculation means the release of sperm. If a man or boy ejaculates in his sleep, it's called a nocturnal emission or “wet dream.”</p>	<p>Q: When the penis or clitoris fills with blood and becomes larger, it's called an _____.</p> <p>A: Erection</p> <p>Explanation: Erections happen more frequently after puberty. People get them often, even without feeling sexual feelings. It is nothing to worry about, it is the body's way of practicing.</p>

<p>Q: The word that describes both testicles and ovaries is _____.</p> <p>A: Gonads</p> <p>Explanation: A male’s testes and a female’s ovaries are a lot alike. Both kinds of gonads make sex cells (sperm and eggs) and both kinds of gonads make sex hormones.</p>	<p>Q: The tube that carries urine and (in males) semen out of the body is the _____.</p> <p>A: Urethra</p> <p>Explanation: The male’s urethra is the tube that runs through the penis. The female’s is the opening in front of the anus and vagina. It is connected to the bladder. In a male it is also connected</p>
<p>Q: True or False? The human sperm cell is about as big as an apple seed?</p> <p>A: False</p> <p>Explanation: It is actually microscopic ... so small you cannot see it without looking under a microscope. In fact, every sperm cell that made every person alive in the world today could fit in a thimble.</p>	<p>Q: True or False? An ovum is the size of a grain of sand.</p> <p>A: True</p> <p>Explanation: It is big enough to see without a microscope, but small enough that a 2-liter bottle could contain all the egg cells that made all the people alive in the world today.</p>

<p>Q: True or False? The sperm cells take about a week to develop, before they come out.</p> <p>A: False</p> <p>Explanation: They grow in the epididymis for two or three <i>months</i> before they can start a pregnancy. That means it is possible for a man to damage his sperm by using certain drugs -- maybe even including alcohol -- before the beginning of the pregnancy. He could possibly harm his future child, while the sperm are maturing.</p>	<p>Q: Is a pregnancy most likely to start <i>during</i> a woman’s period, just <i>before</i> a period, or in <i>between</i> her periods?</p> <p>A: In between her periods.</p> <p>Explanation: Of course, a pregnancy could start anytime. Many women, and most young girls, do not release eggs on schedule. But the most likely time for fertilization to be possible is about two weeks before a menstrual period.</p>
<p>Q: True or False? A woman with big breasts will be more likely to be able to nurse a baby.</p> <p>A: False</p> <p>Explanation: Breast size does not make any difference in nursing. Breast size has nothing to do with the amount of milk produced.</p>	<p>Q: True or False? A baby develops in a woman’s or girl’s stomach.</p> <p>A: False</p> <p>Explanation: A baby develops in the <i>uterus</i>. The stomach is part of the digestive system, not the reproductive system. Some people call a person’s abdomen (their whole midsection) their “stomach” but your stomach is actually a specific organ!</p>

<p>Q: The folds of skin that protect the opening to the vagina and urethra are called _____.</p> <p>A: Labia, Labia Majora, or Labia Minora</p> <p>Explanation: Any of these answers is OK. The outer folds are the labia majora and the inner, smaller folds are the labia minora.</p>	<p>Q: True or False? Girls are born with all the eggs they will ever have.</p> <p>A: True</p> <p>Explanation: A baby girl is born with hundreds of thousands of eggs already in her ovaries. Some of them will mature one day, and may get fertilized and become her babies. That is a good reason for a girl to stay healthy and avoid drugs, to protect those egg cells in case she ever wants children.</p>
<p>Q: True or False? Men run out of sperm around age 50 or if they have too much sex.</p> <p>A: False</p> <p>Explanation: Most men keep making sperm their whole lives. However, women stop releasing <i>eggs</i> around age 50.</p>	<p>Q: True or False? Alcohol makes a person more sexual.</p> <p>A: False</p> <p>Explanation: Both alcohol and marijuana are depressants. They may make a person feel less worried about the risks of sexual touch, but they do not make the genitals work better. In fact, they decrease the flow of blood to the reproductive system, causing less feeling there. Many males can't get an erection at all after drinking much alcohol.</p>

Reproductive System Glossary

Anus – The opening in the buttocks from which bowel movements come when a person goes to the bathroom. It is part of the digestive system; it gets rid of body wastes.

Buttocks – The medical word for a person’s “bottom” or “rear end.”

Cervix – The opening of the uterus into the vagina.

Circumcision – An operation to remove the foreskin from the penis.

Cowper’s Glands – Glands on either side of the urethra that make a discharge which lines the urethra when a man gets an erection, making it less acid-like to protect the sperm.

Clitoris – The part of the female genitals that’s full of nerves and becomes erect. It has a glans and a shaft like the penis, but only its glans is on the out side of the body, and it’s much smaller.

Discharge – Liquid. Urine and semen are kinds of discharge, but the word is usually used to describe either the normal wetness of the vagina or the abnormal wetness that may come from an infection in the penis or vagina.

Duct – Tube, the fallopian tubes may be called oviducts, because they are the path for an ovum. The vas deferens may be called sperm ducts, because they are the path for a sperm.

Ejaculation – The release of semen from the penis.

Epididymis – The coiled tubes, behind the testicles, where sperm mature, and are stored.

Erection – The penis or clitoris filling with blood and becoming larger and harder.

Fallopian Tubes – The ducts that carry an ovum from the ovary to the uterus.

Fimbria – The finger-like parts on the end of each fallopian tube which find an ovum and sweep it into the tube.

Foreskin – The extra sleeve of skin around the glans of the penis. It is sometimes removed by circumcision

Genitals – The parts of the reproductive system on the outside of a person’s body. The female genitals may also be called the vulva.

Glands – The parts of the body which produce important fluids (hormones, sweat, urine, semen, saliva, etc.) or cells (sperm, eggs, white blood cells, etc.).

Glans – The head of the penis or clitoris. It is full of nerve endings.

Gonads – The sex glands. Female gonads are called ovaries. Male gonads are called testicles. Gonads make sex cells (eggs and sperm) and sex hormones. They are part of *both* the reproductive and endocrine systems.

Hormones – Natural chemicals made by many glands, which flow, along with blood, through the bloodstream. They are messengers which help the body work properly.

Hymen – The thin skin that partly covers the opening to the vagina in some females.

Labia – The folds of skin in the female genitals that protect openings to the urethra and vagina.

Labia Majora – The larger, outer set of labia.

Labia Minora – The smaller, inner set of labia.

Menstruation – The lining of the uterus emptying out. It is sometimes called “having a period.”

Nocturnal Emission – Ejaculation of semen during sleep. It is sometimes called a “wet dream.”

Ovaries – Female gonads. They are glands on either side of the uterus where egg cells are stored and female hormones are made. The singular is *ovary*.

Ovulation – The release of an ovum from the ovary.

Ovum – The cell from a woman or girl that can start a pregnancy when it joins with sperm cell. It is sometimes called an “egg cell.” The plural is *ova*.

Penis – The organ of the male genitals which is sometimes circumcised. It is made of a shaft and a glans, and partly covered at birth by a foreskin. It is used for urination and ejaculation.

Prostate Gland – A gland under the bladder that makes some of the liquid part of semen.

Reproduction – Making more of something. In humans it means making babies (more humans).

Scrotum – The sac that holds the testes and controls their temperature.

Semen – The thick, whitish liquid which carries sperm cells.

Seminal Vesicles – Glands on each vas deferens that make some of the liquid part of semen.

Sexual Intercourse – The kind of sex when the penis is in the vagina. Also called “vaginal intercourse,” because oral sex and anal sex may be considered intercourse, too. Usually during vaginal intercourse the male ejaculates and this is how most pregnancies begin.

Sexuality – The part of us that has to do with being male or female, masculine or feminine or some of both, being able to trust, liking and respecting ourselves and others, needing and enjoying touch and closeness, and reproducing (making babies).

Shaft – The long part of the penis or clitoris. (The shaft of the clitoris is inside of the body.)

Sperm – The cell from a man or boy that can start a pregnancy when it joins with an ovum.

Testicles – Male gonads. They are glands in the scrotum that make sperm and male hormones. They are sometimes called testes; the singular is testis.

Urethra – The tube that carries urine out of the body. In males, it also carries semen, but not at the same time.

Urine – Liquid waste that is made in the kidneys and stored in the bladder. It is released through the urethra, when we go to the bathroom. Urine is not the same as semen.

Uterus – The organ where an embryo/fetus (developing baby) grows for nine months. Sometimes it is called the “womb.”

Vagina – The tube leading from the uterus to the outside of the female’s body. It is the middle of the three openings in her private parts.

Vas Deferens – The tube that carries sperm from the epididymis up into the male’s body. The plural is vasa deferens.

Vulva – Another word for female genitals.

Family Homework Exercise

(1) First, read this aloud together:

As children start to become teenagers, or even before the teens, they go through many changes. One change is a maturing reproductive system. Change can be exciting, but it can also be confusing. Sometimes people need a little advice or reassurance.

(2) Each of you try filling out “*The Reproductive System Worksheet*” by yourself.

(3) Discuss your answers.

Did you give similar or different advice?

Do you like each other’s ideas or do you disagree?

Has any of those kinds of things ever bothered either of you?

If so, how did you handle it?

Were there any letters neither of you knew how to answer? If so, you may want to get a book or call your family doctor. If you have access to the Internet, you can find helpful answers to this kind of question at www.sxetc.org (from the Network for Family Life Education at Rutgers University).

NOTE THESE FACTS:

- It is common, and not a problem for one testicle to be lower than the other.
- Signs of testicular cancer could be a lump or a pulling sensation.
- A white discharge between periods is very normal for young women, as long as it does not smell funny or itch.
- The breasts often develop at an uneven rate. It does not mean anything is wrong

Reproductive System Worksheet

Name _____ **Due Date** _____

Directions: Pretend you are “Dear Abby.” How would you answer the following letters? If you are not sure how to respond, ask someone in your family or call your family doctor. If you have access to the Internet, you can find helpful answers to this kind of question at www.sxetc.org (from the Network for Family Life Education at Rutgers University). After you gather information, answer the letter in your own words.

1. Dear Abby,

One of my testicles is lower than the other. I worry if I have cancer or something. What should I do?
— Worried

Dear Worried,

2. Dear Abby,

I have this white liquid between my menstrual periods. I’m sort of afraid to ask my parents about it. If I went to the doctor, would my parents find out? Help!
— Confused

Dear Confused,

3. Dear Abby,

My older brother is always asking me if I have ever had a wet dream. What if I never do? Should I lie to him or what?

— Little Brother

Dear Little Brother,

4. Dear Abby,

One of my breasts is starting to develop, but not the other. My mother says that is very common, but it still makes me feel funny. If my friends ask me to spend the night, I don't know what I'll do.

— Growing

Dear Growing,

5. Dear Abby,

My friends are always talking about sex. I don't mind when we talk about it in class. It's like it's serious there, plus I learn a lot. But when my friends talk about it, it's all a joke, or sort of cheap. It embarrasses me. What can I do about it?

— Listener

Dear Listener,

National Health Education Standards

Primary Focus

Standard 4 – Interpersonal Communication

Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

Secondary

Standard 1 – Core Concepts

Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Standard 6 – Goal Setting

Students will demonstrate the ability to use goal-setting skills to enhance health.

MPS Learning Targets – Students will:

Health

- Understand human growth and development, HIV, sexually transmitted diseases and pregnancy prevention.

What You Need to Know- lesson objectives:

Students will:

- write “Want Ads” for friendships. The foundation of intimate friendships prepares us for responsible dating relationships.

Materials:

- Two large writing surfaces and markers or chalk for writing
- Handout: Dating Rights

Procedure:

1. Divide the students into two large groups - boys and girls.
2. On the top of the writing surfaces (chalkboard, newsprint, or other) write: Describe someone who would be a great person to date. Ask the groups to make a list of characteristics of someone they would like to spend time with or date on a regular basis.
3. When the lists are complete ask them to circle, in a different color, those characteristics that would also be on a list of characteristics of someone who would make a great friend.
4. Share the lists with the other group. Compare what characteristics were the same and what ones were different. How might your goals influence your choices of these characteristics. Suggest that the best way to prepare for positive dating relationships in the future is to become someone who you would want to date.
5. Ask each group to write either: a “Want Ad” for a friend who would like to hang-out during the weekend or a paper about experiences that they have had in friendships that will make them a good person for someone to date.
6. Brainstorm ideas on what might make the perfect date. See if the boys and girls have different ideas on what constitutes a perfect date.
7. Discuss how goals in life influence how you might seek friends or friendship. If students are having trouble coming up with answers talk about how the way someone values themselves and goals they have for their life might influence the type of people they want as friends and the type of person they might want to date.

Dating Rights

I have the right...

1. to refuse a date without feeling guilty.
2. to ask for a date without being crushed if the answer is "no".
3. to choose to go out by myself without pairing up with someone.
4. to not act macho or flirtatious.
5. to say "no" to physical closeness.
6. to say, "I want to get to know you better before I become more involved."
7. to say, "I don't want to be in this relationship anymore."
8. to an equal relationship.
9. NOT to be abused physically, sexually or emotionally.
10. to have friends of either sex.
11. to express my feelings.
12. to set limits, say "yes" or "no" and to change my mind.
13. to stop doing something, even in the middle of it.
14. to have my own morals, values and beliefs respected.
15. to say, "I love you" without having sex.
16. to be myself, even if it is different from what someone wants me to be.
17. to say, "I don't want to please you at this time."
to talk with others about my relationship

National Health Education Standards

Primary Focus

Standard 4 – Interpersonal Communication

Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

Secondary Focus

Standard 1 – Core Concepts

Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Standard 8 - Advocacy

Students will demonstrate the ability to advocate for personal, family and community health.

MPS Learning Targets – Students will:

Health

- understand human growth and development, HIV, sexually transmitted diseases and pregnancy prevention.

Reading

- use a variety of reading strategies to analyze and comprehend text; for example, analyze diverse viewpoints and the author’s use of language.

What You Need to Know- lesson objectives:

Students will:

- Create examples of assertive, aggressive and passive responses. They will revise statements to become “I-statements.”
- Learn a new skill. It is helpful to understand the process of skill development and usual internal responses that may be encountered by the teacher along the way.

The process of developing new skills

Learning new skills can be embarrassing, humbling, and uncomfortable. They may not feel like a good fit in the beginning.

Stage one	unconscious and ineffective
Stage two	conscious and ineffective
Stage three	conscious and effective
Stage four	unconscious and effective

There are many reasons why people opt out of the process before integrating a new skill into their daily lives. The person may feel too much guilt in stage two. They may feel like they are being a fake as they are in stage three. It takes practice to get to stage four. As a teacher of these skills, be prepared for resistance. A caring and understanding attitude is needed while presenting a clear view that these skills work. The instructor must consistently model the skills in multiple situations for the learners.

- demonstrate the kinds of refusal skills a person can use when being pressured to engage in sexual intercourse.
- practice verbal and physical responses that will help them to advocate their own healthful choices.
- demonstrate their understanding of ways that they can protect themselves from pregnancy and STIs.

Materials:

- Handout- Communication Skills sheet
- Possible Delaying Tactics worksheet
- Observer checklist

Procedure:

1. Explain to the class the three forms of communication that people use when they want to ask for something or want to refuse something that someone has asked of them. (You may want to have these written on newsprint to display as you talk.)
 - a. Aggressive- You ask for something or refuse someone else’s request in a manner that hurts or offends the other person. It can be openly nasty (putting someone down, threatening, pressuring, etc.) or indirect (sarcasm, gossip, etc.).
 - b. Passive- You want to request something or refuse something, but you don’t express yourself or you do so in a very timid or indirect manner that has no effect.
 - c. Assertive- You want to make a request or refuse a request and you express it clearly and directly without intentionally hurting or disrespecting the other person.
2. Practice telling the difference between the three forms by allowing the students to pick two scenarios where a request might be made and allow them to demonstrate examples for each of the forms. (It would be good to use an example that has to do with protecting your body or values.) Write their responses of the board.
3. Tell the students, when you make an assertive request, you are letting someone know how you think or feel and what you want. To further learn how to make assertive requests and comments, you will be reviewing a technique called I-statements. They may have learned this technique before. Practice makes perfect and this is a skill that takes lots of practice. Handout the Communication Skills sheet.
4. Go back to the responses on the board from #2. Practice forming I-statements by refining the responses.
5. Have students get into small groups and hand out the “Possible Delaying Tactics” worksheet.
6. Have groups go over the worksheet and add any other delaying tactics that they feel could be added to the list.
7. After the groups have gone over the “Possible Delaying Tactics” worksheet, have them create their own scenario involving a situation that would require a person to practice the delaying tactics. The role play should demonstrate good interpersonal communication. (Negotiation or refusal skills)
8. Remind them of:
 - Effective message tactics and strategies
 - Clear, organized ideas or beliefs
 - “I” messages
 - Tone – respectful versus aggressive and confrontational
 - Body language
 - Effective refusals
 - Give a clear “no” statement
 - Walk away
 - Provide a reason
 - Delay, change the subject
 - Repeat refusal
 - Provide an excuse
 - Put it off

Lesson Number: 3

Grade Level: 7th grade

Milwaukee Public Schools

Human Growth and Development Curriculum

“Communication, Assertiveness, and Negotiation”

9. Pass out the “Observer Checklist” to be used while each group is practicing their role play.
10. Each person in the group should practice the role of refusal and the other members of the group will then rate each person on their ability to advocate their point.
11. The role play could be done in small groups or it could be presented to the entire class. When all role plays have been completed, remind the class that young people are confronted with difficult decisions when they least expect it. By practicing these tactics, a person could be more equipped to handle the situation and more persuasive in their decision.

Lesson Extension: Take home parent letter located at the end of this lesson, complete and bring back to class.

Communication Skills: I-Statements

There is a direct connection between how we feel and how we behave. This skill is intended to allow the speaker to express feelings, thoughts and ideas and have them heard. The speaker will then take responsibility for their resolution. Not all conversations require this skill, but in those times when you want to connect with someone in a helpful and effective manner, these skills can be quite useful.

The first thing you must decide when a conversation begins is-

Who has the problem, idea or feeling that needs expression?

- If the problem, idea or feeling is someone else's-

Example: Your friend tells you they are angry at one of your friends.

The skill applied is- listening.

- If the problem, idea or feeling is yours-

Example: You don't want to get in the middle of your two friends.

The skill applied is- “I-statements.”

- Both are applied in most conversations. The real skill is knowing when to listen, how to respond and when it is helpful to move on to express one's own ideas or feelings.

I-Statements

The development of communications skills is extremely important when someone is trying to express feelings and thoughts, when someone wants to be heard, or when someone needs to be understood. Today your child worked on “I” statements. When a person tries to express themselves using “I” messages it attempts to take away the conflict, stress or blame that comes with a more common form of communication, “you” messages.

Here are a few examples of “you” and “I” messages:

You message: “You keep telling me how angry you are at him, I know you want me to get involved. You need to leave me out of this”

I message: “I am curious if when you tell me about your anger at him, you want me to get in the middle of your argument. I would like to be left out of this.”

Parent “you” message: I come home to see that you didn't clean the dishes or make your bed. You are not getting a snack until you take care of your chores.

Parent “I” message: “I felt frustrated when I came into the house this afternoon and saw the dishes in the sink and the bed unmade. I need them to be done now before you eat your snack.”

The “you” messages attack the person you are talking to, immediately putting them on the defensive. There is a very good chance there will be conflict. I messages allow a person to state their opinion without placing blame, allowing for a positive conversation.

I-Statement Formula

I felt _____ (emotion) when you or because _____ (specifics!).

I need/want _____ .

(Sometimes add) If you do not I will _____ (consequences).

Tips:

- Avoid the use of “never” or “always”.
- Be sure to speak only about the specifics of the present situation. Don’t tie to the past unless you are pointing out a pattern that you want to stop.
- Avoid “you-statements” that make someone feel defensive.
- Own your feelings and take responsibility for the outcome. If they do not listen, you have the choice to walk away, find other friends, etc.
- Expect uneasy feelings. When you realize you are feeling uncomfortable go back to why you believed the skill would be helpful to you. Use your head not just your feelings.
- Try not to get side-tracked. Go back to your first statement more than once.

Methods of Communication

Communication is a process by which information is exchanged between individuals through a common system of symbols, signs or behaviors. Most communication is achieved verbally. Verbal communication can be 1-way or 2-way.

1-way verbal communication: Information is passed from person to person with no opportunity for feedback. Most television and radio shows are examples of 1-way communication. What are the exceptions? (Call in shows)

This type of communication does not allow the listener to ask questions that might help them to understand the message. It does not allow for interactions between people. When communication is 1-way the message received by the listener may not be what the speaker intended. For example: A friend may say, “Cute shirt.” The listener might think that what the speaker meant was, “Babyish shirt.”

2-way verbal communication: Information passes verbally from person to person with limited feedback. The listener can ask for verbal clarification; he or she can ask questions of the speaker. Continuing the example from above: The listener can ask “Do you think it looks too young on me?”

2-way verbal and visual communication: Information is passed both verbally and visually. The listener can ask verbal questions and look for visual communication to confirm what they hear. The interaction between speaker and listener makes it more likely that the message sent will be received in the manner in which it was intended. If the conversation about the shirt happened over the phone, the listener could not see the speaker’s face. You can imagine how the expression on the speaker’s face would help the listener to know if the friend meant what she was saying.

Nonverbal communication: Information is sent through pictures, objects, facial expressions and actions. Another term for nonverbal communication is body language.

Clarifying the message: Being able to receive a message is just as important as being able to send one. Listeners must find out whether the message they heard and understood if the message the sender meant to give. Senders can also be sure that what the listener heard is what they meant to say. Good communication results when the listener receives the message that the speaker meant to send.

Possible Delaying Tactics

Directions: Review the delaying tactics listed below. In the space provided, add additional ones you think of.

1. Delay Statements – Things you could *say*:

"I'm not ready."

"It's not the right time."

"Not now."

"Not tonight-I've got a sore throat."

"Sorry, I have to go."

2. Delay Actions – Things you could *do*:

Chew a cough drop.

Stop kissing.

Look distracted.

Go to the restroom.

Drop something.

Pretend you lost something.

3. Creating Space – Things you could *say* or *do*:

"I need to go think about this."

Take a step back.

Cross arms in front of body.

Turn away.

4. Ending the Situation Quickly – Things you could *say* or *do*:

"I've got to go now."

Push the person away.

"Wow, look at the time!"

Walk away.

5. Building the Relationship – Things you could *say*:

"I know this isn't easy for you."

"I'll call you tomorrow."

"I like you too."

"I like you, but I want you to stop."

Observer Checklist

Name: _____ Date: _____

Role Play # _____

REFUSALS	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
Said “NO”						
Body Language said “NO”						
Repeated Refusal						
Suggested Alternative						
Built the Relationship						
DELAYING TACTICS						
Used Delay Statement						
Used Delay Action						
Created Space						
Ended the Situation Quickly						
Built the Relationship						

Dear Parent or Guardian,

The development of communications skills is extremely important when someone is trying to express feelings and thoughts, when someone wants to be heard, or when someone needs to be understood. Today your child worked on “I” statements. When a person tries to express themselves using “I” messages it attempts to take away the conflict, stress or blame that comes with a more common form of communication, “you” messages.

Here are a few examples of “you” and “I” messages:

You message: “You keep telling me how angry you are at him, I know you want me to get involved. You need to leave me out of this”

I message: “I am curious if when you tell me about your anger at him, you want me to get in the middle of your argument. I would like to be left out of this.”

Parent “you” message: I come home to see that you didn’t clean the dishes or make your bed. You are not getting a snack until you take care of your chores.

Parent “I” message: “I felt frustrated when I came into the house this afternoon and saw the dishes in the sink and the bed unmade. I need them to be done now before you eat your snack.”

The “you” messages attack the person you are talking to, immediately putting them on the defensive. There is a very good chance there will be conflict. “I” messages allow a person to state their opinion without placing blame, allowing for a positive conversation.

Practice the “I” statement formula below with your family tonight:

I felt _____ (emotion) when you or because _____ (specifics!).

I need/want _____ .

(Sometimes add) If you do not I will _____ (consequences).

Give a few examples of “I” messages your family used:

Do you think “I” messages are effective? Do you think you will be able to use them in the future?

Thank you for your time and support,

National Health Education Standards

Primary Focus

Standard 5- Decision Making

Students will demonstrate the ability to use decision-making skills to enhance health.

Secondary Focus

Standard 1 – Core Concepts

Students will comprehend concepts related to health promotion and disease prevention to enhance health.

MPS Learning Targets – Students will:

Health

- understand human growth and development, HIV, sexually transmitted diseases and pregnancy prevention.

Reading

- apply a variety of reading strategies to understand what is being read.

What You Need to Know- lesson objectives:

Students will:

- review the decision making model and practice using the model to respond to a problem.

Materials:

- Scenario sheet to pass out
- Transparency of the decision making process

Procedure:

1. Review the decision making model. Have a student come up with a problem and solve it together. One example of a problem that all students and teachers have to address on a daily basis is: “Should I go to school today,”
2. The students will be trying to make decisions based on different situations. There are situations provided in the teacher resource section that the students can analyze or they can make their own. The teacher can decide if groups will all take the same situation or if each will have a different one. Also, the teacher can decide if groups can make up their own situations or if the class will collectively create new situations.
3. Have the students get into groups of 3-4. In each group make sure you have a leader, a recorder, a reporter and a timer. The leader should be making sure everyone is focusing on the topic. The recorder is writing down the information for the reporter. The teacher can even use this activity as a group work writing assignment. The reporter is going to have to come up to the front of the room and let the class know what they talked about in their group work. The timer makes sure they are on schedule and will be done on time.
4. Give the kids 10-15 minutes to discuss and write out the steps of the decision making process for their situation.
5. Have one person from each group come up to report. If each group had a different situation make sure the story is read to the rest of the class before they present their report.
6. Send home the parent letter at the end of this lesson

Grading

A grade can be given on the group work participation, the written report and the group presentation.

Lesson extension writing assignment

Have students spend the next day or two paying attention to the decisions they make. Have them take a problem they are having and use the steps of the decision making process to solve their problem.

The Decision Making Model

1. State the situation that requires a decision – What’s going on?
2. List the possible choices – What are my options?
 1. Consider the consequences – What would happen if...?
 - a. Is it safe?
 - b. Is it legal?
 - c. Is it respectful of self and others?
 - d. Does it follow my parent’s guidelines
 - e. Is it healthy?
 - f. How will it affect my future?
4. Make a decision based on everything you know and act on it. – Choose the best option and do it.
5. Evaluate your decision. – Think about how it turned out. Can something be changed now? Next time

Possible scenarios

The Prom Decision

Samantha and Tomas have been dating for some time. They are going to prom, and Tomas has rented a hotel room for a post-prom party. Samantha is faced with a lot of decisions about what she should do, as she has never had sex before. She is worried that this is how Thomas expects the evening to end.

Alcohol and the Decision

Gary and Jorge think that if they can get Katrina to drink alcohol at their party, she will agree to Gary’s advances and go upstairs to one of the bedrooms. Katrina has overheard this conversation. Katrina likes Gary but is not interested in having a sexual relationship with him, especially after hearing about his plan.

Role Play #1

Tom is 19 and Jane is just turning 16. Jane has liked Tom for a long time, ever since he was the star of the high school basketball team. Tom has been a real gentleman when they have gone on dates. For his next birthday he invites her to his apartment for dinner. She has never gone there before and is unsure about being there alone with him.

Role Play #2

Susie’s first party gets a little out of hand. Tom and his buddy Frank have crashed the party and seem stoned. They are a little too “hands on” when they are dancing, and some of the girls have threatened to leave.

Role Play #3

Julius is always pushing Tabitha, whom he has been dating for a year, for sex. She has refused, but she has agreed to go on a camping trip with five other couples. She is aware that Julius is still interested in sex and that he thinks it will happen on this trip.

Possible options for each story:

The Prom Decision:

1. not go to the hotel with Tomas
2. go to the hotel and bring a condom
3. talk to Tomas about her concerns
4. Talk to her parents about Tomas’s plans
5. Go to the hotel but for only a short time
6. Go to the hotel and just see what happens

Alcohol and the Decision

1. Go to the party and not drink
2. Tell Gary she likes him as a friend but is not interested in anything more
3. Decide not to go to the party

Role play #1

1. Go to the apartment and bring a condom
2. Tell him that her parents have strict rules on going to a boy’s home and they think she should not go
3. Be willing to go out but not to his house

Role play #2

1. Laugh it off and tell the girls to lighten up and have fun
2. Tell Susie’s parents, who are upstairs, that this is going on and have them help remove Tom and Frank
3. Tell Tom and Frank to stop or Susie’s parents will kick them out of the party.

Role play #3

1. Be prepared by brining a condom
2. Be willing to sleep next to Julius but in a different sleeping bag
3. Decide to go home when he comes on too strong

Dear Parent or Guardian,

We have been practicing the use of the decision-making model that children have learned since kindergarten. The model is below and can be used to help you and your child discuss a decision you are facing at home.

The Decision Making Model

1. State the situation that requires a decision - What’s going on?
2. List the possible choices - What are my options? And then consider the consequences - What would happen if...?

Choices → Consequences ↓	1.	2.	3.
Is it safe?			
Is it legal?			
Is it respectful of self and others?			
Does it follow my parent’s guidelines			
Is it healthy?			
How will it affect my future?			

3. Make a decision based on everything you know and act on it. - Choose the best option and do it.
4. Evaluate your decision. - Think about how it turned out. Can something be changed now? Next time?

National Health Education Standards

Primary Focus

Standard 2 -Analyzing Influences

Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.

Secondary Focus

Standard 1 – Core Concepts

Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Standard 7 – Self Management

Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

MPS Learning Targets – Students will:

Health

- explain how personal health choices affect the community; for example, discuss how the personal choice to use drugs creates a safety hazard for others.

Reading

- use a variety of reading strategies to comprehend unfamiliar words and phrases, such as categorizing words using complex word associations.

What You Need to Know- lesson objectives:

Students will:

- describe personal boundaries of sexual behavior. They will create scenarios where characters respond to situations by maintaining their personal behavior limits.
- one of the tasks of the teen years is to learn to relate in a mature, intimate and tender way with other human beings. When experiencing shared sexual pleasure, there comes a point when the biological drive for sexual fulfillment may overpower one’s consciously set limits, personal values, sense of responsibility, respect for the other person and desire to adhere to rules. Until one is able to be responsible for all consequences of sexual behavior, it is safest to set a line before this point. You choose to abstain from any sexual behavior beyond that line.

Materials:

- Large writing surface
- An 8 1/2 x 11” sign that says “abstinence”
- Have school social worker or councilor available to talk (if available)

Procedure:

1. Brainstorm ways that people show their affection for each other. As the students call out the ways, organize their answers on a continuum from least intimate to most intimate. Ask them to say at what point on the continuum they think it would become difficult to stick to choices one might have made about their personal limits for touching/sexual behavior in a dating relationship.
 - Ask: What problems might follow if you move beyond that line? (emotional- regret, stress, lower self esteem. physical- if not prepared you may not use protection from pregnancy and STI)
 - Ask: What do you think goes through teens’ minds when they do move beyond that line? Which of these thoughts are based in fact? (Fact- it feels good, others have done it, I might

get/be pregnant, I can catch a disease, a baby will make my life much harder, etc. Fiction- nothing will happen to me, I can stop later, most kids my age have done this, she/he will love me more for this, etc.) **Point out fact- abstaining from oral, anal and vaginal intercourse is the only 100% method for avoiding STIs and pregnancy.**

2. Write the word “Abstinence” on the board with the definition: “Doing without something by one’s own choice”. Ask the students to write the continuum of affection on a sheet of paper that they will keep for themselves. Ask them to write the word abstinence at the point on the continuum beyond which they choose to practice abstinence. As the teacher, you place the word abstinence on the line drawn on the list on the board. Point out that adults celebrate their growing ability to find ways to share affection with others. The list up to the point you have chosen for abstinence includes ways you have identified as positive in your current life situation to show others that you care for them. Some are reserved for special relationships; others are for your many close friends and acquaintances. The list beyond the line you have chosen is those behaviors that require a level of responsibility beyond what you choose to commit yourself to at this point in your life. We all practice abstinence from some sexual behaviors. Knowing your own line and being prepared to maintain that line is your responsibility.
3. If students do not mention abusive situations add some of those to the end of the list. Some examples might involve hitting, slapping, rape, but you could also introduce some mental health things such as telling your partner who you can and can’t talk to, making fun of your partner in front of friends, etc.
4. Discussion and writing assignment - How do you tell when any of these ways to show affection are healthy versus not healthy for you? (Can holding hands or hugging ever be unhealthy or inappropriate in a relationship? What are some consequences of some of these behaviors and why do many people chose not to do them. When is affectionate behavior really abuse or inappropriate?) Let the students know that the social worker or councilor is a person to talk to regarding difficult situations. Create a story that demonstrates a person maintaining the line of abstinence you have chosen. Create characters and a situation that offers choices. Show one of the characters making the choices that you plan to make.

Lesson Extensions:

Videos: “Abstinence: It’s the Way to Go”

National Health Education Standards

Primary Focus

Standard 6- Goal Setting

Students will demonstrate the ability to use goal-setting skills to enhance health.

Secondary Focus

Standard 1- Core Concepts

Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Standard 7 – Self Management

Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

MPS Learning Targets- Students will:

Health

- Describe how to direct others toward making healthy choices.
- Describe the dangers and consequences of deciding to be sexually active.
- Explain how HIV, STIs and teen pregnancy affect their future and the future of others.

Reading

- Use word analysis techniques to analyze and recognize unfamiliar words.

English Language Arts

- Recognize and use different styles of expression and word choice when speaking and writing.

What You Need to Know:

Students will:

- Analyze the consequences teen sexual activity has on their future.
- Develop a set of goals that can help them become more successful in achieving their goals.
- Develop strategies to avoid situations that might lead to sexual activity

Materials:

- One packet for each student

Procedure:

1. Introduction: There are different methods to prevent yourself from contracting STIs or getting pregnant. It is important to know how to keep yourself clear of these problems because they can greatly affect your future. Ask the kids how getting pregnant or an STI might affect their future.
2. Ask the students if they know the only 100% effective way to prevent pregnancy or to not contract STIs? The answer is abstinence. Today we are going to talk about abstinence and how it can positively affect your future.
3. The teacher can pass out the abstinence packet and either guide student’s through it individually or have the students form small groups and work on it together. If the teacher chooses small groups then make sure to leave time for reporting at the end of the class.
4. Students can take home the parent letter and worksheets to have further discussions with parents.

Name _____

Student Packet

It is important to have goals for your future. It can help prepare you for all the challenges life might bring your way. Planning for your future at this stage of your life is one of the best ways to make sure you are on the right course to accomplish your goals.

Why is it important to think about your future now, before you reach adulthood?

One way to help chart your course is to think about what you are interested in. Consider the things that interest you most in life. Also think about accomplishments that you have already achieved.

Things I am most interested in:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Accomplishing your goals does not just happen by chance. You have to make a plan and stick to it. Setting goals can help you accomplish your dreams. If you could have three wishes for your future, what would they be? What are your greatest dreams?

How does your behavior and work ethic in school now affect your goals for the future?

Setting your course:

Determine your goals by writing them down.

Education _____

Career _____

Family _____

Determine your plan for achieving your goals.

What steps are necessary to help you get where you want to go? What choices are you going to have to make now to accomplish your goals? Write down your plan for achieving your goals.

Direction:

Everyday you make decisions. Some of them will have a significant effect on your life both for now and the future. List what you believe are the most important decisions that could affect the future direction of your life.

Do you believe that sexual activity could have any short or long-term consequences on the future direction of your life? Why?

What are some permanent consequences of teen sexual activity that will make it much harder to reach your goals?

If you or someone you know has chosen not to be sexually active, what are some of the reasons for this decision?

Can a person who is currently sexually active or who has been sexually active in the past still choose to be abstinent? Explain.

Abstinence: Sexual abstinence is a choice to refrain from sexual activity. The most common meaning of sexual abstinence is not having sexual intercourse, vaginal or anal. Oral sex can be considered sexual activity and would therefore be included as an activity to stop if you make the decision to be abstinent. It is important to discuss with your partner what abstinence means to you, especially if you are developing a new relationship.

Statement: Abstinence is the only 100% effective way to protecting you from the physical, emotional and social consequences of sex including teen pregnancy and STIs.

Is this a statement of opinion or fact? Explain:

Who is responsible for determining if you are abstinent? _____

Most teens surveyed who have been sexually active with they would have waited? Why do you think this is?

Reflection:

I think that if I were to get pregnant, or get someone pregnant as a teenager:

_____ It wouldn't have any effect on the future direction of my life.

_____ It would have an effect on the future direction of my life.

I think that if I were to get pregnant, or get someone pregnant as a teenager:

_____ My circumstances would have no effect at all on my child.

_____ My circumstances would put my child at a disadvantage compared to other children.

I think if a girl gets pregnant and then has an abortion:

_____ She will not be affected by the experience in any way.

_____ She may be affected physically, emotionally, mentally or socially by the experience

ABSTINENCE AND STIs

1. It is often claimed that condoms provide “protection” from pregnancy and STIs.

- Do you think that condoms provide complete “protection” from pregnancy and STIs?
 _____ yes _____ no _____ not sure
- If a condom is used is it still possible to become (or to get someone) pregnant?
 _____ yes _____ no _____ not sure
- Is it still possible to contract STIs including HIV? ___ yes ___ no ___ not sure

If you were to choose to be sexually active, is it possible that some things may happen to you that you didn’t expect? In each of the four categories listed below, write down some of the possible negative consequences that can happen to you in each category

Physical What can happen to my body?	Emotional How I feel about myself	Mental What I now think about	Social How it affects my relationships with family and friends

- Do condoms provide protection from any of the emotional consequences listed? ___yes ___ no
- Do condoms provide protection from any of the mental consequences listed? ___ yes ___ no
- Do condoms provide protection from any of the social consequences listed? ___ yes ___ no

If you don’t want STIs or any of the other consequences you have listed to happen to you, what would you say is the best way to protect yourself? _____

If you start being sexually active, you are likely to have more partners throughout your life.

What happens to your likelihood of getting pregnant or STIs when you have more sexual partners? Why?

So the best advice is to wait. The longer you wait, the fewer partners you will have and the more likely you will not get pregnant and will stay disease free.

Lesson Number: 6
Grade Level: 7th grade
“Abstinence”

Milwaukee Public Schools
Human Growth and Development Curriculum

Dear Parent or Guardian:

Your son or daughter has been talking about the importance and the benefits of abstinence in Health class. Believe it or not, research clearly states that you are still the number one influence on your child’s thoughts and behaviors regarding sexual activity. Make your expectations clear, set them high, and your child is more likely to strive for those expectations. If the message of abstinence is taught in the home and reinforced at school then your child will have that message from many different trusted and respected adults.

Take a look at the abstinence student packet. Are there any surprises? List them below:

If you would like any assistance on how to talk to your child about abstinence there are resources on our web site: www.wellnessandpreventionoffice.org. You can request abstinence pamphlets or look in the “Introduction to 6th grade through high school” section for other parenting tips.

Thank you for your continued support,

National Health Education Standards

Primary Focus

Standard 7 – Self Management

Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

Secondary Focus

Standard 1- Core Concepts

Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Standard 5 – Decision Making

Students will demonstrate the ability to use decision-making skills to enhance health.

MPS Learning Targets- Students will:

Health

- Demonstrate the importance of good decision making, including healthy eating choices and moderate to vigorous physical activity
- Demonstrate how to reduce stress appropriately
- Describe the dangers and consequences of deciding to be sexually active
- Identify the importance of accepting responsibility for our actions, including anger management, good nutrition, regular physical activity, and regular dental and doctor visits.
- Demonstrate the importance of communicating effectively
- Develop defense mechanisms and communication skills to assist in reducing risky situations

What You Need to Know:

Students will:

- Demonstrate an understanding of the characteristics of good and bad relationships by teacher observation while performing a skit during class.

Materials:

- One sheet for each student of the warning signs and reasons teens stay sheet
- Power wheel overhead and handouts

Procedure:

Warning Signs

1. Pass out the two warning sign sheets, go around the room and have the students read them.
2. The teacher can add any clarifying statements after each example is given.
3. Remind students that relationships do not often start with abuse, but warning signs will start to show up little by little.

Skits

1. Get in a group of 4-6 students. Give students about 15 minutes to develop their skits. Make up a skit in which a boy and girl are in a conversation.
2. Have one or both people in the group display signs of someone who may become violent.
3. The aggressor should display at least 3 warning signs of a partner who might become violent.
4. Then have the victim talk to their friends asking for advice.
5. After the friends ask why the victim will not leave the abuser, have the victim use at least 2 of the reasons people stay in relationships.
6. Finally have the friend give advice on how to get out.
7. After a group is done presenting, have the other groups in the class share which warning signs and reasons for staying in the relationship that were displayed in the skit.
8. Repeat the process for each group

9. Have a brief discussion about the similarities and differences in the skits. Which warning signs were displayed often? Which reasons for staying were given often?

Power Wheel

1. After the class has gotten the room back in order, have students read the power wheel. It’s a good final activity that can give one last message that there are many subtle and not so subtle ways that someone can try and control you.
2. There are probably many of the students who know a friend, mom, dad, sister, brother, or cousin who has had at least some of these things happen to them.
3. Finish off the lesson by reminding the students that there are plenty of places to get help. Go over some of the resources they have available.

Warning Signs of a Partner Who May Become Violent

- wants to get serious quickly, will not take no for an answer
- is controlling and bossy. makes the decisions, does not take the others opinions seriously. uses put –downs when alone or with friends.
- makes partner feel guilty, “if you really love me, you would...”
- blames the victim for what is wrong, “it’s because of you that I get so angry.”
- apologizes for violent behavior, “I’ll never do it again.”
- abuses alcohol and drugs
- tends to use violence to solve their problems

Why Teens Stay in Violent Relationships

- afraid parents will make them break up
- embarrassed or ashamed
- afraid violence will get worse if they try to end it.
- think it is their fault
- think it is normal, no experience with relationships
- believe that being with someone is the most important thing in their life.
- think no one will believe them
- thinks that they do not have any other friends

Signs of Physical Abuse- Does anyone you know:

- Punch, shove, bite, cut, choke, kick, burn or spit on you?
- Threaten or hurt you with an object or deadly weapon (a gun, knife, baseball bat, brick, chain, hammer, scissors, rope, belt buckle, extension cord, branch, bottle, acid, or scalding water)?
- Abandon you or lock you out of the house?
- Neglect you when you are sick or pregnant?
- Endanger you through reckless driving?

Signs of Sexual Abuse- Does anyone you know:

- Force you to have sex when you don't want to?
- Force you to perform sexual acts you don't like?
- Force you to have sex with or to watch others?
- Threaten to hurt you if you don't desire sex?
- Commit sexual acts that you consider harmful?

Signs of Destructive Acts- Does anyone you know:

- Break furniture, flood rooms, ransack or dump garbage in your house?
- Kill pets to punish or frighten you?
- Destroy clothing, jewelry, family photos or other personal items that he knows are important to you?

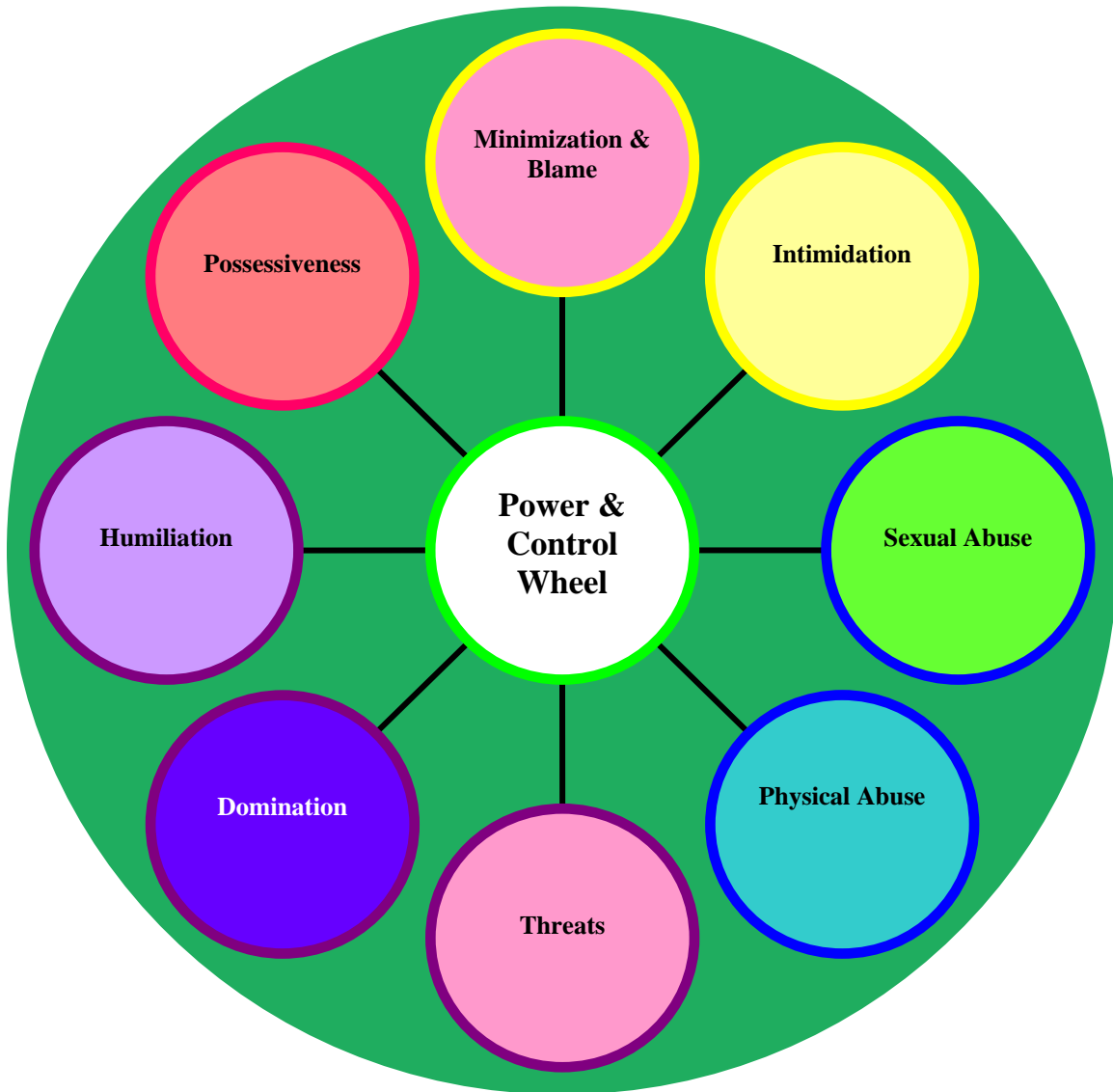
Signs of Emotional Abuse- Does anyone you know consistently say or do things that shame, embarrass, ridicule or insult you and say:

- “You're stupid, filthy, lazy, fat, ugly, nasty, silly, etc.”
- “You can't do anything right.”
- “You'll never get a job.”
- “You don't deserve anything.”
- “Who'd want you?”

Does your partner:

- Withhold affection to punish you?
- Threaten to hurt you?
- Forbid you to work, handle your own money, make decisions or socialize with your friends?
- Force you to give up your personal possessions?
- Tell you about his or her other partners to make you jealous?
- Accuse you of having affairs?
- Undermine your sense of power or confidence?
- Manipulate you with lies, contradictions or promises?

Power Wheel



Power & Control Key Ideas

Intimidation

Yelling or screaming
Using a threatening tone
Talking down
Threatening to hurt yourself or your partner
Making your partner feel afraid
Tearing up pictures
Smashing gifts
Destroying objects

Sexual abuse

Bragging about your sexual relationship
Comparing your partner to past partners
Flirting to make your partner jealous
Using drugs/alcohol to get sex
Pressuring your partner
Rape

Physical Abuse

Holding your partner so they can't leave
Slamming them into a wall or locker
Hurting your partner where bruises don't show
Grabbing
Slapping
Hitting
Shoving
Punching
Kicking

Threats

Saying you can't live without your partner
Telling your partner you will leave them somewhere if they don't do what you say
Constantly threatening to find someone else
Saying you will commit suicide if you breakup

Domination

Treating your partner like a baby, property, or servant
Making all of the decisions
Having expectations that no one can meet
Controlling who your partner sees or spends time with
Setting all of the rules in the relationship

Humiliation

Putting down your partner
Calling your partner names
Constant criticism
Making your partner feel like they are crazy
Humiliating your partner in front of people
Making your partner feel guilty
Embarrassing your partner

Possessiveness

Using jealousy as a sign of love
Accusing your partner of cheating on you
Not letting your partner have other friends
Telling your partner how to think, dress, and act

Minimization & Blame

Not accepting responsibility for your actions
Making a job when you hurt your partner
Telling your partner everything is their fault
Acting like abuse is okay in the relationship

National Health Education Standards

Primary Focus

Standard 7 – Self Management

Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

Secondary Focus

Standard 1 – Core Concepts

Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Standard 3 – Accessing Information

Students will demonstrate the ability to access valid health information and products and services to enhance health.

MPS Learning Targets – Students will:

Health

- identify the importance of healthy choices regarding sexuality
- identify community health agencies and list the services they provide

Math:

- read and interpret a variety of numerical patterns summarized in tables, graphs and symbolic forms

Reading

- use different types of documents to compare and contrast the information found in them

What You Need to Know- lesson objectives:

Students will:

- students will demonstrate their understanding of sexual abuse and the use of assertive communication in potentially threatening situations through drama.

Materials:

- Handouts:
 - Assault and Abuse Information Sheet
 - Guidelines to “Teens and the Law”
 - What You Can Do to Avoid Situations That Might Lead to Date Rape
 - Wisconsin Sex Offender Laws
 - Real Men Don’t Rape
- 2 copies of "Are You Asking For It?"

Procedure:

1. **Read the short conversation “Are You Asking for It?” with a student taking the role of Mr. Smith.**
2. **Tell the students that today’s lesson will look at sexual abuse and harassment.** Ask students to think about the following questions related to the reading:
 - Did Mr. Smith deserve to be robbed? (Discuss why or why not)
 - What reasons did the lawyer give to say Mr. Smith might have been “asking for it”?
 - Do you think this kind of argument would ever work for a robbery trial?
 - What are situations where people get blamed for “asking for it”? (getting hit or beaten up for not behaving or not following a group or gang expectation, sexual harassment or abuse, etc)

Tell students that sometimes when a person is sexually abused, people may use the same ridiculous explanations that the lawyer used to say it was the victim’s fault. (Where they were, they didn’t fight back, they have been sexually active before, what time of day it was, what they were wearing, etc.) It is never fair or right to harm someone else unless it is self-defense. (When you cannot get away and need to protect yourself). It is illegal to harm someone. It is called abuse. If the abuse is sexual in nature, it is called sexual abuse. No matter what a person says or wears, it is illegal to sexually abuse them. No one asks for sexual abuse! The victim is never at fault in such cases. The other person is totally responsible for their actions.

3. Read through worksheets:

- What You Can Do to Avoid Situations That Might Lead to Date Rape
- Real Men Don't Rape

4. Statistics group work

- Have the students get into groups of 3-4
- Pass out Teen Sexual Assault and Abuse Information Sheet
- Have students pick two statistics they found most surprising in each statistics list set. Have them explain why they find the statistics surprising.
- Have one person from each group report

5. Sex Offender Registry and Sexual Assault Laws worksheets

Lesson Extensions:

Videos: Planned Parenthood - Wausau video on the law and teen sexual behavior- 715-675-5395

Guest Speakers: Counseling Center of Milwaukee (414) 271-2565

Web sites: Wisconsin Coalition Against Sexual Assault www.wcasa.org

Sexual Assault Treatment Center (414) 219-5555

Are You Asking For It?

Harper's magazine carried an item from the American Bar Association Journal declaring that few rapists are punished for their crime; only one in ten rapes are reported and only one out of eight reported rapes ends in a conviction. In a dialogue to demonstrate why most rape victims prefer not to press charges, the article asks us to imagine a robbery victim undergoing the same kind of cross-examination a rape victim experiences:

Lawyer: "Mr. Smith, you were held at gun point on the corner of First and Main?"

Mr. Smith: "Yes."

Lawyer: "Did you struggle with the robber?"

Mr. Smith: "No."

Lawyer: "Why not?"

Mr. Smith: "He was armed."

Lawyer: "Then you made a conscious decision to go along with his demands rather than fight?"

Mr. Smith: "Yes."

Lawyer: "Did you scream? Cry out?"

Mr. Smith: "No. I was afraid."

Mr. Smith: "No."

Lawyer: "Have you ever given money away?"

Mr. Smith: "Yes, of course."

Lawyer: "And this time you gave your money away again?"

Mr. Smith: "What are you getting at?"

Lawyer: "Well, let's put it like this, Mr. Smith. You've given money away in the past. In fact, you have quite a reputation for generosity. How can we be sure you weren't planning on having your money taken by force?"

Mr. Smith: "Listen, if I wanted..."

Lawyer: "Never mind. What time did this hold up take place?"

Mr. Smith: "About 11:00 p.m."

Lawyer: "You were out on the street at 11:00 p.m.? Doing what?"

Mr. Smith: "Just walking."

Lawyer: "Just walking? You know that it's dangerous being out on the street that late at night. Weren't you aware that you could have been held up?"

Mr. Smith: "I hadn't thought about it."

Lawyer: "I see. What were you wearing?"

Mr. Smith: "Let's see...a suit. Yes, a suit."

Lawyer: "An expensive suit?"

Mr. Smith: "Well, yes, I'm a successful lawyer, you know."

Lawyer: "In other words, Mr. Smith, you were walking around the streets late at night in a suit that practically advertised the fact you might be a good target for some easy money, isn't that so? I mean, if we didn't know better, Mr. Smith, we might even think that you were asking for this to happen, don't you agree?"

Teen Sexual Assault and Abuse Information Sheet

Sexual violence is any act (verbal and/or physical) which breaks a person's trust and/or safety and is sexual in nature. The term "sexual violence" includes: rape, incest, child sexual assault, ritual abuse, date and acquaintance rape, marital or partner rape, sexual harassment, exposure, and voyeurism.

Victims/survivors of sexual assaults are forced, coerced and/or manipulated to participate in the unwanted sexual activity. Adolescent women are at a higher risk for sexual violence than any other age group. Part of the reason for this is the large number of date/acquaintance rapes which occur at this age. This is coupled with the fact that many adolescents are victims of sexual abuse and incest as well. Due to past or ongoing sexual abuse, teens with these experiences are more likely than their non-abused peers to participate in "delinquent" teenage behaviors including those which result in school problems, conflict with authority, early sexual behavior and eating problems. These behaviors may help the teen escape from jeopardy and/or serve as a cry for help.

Date/acquaintance rape is sexual assault perpetrated by someone known to the victim such as: a friend, an employer, a date or someone the victim/survivor recently met. It is almost entirely perpetrated by males against females. It is NEVER the victim/survivor's fault no matter what she wore, where she was, whether or not she fought back or whether or not she was drinking. The perpetrators are 100% responsible for their actions. Rape, including date/acquaintance rape, is violence where sex is used as the weapon. Date/acquaintance rapists often believe myths such as: women owe men sex if they spend money on her; some women play hard to get and say "no" when they mean "yes" and women enjoy being pursued by an aggressive male.

Individuals who have been assaulted and/or abused by someone they know may feel guilty or responsible for the abuse, feel betrayed, question their judgment and have difficulty trusting people. Recovery from an assault can be assisted by contacting an advocate who understands the needs of sexual assault victims. Many communities have rape crisis centers with 24-hour counseling and advocacy services. Adolescents who are being sexually abused can contact the 24-hour National Child Abuse Hotline for assistance and referral: 1-800-422-4453.

HERE ARE THE NATIONAL FACTS:

- In 2005 only 38.3% of total rapes were reported to police. 56.1% of stranger rapes and 28.3% of nonstranger rapes were reported to police. (2005 National Crime Victimization Survey (NCVS). U.S. Department of Justice, Bureau of Statistics. December 2006.)
- One study found that 34% of sexual assaults occurred when victims were less than 12 years old; 33% occurred between the ages of 12-17; and 14% occurred between the ages of 18-24. (Sexual Assault of Young Children as Reported to Law enforcement: Victim, Incident, and Offender Characteristics. U.S. Department of Justice Statistics, 2000.)
- One of every seven victims of sexual assault is under the age of 6. (Sexual Assault of Young Children as Reported to Law enforcement: Victim, Incident, and Offender Characteristics. U.S. Department of Justice Statistics, 2000.)
- One in four victims of sexual assault under the age of 12 are boys. (Juvenile Offenders and Victims: 1999 National Report. National Center for Juvenile Justice. Washington D.C: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. September, 1999.)
- 50-75% of women in substance abuse treatment programs are survivors of sexual violence. (Homeless, Addictions, and Mental Illness. 1997. Anderson, C. and Chiochio, K. Sexual Abuse in the Lives of Women Diagnosed with Serious Mental Illness. Harris, M., ed., pp. 21-37)

HERE ARE THE FACTS FOR WISCONSIN:

Based on Reports made to Law Enforcement in 2004:

- An estimated 5,618 sexual assaults were reported in 2004. This represents a 3.9% increase from the 2003 reported total.
- 85% of victims were female, 93% offenders were male.
- 88.9% of all sexual assaults were perpetrated by someone know to the victim, while 6.4% were committed by strangers.
- 58.5% of all assaults took place in either the victim’s or the offender’s home.
- 77% of all sexual assault victims were juveniles. Over 70% of all victims were 15 years old or younger.
- The average age of the offender was 24, nine years older than the average age of the victim age of 15.
- According to crime statistics there was a sexual assault every 1 hour, 33 minutes, 33 seconds in 2004.

Source for Wisconsin Statistics: Wisconsin Office of Justice Assistance Report on Sexual Assaults in Wisconsin 2004: December 2005

- It is estimated that 14.2% of adult women in Wisconsin have experienced one or more completed, forcible rape. This estimate does not include male victims, underage victims, or victims who were unable to consent to sex due to their age, mental condition, or level of intoxication, or sexual assaults other than rape. This is equal to one out of every seven women in Wisconsin. (Kilpatrick, D.G., & Ruggiero, K.J. (2003). Rape in Wisconsin: A Report to the State. Charleston, SC: National Violence Against Women Prevention Research Center, Medical University of South Carolina).

This information sheet was compiled in 2007 by the Wisconsin Coalition Against Sexual Assault (WCASA). WCASA is a membership organization of sexual assault centers, other organizations, and individuals throughout Wisconsin working to end sexual violence. For information sheets on other topics or to become a member, contact WCASA 600 Williamson St., Suite N-2, Madison, WI 53703, (608)257-1516, www.wcasa.org. For more information about sexual assault or to receive support with a sexual assault experience, contact your local sexual assault program. This sheet may be reproduced in its original format only.

What You Can Do to Avoid Situations That Might Lead to Date Rape

Set sexual limits. It is your body, and no one has the right to force you to do anything you do not want to do. If you do not want someone to touch you or kiss you, for example, you can say "Take your hands off me," or "Don't touch me," or "If you don't respect my wishes right now, I'm leaving."

If things start to get out of hand, be loud in protesting, leave, go for help. Do not wait for someone else to rescue you or for things to get better. If it feels uncomfortable, leave quickly.

Be aware of specific situations in which you do not feel relaxed and in charge.

Trust your gut-level feelings. If you feel you are being pressured, you probably are and you need to respond. If a situation feels bad or you start to get nervous about the way your date is acting, confront the person immediately or leave the situation as quickly as possible.

Be aware that alcohol and drugs are often related to acquaintance rape.

If you are unsure of a new acquaintance, go on a group or double date.

Have your own transportation, if possible or taxi fare.

Be careful when you invite someone to your home or you are invited to his home.

Avoid secluded places where you are in a vulnerable position.

Think about the pros and cons of dating much older men.

Socialize with people who share your values.

Talk openly about sex, and keep talking as you get further into a relationship.

Be careful not to let alcohol or other drugs decrease your ability to take care of yourself and make sensible decisions.

Trust your gut feelings. If a place or the way a date acts make you nervous or uneasy, get out.

Go out on a first date or a blind date with friends. Insist on going to a public place like a movie, sporting event, or restaurant. Carry money for a phone call and taxi, or take your own car.

Don't leave a party, concert, game, or other social occasion with someone you just met or don't know well.

Take a look at the people around you and be wary of anyone who puts you down, or tries to control how you dress or your choice of friends.

Become an ally and educate others about rape and violence.

Always get your own drink and watch it being poured.

Never leave your drink unattended. If you need to use the restroom and can't take your drink with you, leave it with a trusted friend—not a new date!

If your drink tastes funny, do not drink it. Dispose of it to keep others from dinking it.

Keep in mind that most drugs used to spike a drink are colorless and tasteless; therefore, keeping your drink within sight is paramount.

Be aware of how your friends are acting. If they seem more "out of it" than usual, be very wary and keep an eye out for them.

What Should You Do If Someone Tries to Force Sexual Activity on You?

Say "no" strongly. Do not smile; do not act friendly or polite.

Say something like "Stop it. This is rape." This might shock the rapist into stopping.

Assess the situation. Figure out how you can escape. Are there any other people around?

Look for an escape route. If you can figure out a way to distract the person you can sometimes escape.

Act quickly, if possible. The longer you stay in the situation, the fewer your options.

Ask yourself if it is safe to resist. This is a critical question. Women who fight back initially, who hit and scream, have a much higher chance of avoiding the successful completion of an assault than women who plead or try to talk their way out of the situation.

say you have to use the bathroom, and then leave.

shout "fire." If you shout "help," some people will tend not to want to be involved in someone else's problem. "Fire" concerns them, and they are more likely to respond.

use intimidation (lie; say that your male roommate is on the way home; say you have herpes or an STD).

try to get him to see you as an individual person. Make him aware of the effect he is having on you. Tell him he is hurting you.

Real Men Don't Rape

Unfortunately, a nice, normal man can turn into a date rapist. However, there are some men who are more likely to be sexually aggressive than others. Watch out for...

...men who do not listen to you, ignore what you say, talk over you or pretend not to hear you.

...men who ignore your personal space boundaries.

...men who express anger or aggression towards women as individuals or in general. Hostile feelings can easily be translated into hostile acts. Such men often get hostile when a woman says "no."

...men who do what they want regardless of what you want. If a man does this in little ways--for example, if he makes all the decisions about what to do and where to go without asking your opinion--then he may also be likely to make the decision about whether you are ready to have sex with him.

...men who try to make you feel guilty or accuse you of being "uptight" if you resist their sexual overtures.

...men who act excessively jealous or possessive.

...men who have wrong or unrealistic ideas about women. (for example, "women are meant to serve men"). Such men are not likely to take your objections seriously.

...men who drink heavily. A "mean drunk" can often get sexually aggressive, angry or violent if he is rejected.

Where to get help

WISCONSIN COALITION AGAINST SEXUAL ASSAULT, INC.
(Provides information and referrals to sexual assault agencies throughout Wisconsin)
600 Williamson St, Ste. N-2
Madison, Wisconsin 53703
Phone (608) 257-1516
TTY (608) 257-2537
Fax (608) 257-2150
wcasa@wcasa.org

Milwaukee
Pathfinders
2038 N. Bartlett Avenue
Milwaukee, WI 53202-1059
Phone: (414) 271-2565
Crisis Line: (414) 271-9523
TTY: (414) 271-0102
www.pathfindersmke.org

Milwaukee
Sexual Assault Treatment Center
960 N. 12th Street, Room 2120,
Heart Institute
Milwaukee, WI 53201
Phone: (414) 219-5850
Crisis Line: (414) 219-5555
TTY: (414) 219-7570
debbie.donovan@aurora.org
www.aurorahealthcare.org

Milwaukee
The Healing Center
611 W. National Avenue, 4th
Floor
Milwaukee, WI 53204
Phone: (414) 671-4325
Crisis Line: (414) 671-4325
TTY: (414) 671-6836
maryann.clesceri@aurora.org
www.thehealingcenter.org

GUIDELINES ON “TEENS” AND THE LAW

This information does not constitute legal advice.

QUESTIONS	<i>RESPONSES</i>
<p>“SEXUAL INTERCOURSE:” In Wisconsin, can an individual engage in “sexual intercourse” with a minor, a child who has not yet attained the age of 18? What if the two individuals are both 16 or 17 years of age?</p>	<p>According to Wisconsin law, it is illegal for any person, regardless of their age, to engage in sexual intercourse with a child who has not yet attained the age of 18. This means that two teens, both aged 16, who say that the sexual intercourse is voluntary still risk prosecution.</p> <ul style="list-style-type: none"> • It is considered 1st degree sexual assault if the child has not yet attained the age of 13. • It is considered 2nd degree sexual assault if the child has not yet attained the age of 16. <p>It is considered a Class A misdemeanor if the child is 16 or older. <i>(WI statutes 948.02, 948.09.)</i></p>
<p>“SEXUAL CONTACT” AGE 0-16: In Wisconsin, can a person engage in “sexual contact” with a child aged 0-16 years of age?</p>	<p>It is illegal for any person, regardless of their age, to have “sexual contact” with a person under 16 years of age. <i>(WI s. 948.02.)</i></p>
<p>“SEXUAL CONTACT” AGE 16-18: In Wisconsin, can an individual engage in “sexual contact” with a child aged 16-18 years of age?</p>	<p>Wisconsin statutes are silent as to whether a child aged 16 or older may consent to “sexual contact.” This has been interpreted to mean that “sexual contact” with a child 16 or older is not automatically against the law.</p>
<p>CHILD ABUSE RESTRAINING ORDER: Can a parent or guardian obtain a Child Abuse Restraining Order (WI s. Section 813.12) against the person with whom their 16 or 17 year old child is engaging in sexual intercourse? <i>(For example a parent wants to get the Child Abuse Restraining order against 16-year-old daughter’s 26-year-old “boyfriend.”)</i></p>	<p>No, because the definition of “child abuse” used to provide reasons for the Restraining Order does not include the sexual assault law referring only to 16 and 17 year olds. <i>(WI s. 948.09)</i> (Whoever has sexual intercourse with a child who is not the defendant’s spouse and who has attained the age of 16 is guilty of a Class A misdemeanor.)</p>
<p>MANDATED REPORTING:</p> <p>Do mandated reporters report “voluntary” sexual intercourse between 16 and 17 year olds?</p>	
<ul style="list-style-type: none"> • Mandated reporters are required to report “child abuse” or “neglect.” The definition of “child abuse” does not include the sexual assault law referring only to 16 and 17 year olds, s. 948.09 (Whoever has sexual intercourse with a child who is not the defendant’s spouse and who has attained the age of 16 is guilty of a Class A misdemeanor.) This exclusion has been interpreted to mean that “voluntary” sexual activity of a 16 or 17 year old, though still illegal, need not be reported as child abuse; UNLESS the reporter suspects such things as: that coercion has been used, the sexual intercourse occurred or is likely to occur with someone who is in a position of power or authority over the teen, or he or she has reasonable doubt as to the voluntariness of the child’s participation in the sexual contact or intercourse. <i>These ideas about when a mandated reporter may want to report are not Wisconsin law, they are only ideas to consider when talking with a 16-17 year old about their sexual activity.</i> • However, if a reporter <u>suspects</u> any elements under Wisconsin’s sexual assault laws s. 940.225, such as use of force or non-consent, the reporter shall report the sexual abuse. • Social workers for child protective services (CPS) can be good resources! You may call CPS workers with questions about when to make a report. Asking a question is not reporting. However remember that if you give identifying information about a possible victim or offender, CPS must move forward on your statements. 	
<p>This information sheet was created in 1999 by the Wisconsin Coalition Against Sexual Assault (WCASA). WCASA is a membership organization of sexual assault centers and other organizations and individuals throughout Wisconsin working to end sexual violence. For information sheets on additional topics or for membership information, contact WCASA, 600 Williamson St. Suite N2, Madison, WI, 53703. Phone/TTY: 608-257-1516 Fax: 608-257-2150. Information sheets can be downloaded from our website www.wcasa.org. This may be reproduced with reference to WCASA.</p>	

According to Wisconsin law, it is illegal for any person, regardless of their age, to engage in sexual intercourse with a child who has not yet attained the age of 18 years.

<p>1st Degree Sexual Assault= Class B felony:</p> <ul style="list-style-type: none"> • Considered 1st degree sexual assault if the child has not reached 13 yrs • Has sexual contact/ intercourse with another person that results in pregnancy or bodily harm to that individual • Has sexual contact / intercourse without consent by use of threat (weapon) • Aided or abetted by 1 or more persons and has sexual contact / intercourse 	<p>For a Class B felony, the total sentence may not exceed (60) years, with a maximum of 40- yr term confinement (jail time) and 20-yr extended supervision (probation)</p> <p>40 yrs jail time + 20 yrs probation = 60 years sentence</p> <p>Repeat offenders can get up to 2 additional imprisonment years with prior misdemeanor convictions (found guilty), and up to 6 yrs with a prior felony conviction.</p>
<p>2nd Degree Sexual Assault= Class C felony:</p> <ul style="list-style-type: none"> • Considered 2nd degree if the child has not reached 16 years of age • Same list as 1st degree plus: <ul style="list-style-type: none"> ○ Sexual contact/ intercourse with a person that suffers from a mental illness ○ Sexual contact/intercourse with a person intoxicated or high ○ Sexual contact/intercourse with someone unconscious 	<p>For a Class C felony, a fine may not exceed \$100,000. The total sentence may not exceed (40) years, with a maximum of 25-yr term of confinement (jail time) and extended supervision may not exceed 15 yrs.</p> <p>25 yrs jail time + 15 yrs probation= 40 years sentence</p> <p>Repeat offenders can get up to 2 additional imprisonment years with prior misdemeanor convictions, and up to 6yrs with a prior felony conviction</p>
<p>4th Degree Sexual Assault= Class A misdemeanor:</p> <ul style="list-style-type: none"> • Considered Class A Misdemeanor if the child is 16 or older (16-17) • Same list as 2nd Degree 	<p>Penalties for a Class A misdemeanor are a fine not to exceed \$10,000 or imprisonment not to exceed 9 months, or both.</p> <p>Repeat offenders can receive 2 additional years of imprisonment if the person was previously convicted of 1 or more misdemeanors and up to 6 yrs if the person was previously convicted for a felony.</p>

Under Wisconsin law, a minor is incapable of giving consent to have sexual contact or sexual intercourse with another person. An adult can give consent. Wisconsin law provides that consent can be given by an adult through express words or overt actions by a person competent to give consent. A person who suffers from a mental defect, diminished capacity, or who is unconscious is presumed incapable of giving consent.

National Health Education Standards

Primary Focus

Standard 7 – Self Management

Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

Secondary Focus

Standard 1 – Core Concepts

Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Standard 3 – Accessing Information

Students will demonstrate the ability to access valid health information and products and services to enhance health.

MPS Learning Targets – Students will:

Health

- understand human growth and development, HIV, sexually transmitted diseases and pregnancy prevention.

Reading

- use a variety of reading strategies to decode words, including phonics and word analysis. Use familiar parts of a word to decode unfamiliar words.

What You Need to Know- lesson objectives:

Students will:

Practice finding help through trusted adults they know and through community resources.

Materials:

- List of community resources- ask school social worker for a list
- Information on the 211 phone line
- Looking for help worksheet

Procedure:

1. Divide class into two groups. Have one group brainstorm situations when you may want advice, information, etc. from an adult around issues of sexuality and personal growth. Have the second group brainstorm a list of trusted adults. Talk about when it is OK to go to an older sibling/cousin when you need adult guidance. Compare the lists. Are all the situations ones that a trusted adult from the list might help with? Do any of the situations bring up other possible adults to add to your list?
2. Some of the adults on the list are friends and family members; others are people who we consider to be community resources. Provide a list of community resources to students.
3. Give the students the worksheet that lists places students can go for help. Ask students if they have any other places they know of that they can go for help. Ask students if they don't have the list available how do they find other places to help.
4. Create a one page fact sheet or brochure about one of the places you can do for help. Complete worksheet and hand in at the end of the class.
5. If you send more than one day in the computer lab students could give a short presentation on what they found.

Lesson extension:

1. Students prepare to locate clinics in their area and make plans for contacting one to get information about protection.
2. The second half of the class involves a discussion and visual demonstration of prevention methods, specifically for preventing HIV.
3. Students then apply their knowledge about protection to decide which method(s) might be best for them. Options for this lesson include a guest speaker from a local clinic or a field trip to a local clinic.

Visit or Call a Clinic

1. Explain that many people, including adults, avoid going to a clinic or doctor to discuss protection because they don't know what to expect. Besides learning what services are offered at local family planning clinics, this homework assignment asks students to rate their comfort level while at the clinic. Hand out the 2-page homework and tell students they can complete the assignment in 1 of 4 ways:
 - They can visit a clinic, complete homework and describe the way to get to a clinic.
 - They can visit a clinic and complete homework.
 - They can call a clinic, complete homework and describe the way to get to a clinic.
 - They can call a clinic and complete homework.

Whichever version of the assignment students choose; they must all complete **Visit or Call a Clinic**. For additional points, they may complete **The Way to the Clinic**.

2. Have the students in the computer lab. Have the students go to the following link: <http://www.hivtest.org/> This link takes the students to the National HIV and STD Testing Resources Site. This site will give the students local testing sites when they enter their zip code.
3. Another resource that works with the same site is doing the same process through texting. Have students who want to text for a clinic use this resource:



IF you do not have access to a computer lab the class can be done with a local phone directory (or several) and have students find the clinic section in the yellow pages. Select 2 or 3 conveniently located clinics (or the clinics that have agreed to participate) from which they can choose. Have them choose in class so you can control the number of students contacting each clinic. (If there is only 1 clinic, consider the alternatives below.)

4. Have students write the name of their clinic in the space provided on the worksheet. If the clinics have given you information about the best times to answer questions, etc., share those with students. As a general rule, encourage them to visit the clinic in pairs, but discourage going in groups larger than 3. Encourage students to go with their boyfriends or girlfriends, even those who aren't in the

class. Tell students they should bring back some literature available from the clinic. This could be a pamphlet describing services. Remind them that clinics are professional places, and that they should use their best behavior. Additionally, they should keep to themselves the names of anyone they see at the clinic.

5. Conduct a brainstorming session to generate some questions that can be used when visiting the clinic.

If students are slow getting started, help them prepare to ask:

- How much does a clinic visit cost?
- What is the confidentiality policy?
- What services are available?
- How long does it take to get an appointment?
- Do you have to want a method of protection now, or can you make an appointment for a consultation only?
- What happens during a typical appointment and how long does it take?
- Does the clinic also offer HIV testing? If so, how is the test done? (anonymous or confidential) How are results verified and recorded? How much does the test cost?
- Is pre- and posttest counseling offered?

Looking for Help Worksheet

Name of organization _____

Phone number: _____

What is the organizations main focus? _____

Web site:

Address: _____

Is it local?: **Yes** **No**

Is it credible?: Was it current? **Yes** **No**

Was it relevant? **Yes** **No**

Was the source authoritative? **Yes** **No**

Was it accurate? **Yes** **No**

What was the purpose of the site? _____

What services does it provide? _____

List information you think would be valuable to teens your age: _____

Looking for Help

STIs/Teen Pregnancy

Planned Parenthood 1-800-230-PLAN

Keenan Central Health Clinic 414- 286-3631 www.milwaukee.gov/health

www.hivtest.org

<http://www.ppwi.org/>

<http://www.thenationalcampaign.org/>

www.cdc.org

www.babycanwait.com

Relationship Problems

Domestic Violence Hotline 24-hour 414-933-2722

Crisis Line assists battered women and children 414-671-6140

Sojourner Truth House 414-933-2722

Sexual Assault Treatment Center 414-219-5250

<http://www.sojournertruthhouse.org/>

<http://tffv.org/>

LGBT

Milwaukee Lesbian Gay Bisexual Transgender Community Center 414- 292-3072

Pathfinders 414-271-2565

7 C's Counseling Center 414-288-4556

<http://www.mkelgbt.org/>

<http://www4.uwm.edu/lgbt/>

Brady Street Clinic, 1240 East Brady Street, 414-272-2144, contactus@bestd.org

City of Milwaukee Health Department Keenan Health Center STD Clinic, , 414-286-8840
3200 N 36th street

Name: _____

Visit or Call a Clinic

1. Name of clinic _____
2. Address and phone number of clinic _____

3. Clinic is open from ___ a.m. to _____ p.m. _____ days a week.

4. The following services are available at this clinic:

- | | | |
|--|--|--|
| <input type="checkbox"/> Birth control | <input type="checkbox"/> Prenatal care | <input type="checkbox"/> STI treatment |
| <input type="checkbox"/> Pregnancy tests | <input type="checkbox"/> Sterilization | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> HIV antibody test | | |

5. A routine examination or consultation about birth control information costs \$_____.

6. Most states have laws that clinics can't disclose information about clients without written consent, including whether or not clients visit the clinic. This is called "client confidentiality." This clinic's confidentiality policy is as follows:

7. Besides English, the following languages are spoken at this clinic: _____

8. If you visited (rather than called) the clinic, answer this question: I felt the following level of comfort in this clinic (include such things as decor, friendliness of staff, reading material available in waiting room, etc.):

1	2	3	4
Very comfortable	Comfortable	Fairly comfortable	Uncomfortable

9. Would you recommend that a friend visit this clinic for an exam or to talk about protection? Yes No

Write 2 sentences telling why or why not.

10. Something I learned at this clinic is _____

Reminder: Attach a card or brochure from the clinic.

Alternative to "Visit or Call a Clinic"

Homework

Note to the Teacher

In some communities, individual visits to a clinic may be impractical. The clinic may be too far away, a small clinic might be overwhelmed by many student visits or students themselves may worry about confidentiality issues. However, a young person's likelihood of using protection is increased by such things as discussing HIV with a health care provider, having previously visited a family planning clinic and having greater satisfaction with such visits. Whenever it is possible to do actual visits, we recommend this.

Some teachers will choose the "call a clinic" version of this activity to avoid the problems with clinic visits. Again, however, small clinics may be overwhelmed by many student calls.

Two other alternatives are suggested (speaker or field trip). If these activities are used, students can still complete both pages of the homework.

Speakers. Invite someone from a family planning clinic to speak to the class. Most family planning offices (public hospitals, public health clinics and walk-in comprehensive care centers) are able to provide a speaker who will describe what happens at a clinic and present a film or lecture about family planning methods and HIV and other STI prevention. Such a visitor would help students think of the family planning clinic as more "teen friendly." If there is no film, encourage the speaker to do a role play (perhaps with your assistance).

Field Trips. Some clinics are willing to host students in small groups. This would almost certainly require that the class be split into smaller groups. The field trips would take some planning, but would ensure that students actually visited a clinic-another important aspect of increasing use of protection. Clinic staff may be willing to lead the field trip.

Note to the Teacher

- Be sure to let your contacts at the clinic know about the kinds of questions your students will ask before the field trip takes place or the class speaker arrives. Clarify what their answers will be so you can be sure students are hearing the same messages and information from the clinic representatives as they are hearing in class.
- How long this lesson takes may vary significantly depending on which approach you take to the **Visit or Call a Clinic** assignment.

National Health Education Standards

Primary Focus

Standard 3 – Accessing Information

Students will demonstrate the ability to access valid health information and products and services to enhance health.

Secondary Focus

Standard 1 – Core Concepts

Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Standard 6 – Goal Setting

Students will demonstrate the ability to use goal-setting skills to enhance health.

MPS Learning Targets – Students will:

Health

- explain how personal health choices affect the community; for example, discuss how the personal choice to use drugs creates a safety hazard for others.
- demonstrate how mass communication can affect their health; for example, cite cases where the health department issued warnings on an outbreak of a disease.

Reading

- determine whether research from different sources is valuable and accurate. Summarize, interpret and make generalizations about the information.

What You Need to Know- lesson objectives:

- Students will learn how to make decisions about methods of protection from pregnancy and STIs. Students will research how to get information about protection in their community and discuss methods of protection that will provide protection that is best suited for them.

Materials:

- For visual aid, obtain one latex condom.
- Review information contained in this lesson in Latex Barriers for Preventing HIV and STI Infection-Teacher Notes.
- For each student, copy How Will You Avoid Pregnancy?
- For each student, copy How Is HIV Infection Prevented?
- Contraceptive review sheets

Procedures:

1. How Will You Avoid Pregnancy?

Pass out “How Will You Avoid Pregnancy?” along with contraceptive info sheets. Go over them with the class. Then have students complete the worksheets. Tell students this worksheet gives them a chance to review and personalize the abstinence and protection information they have learned to date. Ask student to volunteer their final answers. No student should be forced to answer if he or she is uncomfortable.

2. How Is HIV Infection Prevented?

Pass out How Is HIV Infection Prevented? Tell students this handout provides information on a number of ways to protect them from HIV or lower their risk of HIV infection. Outside

of class, they can individually assess how well they are protecting themselves from HIV infection.

3. **Follow up question:** How do you prevent pregnancy and STI's?

Answers: 1. **Abstinence** 2. **Dual protection-** This means that someone uses a barrier method like a condom and the girl also uses a form of birth control like the pill, patch, or ring.

4. **Fact or Fiction worksheet.** Have them read the statements and decide if they are factual or fiction. Have students report answers and have a class discussion.

Lesson Summary

Remind students that knowing where to go, how to get there and whom to talk to about protection is an important aspect of responsible sexual behavior. Explain that you realize they may not need this information just yet, but they will most likely need this information at some point in their lives. They may know someone who needs the information now. A person-to-person visit with a health care provider is the best way to find information. It is important for students to know how to use these skills before they have sex. When they are ready to become sexually active, they can meet with a health care provider and make protection plans that offer the greatest possible protection before, rather than after, they become sexually active.

Male condom (Prophylactics)

Description:	Condoms are sheaths (covers) made of natural membranes (lambskin) and latex or polyurethane (a type of plastic). They are unrolled over the penis before any genital-to-genital contact.
How does it work:	When placed over the penis, condoms are designed to prevent the ejaculate (semen) from entering the vagina.
Failure Rate:	Condoms have the highest failure rate of all the leading methods of birth control. Teenagers have a higher failure rate than adults. About 15 out of 100 women using condoms for birth control will get pregnant each year. Condoms must be put on before any genital-to-genital contact occurs.
Protection from STDs:	Studies have proven that <u>correct</u> and <u>consistent</u> (every time) latex condom use does decrease the risk of HIV by 85%. If condoms are not used every time with sexual intercourse or are not put on the penis before intercourse occurs, then the decrease in HIV risk is <u>much</u> less. Condoms provide partial protection from others STDs except HPV (minimal to no protection). Unfortunately, most sexually active teens do <u>not</u> use condoms consistently and correctly.
Side Effects:	Side effects with condoms are uncommon. Allergic reactions to latex are rare.
Risks/Complications:	There is a 2% -- 4% breakage and slippage rate with condom use.
Benefits:	Easy to obtain. They can be bought without a prescription.
Summary:	Condoms do reduce greatly the risks of pregnancy and HIV only <u>if</u> used consistently and correctly. This protection is <u>not</u> 100%. The terms “safe” sex or “protected” sex are often used to refer to the use of condoms with sexual activity. It must be understood that this protection is <u>not</u> 100%. If adolescents choose to become sexually active, they must understand that consistent and correct condom use is essential and critical to reduce, <u>but will not eliminate</u> , their risk of pregnancy and STDs, including HIV.

NOTE: The female condom is placed in the vagina and the outside of the vulva. Data is not available on prevention of STDs because female condoms are rarely used. Diaphragms are circular plastic devices placed in the vagina over the cervix to prevent sperm from entering the cervix. They do not protect a person from STDs, and they have a failure rate similar to condoms. Condoms and diaphragms are referred to as “barrier” methods of birth control.

**Birth control pills (BCPs)
 (Oral Contraceptives)**

Description:	Most BCP packs contain 21 pills taken once a day by mouth that contain hormones (usually estrogen and progesterone) followed by 7 days of placebo (fake) pills.
How do they work:	BCPs prevent ovulation (release of eggs from the ovary); they also thicken cervical mucus interfering with sperm transport and thin the inside lining of the uterus preventing the fertilized egg from implanting should ovulation occur and fertilization take place.
Failure Rate:	If taken perfectly (<u>no</u> missed pills at all), pregnancy is uncommon. Since most women do not take the pill exactly as prescribed, pregnancies do occur. Failure rate is higher in teenagers than adult women; about 3 to 7 women out of a hundred using the pill for 1 year will get pregnant.
Protection from STDs:	NONE; BCPs do not decrease a person’s chances at all of getting <u>any</u> of the STDs.
Side Effects:	Most women experience some nuisance problems when initiating BCPs including nausea, breast tenderness, irregular spotting/bleeding, headaches, and mood swings. These usually spontaneously resolve after 2 to 3 months of use.
Risks/Complications:	Serious health problems associated with taking the pill rarely occur. Users of the pill are at increased risk of developing blood clots in the veins of the legs that can travel to the lungs, but this rarely occurs.
Benefits:	Most women do not know that BCPs lower their chance of getting cancer of the ovary and uterus. BCPs also improve acne, decrease menstrual cramps, and reduce the amount of bleeding with each period.
Summary:	Many teens who take BCPs are not sexually active but are on the pill to decrease acne, pain (cramps), or menstrual bleeding. BCPs are not 100% effective in preventing pregnancy and provide NO PROTECTION FROM STIS . If a person is taking BCPs and is having sexual intercourse, she can still get pregnant and/or get an STD, including HIV.

NOTE: Birth control skin patches and the birth control vaginal rings have been recently approved for use in the U.S. They are both similar to birth control pills in that they both contain estrogen and progesterone and have similar actions, failure rates, side effects, and complications. Patches and rings are not 100% effective against preventing pregnancy and provide **NO PROTECTION FROM STDs**.

Birth control injections
(Depot medroxyprogesterone acetate: DMPA)

Description:	DMPA injections (shots) contain progesterone only (not estrogen) and are given in the muscle of the arm or buttocks every 12 weeks.
How does it work:	DMPA injections prevent ovulation (release of eggs from the ovary); they also thicken cervical mucus interfering with sperm transport and thin the inside lining of the uterus preventing the fertilized egg from implanting should ovulation occur and fertilization take place.
Failure Rate:	If DMPA injections are given <u>every 12 weeks</u> , pregnancy is very rare (less than one pregnancy in 100 users). Most teenagers do <u>not</u> return to the clinic or hospital to get their injections every 12 weeks, and most stop the injections because of side effects. Therefore, pregnancies can and do occur.
Protection from STDs:	NONE – DMPA injections do not decrease a person’s chances at all of getting <u>any</u> of the STDs.
Side Effects:	Most women experience irregular bleeding and spotting when starting the injections. After one year of injections, approximately 60% of women have no periods at all while 40% continue to have irregular bleeding and spotting. Other side effects include weight gain and mood swings/depression.
Risks/Complications:	Serious health problems with DMPA injections are very rare. Because the shots do not contain estrogen, there is no increase in blood clots in the legs or lungs.
Benefits:	Although DMPA injections commonly cause a great deal of irregular bleeding, there is a decrease in the total amount of bleeding in women who have heavy periods. There is also a decrease in menstrual cramps.
Summary:	DMPA injections are very effective in preventing pregnancy but ONLY if given every 12 weeks and not discontinued. Most teenagers stop the injections because of side effects. There is NO PROTECTION FROM STIS . If a person is receiving DMPA injections, she is still at risk of getting an STD, including HIV.

Intrauterine devices (IUDs)

Description:	IUDs are small devices less than 2 inches in size placed through the cervix inside the uterus. They contain either copper or a hormone similar to progesterone. This device must be placed in the uterus by a healthcare professional. Once placed in the uterus, IUDs are effective for 5 to 10 years or can be removed sooner if pregnancy is desired.
How does it work:	IUDs interfere with sperm transport preventing sperm from reaching the fallopian tube. They also change the lining of the uterus preventing the fertilized egg from implanting should the sperm reach the tube and fertilization occur.
Failure Rate:	IUDs are very effective in preventing pregnancy with only one pregnancy per 100 IUD users per year.
Protection from STDs:	NONE – IUDs do not decrease a person’s chances at all of getting <u>any</u> of the STDs.
Side Effects:	The copper IUD can cause heavy periods or cramps. The hormone-containing IUD can cause side effects similar to the pill but are usually mild and infrequent.
Risks/Complications:	There is a slight increased risk of infection of the uterus/tubes (pelvic inflammatory disease) immediately after insertion of the IUD in the uterus. IUDs cannot be used in women at increased risk for STDs. Because sexually active adolescents are at high risk of getting an STD, such as chlamydia or gonorrhea, IUDs are not used in this age group because of the fear of PID.
Benefits:	Once IUDs are placed in the uterus, they are effective for years; or until removed by a healthcare professional. The woman does not have to do anything else to prevent pregnancy.
Summary:	While IUDs are very effective in preventing pregnancy, they provide NO PROTECTION FROM STIS . They are not recommended for use by sexually active adolescents because of the high risk of acquiring STDs in this age group.

Ortho Evra Patch

Description:	A contraceptive patch is a transdermal patch applied to the skin that releases synthetic estrogen and progestin hormones to prevent pregnancy . They have been shown to be as effective as the combined oral contraceptive pill with perfect use, and the patch may be more effective in typical use.
How does it work:	The Patch is worn on the skin, using transdermal technology.
Failure Rate:	The Patch is 98%-99% effective at preventing pregnancy if used as directed.
Protection from STDs:	NONE – The Patch do not decrease a person’s chances at all of getting any of the STDs.
Side Effects:	The most frequent adverse events reported while using the Ortho Evra / Evra patch were: breast discomfort, engorgement or pain (22%), headache (21%), application site reaction (17%), nausea (17%), upper respiratory tract infection (10%), menstrual cramps (10%), and abdominal pain (9%)
Risks/Complications:	All combined hormonal birth control products have a very small increased risk of serious or fatal thromboembolic events. (blood clot)
Benefits:	Only have to remember to change the patch once a week as opposed to every day for the pill. It also does not require surgery.
Summary:	The Patch is another method of effectively preventing pregnancy if used correctly, but it does not protect against STIs.

How Will You Avoid Teen Pregnancy?

1. Which methods about teen pregnancy would you like to know more about?

2. How will you find that out?

3. Which method seems most convenient? _____

4. Which method has the fewest side effects that worry you? _____

5. Which methods are effective enough for you? _____

6. Are there any forms of contraception that are 99% effective at preventing pregnancy AND STIs?

6. Do you have a boyfriend or girlfriend? Which method do you think they would be most interested in using and why?

7. Which method would your parents be most likely to approve? _____

8. What are your conclusions? Circle the numbers that show which method seems best *for you*.

	Best choice	Okay choice	Worst choice
Abstinence	1	2	3
Condoms	1	2	3
Foam	1	2	3
Condom and foam	1	2	3
Pill, patch or ring	1	2	3
Depo Provera	1	2	3

How Is HIV Infection Prevented?

Directions: The information below will be discussed in class. For your own use, assess how well you are protecting yourself from HIV infection. (Your personal answers will not be discussed in class.)

Effectiveness of Methods for Protection from Pregnancy and/or HIV

Method	Protects for pregnancy & HIV	Protects for pregnancy only	Doesn't protect for either
Withdrawal			X
Douching			X
Hoping			X
Rhythm			X
Birth Control Pill Birth Control Patch Vaginal Ring		X	
Depo Provera,		X	
Abstinence	X		
Latex Condom	X		
Contraceptive Foam		X (Fair)	

Protect Yourself

1. Abstinence (not having sex) is the best way to prevent sexual transmission of HIV.

If you **do** have sex:

- Make sure you do not come in contact with someone else's blood, semen or vaginal fluids.
- Use a new latex condom and a water-based lubricant every time you have sex.

2. Abstain from alcohol and other drugs, since they affect your judgment and using them may lead to unsafe sex or injection drug use.

If you **do** inject drugs:

- Never share needles or works.

Fact or Fiction

STIs/Teen Pregnancy

1. “I haven’t been exposed to sexually transmitted diseases because we haven’t gone all the way. We usually only kiss and touch each other – well we did have oral sex, but only once.”
2. If I wear a condom I am safe from STIs and pregnancy.
3. If I have no symptoms, then I can not have an STI.
4. A girl can not get pregnant the first time she has sex
5. If I have sex standing up I can not get pregnant

Relationship problems

1. Only women are the victims of domestic abuse
2. It is common for an abuse victim to blame herself for what happened.
3. It’s OK to tell the person you are dating who they can and cannot talk to.

FACT OR FICTION

STIs/Teen Pregnancy

1. “I haven’t been exposed to sexually transmitted diseases because we haven’t gone all the way. We usually only kiss and touch each other – well we did have oral sex, but only once.”
FICTION: There are three ways to transmit sexually transmitted diseases. These ways are vaginal or anal intercourse and oral sex. Don’t deceive yourself just because you’ve only had one or a few sexual experiences. Being sexually active even once puts you at risk for both STDs and unplanned pregnancy.
2. If I wear a condom I am safe from STIs and pregnancy.
FICTION: Even though a male condom is the best way to prevent STIs and teen pregnancy, if you chose to not be abstinent, they are not 100% effective. There is still a chance you can get someone pregnant or contract an STI.
3. If I have no symptoms, then I can not have an STI.
FICTION: You may have an STI without even knowing it. The only sure way to know you do not have an STI is to get tested.
4. A girl can not get pregnant the first time she has sex
FICTION: There is no biological or physiological reason for a girl to not get pregnant the first time they have sex. Anytime a sperm can fertilize an egg there can be a pregnancy.
5. If I have sex standing up I can not get pregnant
FICTION: Gravity has no impact on how sperm travel in a woman’s reproductive system.

Relationship Problems

1. Only women are the victims of domestic abuse
FICTION: Girls can also commit dating violence. In addition, dating violence can occur in all relationships including boys toward boys, girls toward girls, boys toward girls, and girls toward boys. Abusing another person is never right. About 10% of reported abuse cases are from men.
2. It is common for an abuse victim to blame herself for what happened.
FACT: Many victims of abuse blame themselves. Yet, **NO ONE** can be held responsible for being the victim of abuse. Perpetrators choose to abuse, and they are the ones responsible for the abuse.
3. It’s OK to tell the person you are dating who they can and cannot talk to.
FICTION: A healthy relationship involves trust and interacting with others outside of the relationship. Controlling whom you can and cannot talk to is a sign of jealousy and possessiveness and is often a warning sign of an abusive relationship.

National Health Education Standards

Primary Focus

Standard 7 – Self Management

Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

Secondary Focus

Standard 1 – Core Concepts

Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Standard 8 - Advocacy

Students will demonstrate the ability to advocate for personal, family and community health.

MPS Learning Targets – Students will:

Health

- Explain how personal health choices affect the community; for example, discuss how the personal choice to use drugs creates a safety hazard for others.

Reading

- Use a variety of reading strategies to analyze and comprehend text; for example, analyze diverse viewpoints and the author’s use of language.

What You Need to Know- lesson objectives:

- Students will review the risks involved with having unprotected sex and practice communicating skills discussing methods used to reduce sexual practices that could result in pregnancy and exposure to STIs.

Materials

- Index Cards
- Condom line-up cards
- Refuse or delay quiz for homework

Planning Notes: Have one index card for each participant. Write "**abstinence**" on one third of the cards, "**condom**" on another third and "**condom and another form of contraception**" on the remaining third. Make packets of the cards, containing one of each of the words or phrases to distribute in Procedure 3.

Procedure:

1. Transmission Demonstration:

- Have ten students come up to the front of the room and stand in a semi-circle so that the rest of the class can see them.
- Each student should be given a colored card or something they can raise above their head during the activity.
- There will be three demonstrations to simulate three types of sexual behavior.
 1. **Abstinence/Monogamy:** Have one of the students in the middle of the line raise their card up over their head with their left hand. Then tell everyone else to turn to the person next to them (starting with the pair in the middle) and shake hands. Have the two people at both ends of the line to not shake hands with anyone. Anytime you shake hands with a person who has their hand raised, you also have to raise your card with your left hand.

After everyone shakes hands one time, there will now be two people with their cards raised. Ask the students:

- What were the two students at the ends of the line simulating? A: Abstinence. This is the only 100% effective way to prevent pregnancy and STI infection.
 - This first activity simulates having only one partner or monogamy. How many people got infected? A: TWO. Even in monogamy there is some chance that you could get a disease, but based on the number of students who did not raise their hands, are those odds very high? A: NO
2. **Two partners:** Start with the same single student in the middle having their card raised over their head. Have students shake hands with the person next to them and then turn and shake hands with the person on the other side of them. The two people on the end will have to walk toward each other to shake hands. Remember, after you shake hands with someone that has their card raised you must raise your card as well. Ask the students:
- Now these people have added one partner, how many people are infected now? A: FOUR.
 - So, what does increasing your number of partners do to the chances of you contracting a disease? A: The more partners you have, the greater your chance of contracting an STI.
 - Remember, the earlier you start having sex, the more likely you are to have more and more partners
3. **Concurrent partners:** Once again start off the same way. This time each person is going to shake hands back and forth with the people on either side of them five times. Remember to raise your hand after you shake hands with someone who already has their hand raised. Ask the students:
- How many students have their hands raised now? A: TEN
 - What was this simulating? A: concurrent partners or switching back and forth between partners.
 - This usually happens when a group of friends keeps going back and forth between partners. This is clearly the easiest way to contract a disease.
2. **Talk about the “ABC’s of Teen Pregnancy Prevention”**
- Tell them that this is an example of the three steps you can take to being free of STI’s or pregnancy. Each step down the list is a little less safe.
 1. **A= Abstinence:** This is the only 100% effective way to prevent teen pregnancy and STI infection.
 2. **B= Be faithful.** You should wait as long as possible to start being sexually active because the earlier you start the more likely you are to have more partners. When you choose to be sexually active, you should wait until you know the person very well and only be with that one person. If you go between multiple people your chances of contracting an STI increase dramatically.
 3. **C= Use a Condom:** If you chose to have sex with anyone you need to use a condom. This should not be an option for you or your partner. If your partner refuses to use a condom then they are not looking out for your well-being. This is not the kind of person you should want to be with based on their lack of caring for you or themselves.
3. Explain that while *it is important to know* about the risks of unprotected sexual intercourse, the essential thing is to be able to *act* to avoid those risks with a sexual partner. Explain that this activity will help youth practice communicating with their partner, the first step in negotiating sexual risk reduction.

- Divide participants into groups of three and distribute the packets of index cards. Ask each participant to take one index card. Then, go over the following instructions:
 - Create three role-play presentations, one for each situation on your index cards. In each role-play, one person will bring up the subject of sexual risks with another group member and say that she/he wants to use the method listed on the card. The goal of this role-play is for one actor to convince the other actor to agree to practice the assigned method of risk reduction. Tell the youth that the role-plays must end with positive and realistic behavior.
 - While two group members act as characters, the third member should act as a "coach." The coach will make suggestions to help the actors play their roles and will comment on whether the approach is convincing. Ask all participants to take a turn being the coach.
4. When each small group has finished three role-plays, members of that group will pick the most convincing presentation to perform for the entire group.
 5. Tell students they have 20 minutes to work together and create and practice three role-play presentations. Visit with each group and discuss their ideas for the role-plays. If necessary, make suggestions to get the group started.
 6. After 20 minutes, ask a group to volunteer to present first. After the presentation, lead the entire group in a round of applause and ask the audience to provide feedback, using these questions:
 - How realistic was this role-play? Why?
 - Which character was more convincing? Why?
 - What other approach do you think might have been effective?
 7. Continue in the same manner with one role-play from each small group. Challenge the teens to redo any role-play they feel they could make stronger after they receive feedback on it.
 8. When every group has had an opportunity to present, conclude the activity using the Discussion Points below.

Discussion Points:

 - How did it feel to try and convince someone else to go along with your (assigned) method of risk reduction? How did it feel to have someone else try to convince you? Do you think these feelings are common for youth dealing with these issues?
 - What are effective ways for a couple to discuss abstinence? The use of condoms? The use of condoms and another method of contraception?
 - What should a person do if his/her partner will not agree to a chosen method of risk reduction?
 - What skills or information do you need in order to protect yourself against unintended pregnancies and STIs, including HIV?
 9. Conclude with the Condom Line-up activity.

Lesson extension

Refusing or Delaying Quiz

What are condoms?

Effective condoms are made of latex or polyurethane. They prevent body fluids from mixing when two people have sex. The condom is put onto the penis before the penis comes into contact with the vagina, mouth, or anus.

Among typical couples who initiate use of latex male condoms, about 15 percent of women will experience an accidental pregnancy in the first year. If condoms are used consistently and correctly, about two percent of women will experience pregnancy. Condoms are most effective when they are used in combination with another method of contraception, such as the pill or foam.

Condoms work!

Latex condoms, when used consistently and correctly during vaginal, oral, or anal intercourse, are highly effective in preventing the sexual transmission of HIV. They are also effective in preventing most sexually transmitted infections (STIs). Gonorrhea, chlamydia, and trichomoniasis are transmitted when infected semen or vaginal or other body fluids contact mucosal surfaces. Condoms provide a great level of protection against these STIs because they protect both partners against exposure to the other's body fluids. Condoms also provide some protection against STIs—such as genital herpes, syphilis, chancroid, and human papillomavirus (HPV)—which are transmitted primarily through contact with infected skin or with mucosal surfaces. Because these STIs may be transmitted by contact with surfaces not covered or protected by the condom, condoms provide a lesser degree of protection against them.

General Tips for Those Who Are Sexually Active:

- To decrease the chance of the condom slipping down the penis or falling off inside the vagina, pull the penis out of the vagina right after ejaculation.
- Hold the rim of the condom onto the shaft of the penis during withdrawal.
- Never use more than one condom at a time.
- Never re-use a condom.

What are the advantages of choosing condoms?

- Condoms are safe and effective at preventing both pregnancy and some infections when used at each act of sex.
- Using condoms is the best method of preventing infection if two people are going to have sex.
- No prescription is needed to get condoms.

What are the disadvantages?

- Condoms do not provide complete protection against genital herpes, syphilis, chancroid, or HPV because the STIs can be transmitted across infected skin surfaces not covered by the condom.
- When putting the condom on the penis you must avoid tearing the condom or putting a hole in it with fingernails, a ring, or anything sharp.
- **YOU CAN'T USE OIL BASED LUBRICANTS**, such as Vaseline or sun tan oil. These products can cause a hole in a condom.
- The man must pull out soon after ejaculation or the condom could fall off and spill or be left in the vagina.
- Some people are sensitive or allergic to latex.

Where do I get condoms?

From family planning clinics, pharmacies or drugstores, supermarkets, and gas stations. Some health departments and family planning clinics give away free condoms. They are also available from a number of online drugstores.

At minimum, if you feel uncomfortable going through the steps of using a condom correctly, contact the Wellness and Prevention Office for a list of resources to help with obtaining support to teach this lesson.

Condom Line Up (10 minutes)

Rational:

Practicing putting the condom line up cards in the correct order reinforces knowledge, ability and confidence to use condoms correctly.

Materials:

Condom Line-Up cards Masking Tape

Procedure:

1. Introduce the activity by saying: We are going to demonstrate all the steps involved in putting on a condom by putting a set of condom-use cards in the correct order.
2. Shuffle the Condom Line-up cards
3. Pass out the cards to the participants. (Give each participant more than one card if there are more cards than participants.)
4. Ask the group to stand.
5. Explain to the group:
 - These cards represent steps in proper condom use. Your task is to put them in the correct order. You will have about one minute to study them. Before we start, can someone tell me what a couple should do before they get ready to buy condoms? (Answer: discuss safer sex issues.)
6. Have the participants put the cards in the proper order on the blackboard. Encourage all the group members to participate.
7. Ask if there are any final adjustments, and allow them to be made.
8. When the group has decided how the cards should be placed, verify the correct order or ask questions to prompt the movement to the correct order.
9. When the order is correct, review the steps: Order of Condom Line-Up Cards:
 1. Buy condoms and check expiration date
 2. Sexual arousal (hug, cuddle, kiss, massage)
 3. Erection
 4. Carefully remove condom from package
 5. Squeeze out any air from tip of condom and leave room for ejaculation
 6. Roll condom on
 7. Intercourse
 8. Orgasm (Ejaculation)
 9. Hold onto the rim of condom and withdraw the penis
 10. Remove and discard condom
 11. Loss of erection
 12. Relaxation

Facilitator's Note:

Relaxation can wander throughout the whole process to show that relaxation should be a continuous part of the process. Loss of erection can also happen at any time throughout the process. If this should occur, take the condom off and put a new condom on an erection.

Relaxation

**Remove and
Discard Condom**

**Sexual arousal
(hug, cuddle, kiss,
massage)**

Loss of Erection

Orgasm (Ejaculation)

**Hold on to the rim
of the condom and
withdraw the penis**

Roll Condom On

Intercourse

**Squeeze out any air from
the tip of the condom and
leave room for ejaculation**

Erection

**Carefully remove
condom from
package**

**Buy condoms and check
expiration date**

Name _____

Refusing or Delaying Quiz

1. Write 3 delaying actions you could use or alternatives you could suggest if you were alone with your boyfriend or girlfriend and wanted to avoid sexual intercourse.

Read the situations below and write the refusal or delaying response you would use to handle the situation. Decide whether to use a refusal or a delaying statement and include an alternative action.

2. Your girlfriend or boyfriend has been drinking and tries to talk you into going for a ride. You don't think you should go but you don't want to get into an argument. You say and do:

Refusal or delay:

Alternative action:

3. You're at home with your girlfriend or boyfriend. Your parents will be gone for several hours. You do not want to have sex, but your girlfriend or boyfriend begins to kiss you and tries to take off your clothes. You say and do:

Refusal or delay:

Alternative action:

National Health Education Standards

Primary Focus

Standard 4 – Interpersonal Communication

Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

Secondary Focus

Standard 1 – Core Concepts

Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Standard 7- Self Management

Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

MPS Learning Targets – Students will:

Health

- identify the importance of healthy choices regarding sexuality

Reading

- apply word analysis and phonics to decode unfamiliar words.
- use a variety of reading strategies to comprehend unfamiliar words and phrases, such as categorizing words using complex word associations.

What You Need to Know- lesson objectives:

- Students will demonstrate the ability to pick out and summarize important facts and main ideas from a written work.
- Students will demonstrate proficiency in speaking and communication skills by reporting findings to the class.

Materials:

- Copies of newspaper articles for each student of a group.
- Copies of the two “Key Concepts” worksheets for each student of the class.
- One copy of the report worksheet for each group.
- Internet access to show PSA’s and news stories to the class

Procedures:

1. Go to <http://wellnessandpreventionoffice.org/video.html> and watch the “Cyberbullying Talent Show” video. Possible follow up questions include:
 - How did that video make you feel?
 - Would anyone actually do that in person?
 - So why do people do it online?
 - Do you think saying stuff on IM or Facebook is as bad as saying it in person? Why?
2. Pass out and go over the “Key Concepts” worksheets with the class. Ask students if they have anything to add to the lists.

3. Split the class up into groups of between two and three students. Pass out different articles about sexting and cyber bullying.
4. Pass out the group report sheet. Read over the things the students should be looking for as they read the article. Once everyone is done reading each person in the group should be assigned a role: the leader of the group makes sure conversations stay on task, the recorder writes the groups answers on the report sheet, and the reporter will come up in front of the room and give the answers to the class.
5. Give students 10-15 minutes to read and discuss the article and fill out report sheet.
6. Have each group report on what they found and ask the rest of the class if they have any follow up questions or comments.
7. Finish lesson showing a few video clips about sexting and cyber bullying.
<http://www.youtube.com/watch?v=6-anRkVBcI> sexting
<http://www.youtube.com/watch?v=GOpxo8mXPmU> sexting
<http://www.youtube.com/watch?v=cw2FG-Fwpek> cyber bullying
<http://www.youtube.com/watch?v=59kniHIw4uY> cyber bullying

Ask students the following questions:

How was the sexting harmful?

Why did the students engage in the sexting?

How could they have avoided the situation?

Lesson extensions:

Web sites:

<http://enough.org/>

www.stopbullyingnow.gov

www.wiredsafety.org

<http://kids.getnetwise.org>

www.stopcyberbullying.org

<http://www.cyberbullying.us/index.php>

Sexting Key Concepts

What is sexting? It’s when texting or other messaging gets sexual (typically meaning nude, semi-nude, or showing sexual activity).

Ways that sexting can be harmful

- It can perpetuate rumors.
- It may encourage peer pressure to engage in high risk behaviors.
- It may be a form of bullying.
- It may interfere with a person’s feelings of self-worth and value if a sext message is distributed.
- It can undermine a relationship by eroding trust and respect (which are key elements of the Equality Wheel).
- Privacy is not guaranteed. What happens when the relationship ends or others get access to a friends phone or computer accounts
- Once you send it can last FOREVER online.

Reasons why adolescents may engage in sexting

- They try to gain acceptance by others.
- They are afraid to say “no.”
- They are curious.
- They have low self-worth/self-esteem.
- They feel peer pressure.
- They feel rebellious.
- They are a risk taker.
- To want to feel grown up.
- They want to have sex.
- They want to please others.
- They want instant gratification.
- They want to experiment with a high risk behavior.

Strategies for avoiding sexting

- Be aware of the characteristics of dating abuse such as exchanging insults, controlling behavior, threatening comments, and lack of boundaries.⁵
- Be respectful of yourself and others. Be honest with yourself and others.
- Understand that text messages are easily forwarded into the public domain often without consent or knowledge of the original sender.
- Know that different forms of peer pressure exist and practice strategies for avoiding or offsetting those pressures.
- Respect limits and boundaries associated with cellular telephone use.
- Learn and practice effective interpersonal communication skills that apply to written forms of communication so that text messages are easily understood and so that meaning is not misconstrued.
- Use negotiation and refusal skills to avoid peer pressure to sext.

Cyber Bullying Key Concepts

What is cyberbullying? It’s using a computer, a cell phone or another electronic device to harass, intimidate or hurt someone.

Ways that cyberbullying can be harmful

- Problems in school- Victims of cyberbullying may have trouble with school work. They may also miss school more often.
- Emotional problems- Being bullied can lead to depression, drug use, suicidal thoughts, and other issues.
- Physical problems- The stress of being bullied can cause stomachaches, headaches, and other symptoms.
- Problems for the person who bullies- Young people who bully others are more likely to have troubled relationships and be involved in crime later in life.

Reasons why adolescents may engage in cyberbullying

- Take out their frustration or anger
- Entertainment
- Bored
- Think its funny
- They don’t know they are doing it
- Feel a sense of power
- Writing a wrong, sticking up for a friend
- Since it is happening on the computer, some kids think it is not real or not as bad as saying it in person

Strategies for avoiding cyberbullying

- Never share personal information online (including name, address, age, phone number, and school).
- Talk to an adult about the problem
- Find out how your school addresses this problem
- Wait before responding to someone online

Lesson Number: 12
Grade Level: 7th grade
“Sexting and Cyber Bullying”

Milwaukee Public Schools
Human Growth and Development Curriculum

Name _____ Name _____ Name _____

Name of article: _____

Source and date of publication _____

Who was hurt by the sexting or cyber bullying and how were they hurt? What were the consequences for those involved?

Why did the students engage in this behavior?

What are some strategies these teens could have used to avoid the situation?

Waukesha police recommend charges in sexting incident

By Jacqui Seibel, Journal Sentinel, Inc

Posted: April 1, 2009

Waukesha - Waukesha police are recommending that four 15-year-olds be charged in Juvenile Court with disorderly conduct over accusations they traded on their cell phones a nude photo of a girl.

Waukesha police included the girl whose photo was passed around in the charge recommendations, Capt. Mark Stigler said Wednesday.

The photo may have ended up on at least 150 cell phones, prompting police to urge parents to check their children's phones and delete any illicit photos.

The girl, a Waukesha West High School student, sent the photo to her boyfriend when she was 14. When the two broke up, he forwarded it to other students, using his cell phone, police say. Police learned of the photo Feb. 16.

The teens referred to the Waukesha County district attorney's office are those directly involved, police say. They could be charged with felony possession of child pornography, but Stigler said detectives recommended a lesser charge because they don't believe there was malicious intent in sending the photo.

When police learned that an estimated 150 students possessed the photo, [they asked the school for help](#). An automated phone message from the Waukesha School District went to parents in February asking them to talk to their children and check their phones.

"The intent of coming out so hard in the beginning was to get kids to stop doing this," Stigler said.

The Police Department wanted to raise awareness of the issue because a similar incident had occurred just a week earlier, he said. That case resulted in municipal disorderly conduct citations issued to a boy, 17, and two girls, ages 16 and 14. They received municipal citations because the photos were sent to only each other, he said.

Since the awareness campaign, no other cases have been brought forward, Stigler said.

Incidents of "sexting" - sending nude or partially naked photos by cell phone text messages - have gained the attention of law enforcement and school leaders nationwide.

As many as nine [West Allis high school students](#) face suspension for their alleged involvement in an incident in which photos of nude students were sent by cell phone to other students, West Allis police said. The incident remains under investigation.

West Allis students face suspension in sexting case

By Don Walker of the Journal Sentinel

Posted: March 27, 2009

As many as nine West Allis high school students face suspension for their alleged involvement in an incident in which photos of nude students were sent by cell phone to other students, a West Allis police lieutenant said Friday.

Lt. Terry Morrissey, head of the Police Department's sensitive crimes unit, said no arrests will be made in the incident. He said the parents of all of the students involved had been notified, and that the students would face suspension from school for their actions.

Eight of the students attend Nathan Hale High School. One student attends West Allis Central High School.

Morrissey said it was his judgment that the photos of nude students were not sexually explicit. He did not say how many photos were sent among the students involved.

Kurt Wachholz, superintendent of the West Allis-West Milwaukee School District, said in a statement released Friday afternoon that the district was treating such incidents very seriously.

He said administrators from Hale and Central were working closely with the West Allis Police Department to address the situation.

"We have strict expectations outlining cell phone usage. The safety of our children is our first priority," Wachholz's statement says.

The department and the district's student service staff will explore "how we can further educate our youth on the dangers of this type of texting behavior," he added.

Kathleen MacDonald, Hale's principal, declined to comment in detail on the incident, other than to call it an inappropriate use of text messaging and to say the school's investigation was ongoing.

Next fall, the Police Department liaison to the School District will talk to students about the improper use of cell phones, Morrissey said.

Stancl gets 15 years in prison in Facebook coercion case

By Laurel Walker of the Journal Sentinel

Posted: Feb. 24, 2010 |

Waukesha - Anthony Stancl, who used the social networking site Facebook to deceive and coerce fellow New Berlin Eisenhower High School students into sexual acts with him in 2008, was sentenced Wednesday to 15 years in prison and another 13 years of extended supervision.

Waukesha County Circuit Judge J. Mac Davis imposed the sentence because he said Stancl had proven he was manipulative, excessively self-centered and could still be dangerous.

"I am afraid of what he can and might do," Davis said.

In a case that attracted national media attention, Stancl, 19, of New Berlin, posed as a female on Facebook and persuaded at least 31 boys to send him naked pictures of themselves. He then used the pictures - and the threat of releasing them to the rest of the high school - to blackmail at least seven boys, ages 15 to 17, into performing sex acts.

Before the sentence was imposed, Stancl apologized to the victims and their families, the New Berlin School District and his own family, especially a brother and sister who continued to attend New Berlin schools and faced what Stancl called a hostile environment.

"I put you through a terrible situation," he said.

District Attorney Brad Schimel asked for substantial prison time, without being specific. No victims spoke at the sentencing, but some had sent letters asking for substantial prison time. Some of the victims were hospitalized for suicidal thoughts or required medication or therapy, Schimel said.

Defense attorney Craig Kuhary had suggested five years in prison and 10 years of supervision. He said that Stancl's crimes stemmed from his internal struggles with his homosexuality, especially after he was "outed" by an older boy with whom he had a sexual relationship in school.

"Once word got out that he was gay, everything shut down," Kuhary said. He went from being marginally popular as a member of the Academic Decathlon and golf teams to being isolated and feeling cornered.

Kuhary said that psychologists with long experience in testing for sexual deviancy concluded that Stancl was not a deviant, such as a pedophile. He said that while Stancl does need therapy and psychologists think he could be treated in the community, he deserves punishment for the harm he did to others.

Schimel said substantial prison time was needed because of the number of victims, the scheming nature of the crime and the impact on victims.

Schimel also cited a 2004 juvenile case in which Stancl, then 13, was found delinquent for sexual assault of a 3-year old in a home where he was a babysitter.

Davis said that it would be a mistake to put too much weight on the psychologists' prediction of whether Stancl would reoffend.

"I don't know," he said. "No one knows."

Lesson Number: 12
Grade Level: 7th grade
“Sexting and Cyber Bullying”

Milwaukee Public Schools
Human Growth and Development Curriculum

Stancl initially was charged with a dozen felonies, including repeated sexual assault of the same child, possession of child pornography, two counts each of second- and third-degree sexual assault, five counts of child enticement and one count of causing a bomb scare.

As part of a plea agreement, he pleaded no contest to and was convicted Dec. 22 of two felonies - repeated sexual assault of the same child and third-degree sexual assault. In exchange, the 10 other felony counts were dismissed but considered in sentencing. He could have faced 30 years in prison and 20 years of extended supervision.

Davis banned Stancl from having any contact with the victims or their families, or the New Berlin School District, or any minors except with permission of his correctional supervisor. He must register as a sex offender and cannot use the Internet except with permission of his supervisor.

Stancl was arrested in November as the result of an investigation that started with school bomb threats traced to an e-mail sent from a New Berlin Public Library computer at a time when he was logged on. In the follow-up, one of Stancl's victims came forward, first to his parents and then police, about the sexual assaults.

The case attracted national attention at a time when evidence of "sexting" - sending sexually explicit messages electronically - was becoming more commonplace and a greater cause for parental concern.

After the sentence was imposed, with Stancl taken immediately to prison, Schimel said outside the courtroom that he wasn't sure this case, with all its publicity, was getting through to kids, because new cases of sexting have continued to occur.

"I'm just not sure they're hearing this message," he said. "I hope their parents are."

Police Investigate Plainfield Sexting Case

Felony charge of distributing child porn possible

Updated: Wednesday, 23 Dec 2009, 8:45 PM CST
Published : Wednesday, 23 Dec 2009, 8:44 PM CST

Sun-Times Media Wire

Plainfield, Ill. - A 16-year-old girl's decision to send a naked picture of herself to a male acquaintance's cell phone has exploded into the largest sexting case Plainfield police have ever encountered.

Police have been trying to sort out the case since Dec. 16, when they were contacted by school personnel for help.

Conversations with about nine teens involved led police to believe about half of the 1,300 students at Plainfield East High School have seen the photo, Sgt. Anthony Novak said.

"It was spreading like wildfire," he said.

Sexting is sending sexual messages or photos electronically, usually by cell phone. According to the Will County State's Attorney's office, a survey conducted by the National Campaign to Prevent Teen and Unwanted Pregnancy found one in five teen-agers has admitted to sexting.

Sexting can devastate a child's reputation, and the photos can be posted online for more widespread dissemination, the state's attorney's office warned.

Novak was not sure when the girl sent the photo. But a churning rumor mill at Plainfield East led school staff to conduct their own investigation.

By law, school officials were authorized to confiscate and search the cell phones of several students, Novak said. Plainfield police used what the school officials found to get a warrant to take nine cell phones from sophomores and juniors at the school, Novak said.

Plainfield police gave the phones to Will County Sheriff's Department investigators, who may be able to extract deleted data from the phones, he said.

Depending on the situation, consequences for sexting offenders could range from a felony charge of distributing child pornography to a juvenile probation program, Novak said.

Plainfield police have handled sexting cases before, but nothing like this, Novak said.

"It seems to be becoming more and more prevalent, especially among kids of this age group," he said. "In the past it's been more boyfriend and girlfriend and only contained to them."

Middle school students charged in 'sexting' case

Police said Valparaiso boy, girl sent nude pictures to each other

By Ken Kosky - ken.kosky@nwi.com, (219) 548-4354 | Posted: Thursday,
January 28, 2010 12:05 am |

VALPARAISO | Two Ben Franklin Middle School students who Valparaiso police said were caught using their cell phones to exchange nude pictures of each other -- a practice called sexual texting or "sexting" -- are facing criminal charges.

A 13-year-old Valparaiso girl and a 12-year-old Valparaiso boy were referred to juvenile probation on charges of possession of child pornography and child exploitation. In adult court, the charges would carry a maximum penalty of 11 years in prison, but prosecutors expect the case to be handled in the juvenile system.

"Something needs to be done, but we think dealing with them through the juvenile court system is appropriate, so as not to saddle them with (consequences) from the adult system," Porter County Prosecutor Brian Gensel said.

In the adult system, convicted offenders face not only prison time but also having to register as a sex offender.

The case against the Valparaiso students came to light when the girl's phone went off during class Jan. 21 and the teacher confiscated it. The teacher told police the girl asked to delete something from the phone before it was turned over to the administration, but that request was denied.

The teacher said the girl began crying, saying she would get in trouble because the boy had sent her a dirty picture.

An investigation revealed the boy sent the girl an explicit photo of himself Jan. 17 and asked her to use her cellular phone to send back a similar picture of herself, which she did, police said. Police further found out the girl showed the picture of the boy to one of her friends.

Deputy Prosecutor Cheryl Polarek said young people don't understand the ramifications of texting nude pictures or posting certain material on social networking sites like Facebook. She said a nude picture could end up being shared with half the school and could get in the hands of people who seek out child pornography.

Even though it is illegal to send or possess nude pictures of someone younger than 18, a national survey found 20 percent of teens have texted or posted online nude or semi-nude pictures of themselves.

Gensel, who belongs to the National District Attorneys Association, said the association's trade publication featured a column on sexting that highlighted Montgomery County, Ohio, Prosecutor Mathias Heck Jr.'s implementation of a "diversion program" for sexting cases.

Young people who enter the diversion program undergo education on appropriate sexual boundaries and related topics, complete community service and relinquish their cell phone for a period of time. If the program is successfully completed, the charges are dismissed or never filed.

Gensel agrees with Heck that there needs to be some "tempering" of prosecution so some foolish, consenting behavior doesn't have long-term ramifications on young people's lives. Gensel favors a system in which young people receive an explanation about how serious of a matter sexual texting is, and that there will be serious consequences if they continue doing it.

Valparaiso police Sgt. Michael Grennes said this case shows the need for parents to educate their children about what they can and can't do with their cellular phones or on their computers. He also recommends parents to follow through by monitoring their children's phone and computer use. He also said parents might want to consider whether their child really needs to own a phone.

Posted in [Porter](#) on *Thursday, January 28, 2010 12:05 am Updated: 11:04 pm.* | Tags: [Indiana](#), [Crime](#), [Valparaiso](#), [Nwsltr](#)

Teen's death puts spotlight on cyber bullying

The suicide of a 14-year-old girl in southern Victoria last week has pushed the issue of cyber bullying into the spotlight.

The suicide of a 14-year-old girl in southern Victoria last week has pushed the issue of cyber bullying into the spotlight.

The child's mother has blamed the suicide on the Internet. The case, the fourth suicide in six months among students from the same school, has highlighted the severe impact of cyber bullying on young people.

"I laid in bed with her in my bed and we discussed [an unwanted Internet message] for about an hour and she left me fairly happy," the child's mother, Karen Rae, told Melbourne radio station 3AW. "I can guarantee you if she didn't go on the Internet Friday night she'd be alive today."

[Not-for-profit organisation Beyond Blue's](#) clinical advisor, Dr Michael Baigent, says that until recently adults and children hadn't taken the threat of cyber bullying seriously.

"I think the effects have mostly been noticed by children and a small group of parents of the children most affected by it, and until now it hasn't really been an issue that's been in the forefront of people's attention."

Bullying is a significant factor in mental health problems for children and adolescents. Mobile phones, instant messaging software, chat rooms and social-networking sites can all be used for bullying.

Not only is the Internet making it easier for bullying to occur, Baigent said, but the ability to reach a mass audience online is making the impact worse.

"One of the things that is particularly heinous about [the Internet] is it has the ability to involve such a large number of people very quickly," Baigent said. "Cyber bullying is a very powerful single action."

Queensland University of Technology cyber bullying expert, Dr Marilyn Campbell, says bullying is deeply embedded in our society and that the transition between the playground and technology use is seamless. According to Campbell, young people don't make a distinction between their online social life and offline social life.

"We have a bullying culture which kids learn and they grow up with technology as a social medium, not just the communications that adults use it for," Campbell said. "Even though there are good things about that, such as connecting with people, there's also a dark side."

Once accused of trying to sex-up bullying by throwing the term "cyber" in front of it, Campbell said the issue is still not taken as seriously as it should be. She argues that there is a "digital divide" between children and adults, but hopes that "when this generation starts parenting, then we won't have so much of the digital divide and people will be smarter with their kids."

This month, the Australian Communications and Media Authority [launched a new Cybersmart Web site](#) that offers resources for teachers, parents and students to address cyber safety issues.

However, Campbell said ACMA's site, aimed at "empowering Australian children to be smart online", does not effectively address the issue of cyber bullying and that researchers were too slow to realise its consequences.

"Unfortunately the [government's] solutions to cyber bullying are these incredibly simplistic technological solutions," Campbell said.

"I'd like more research and more concentration on assisting bullies to change their behaviour rather than supporting victims."

MYSFACE MOM LINKED TO MISSOURI TEEN'S SUICIDE BEING CYBER-BULLIED HERSELF

The woman linked to a fake MySpace profile of a 16-year-old boy created to start an Internet relationship with Megan Meier, the Missouri teen who hanged herself after receiving hurtful messages, is now believed to be the victim of a cyber-bullying impersonator herself.

And the online harassment laws that were passed after Meier's death last year now may be used to help the middle-aged woman, who many believe was responsible for the 13-year-old girl's suicide.

On Dec. 3, a blog entitled "Megan Had It Coming" carried an entry signed by Lori Drew, the woman involved in creating the fictitious profile that taunted Meier. The blog entry appeared on the same day St. Charles County Prosecutor Jack Banas announced there wasn't enough evidence to charge anyone in connection with Meier's death.

"It's time I dropped the charade. Yes, I made this blog. Yes, I'm Lori Drew," the blogger wrote.

The posting, which recounts in chilling detail the entire Megan Meier incident, mentions Drew's daughter, who was once friends with Meier. At the time Meier was engaged in the bogus relationship on MySpace, the two girls were no longer close.

"My daughter had nothing to do with this," the blogger purporting to be Drew wrote. "Everyone needs to leave her alone. None of you can possibly know her involvement, and none of you can possibly know what she's gone through. She's just a kid. She doesn't deserve these brutal verbal attacks. Please stop."

In response to this blog and other news items about the case, angry Internet users left postings of Drew's home phone number, her business address and other personal information, urging people to tell Drew what they really think of her.

Comments on the "I Am Lori Drew" entry, many of them unsavory, numbered more than 2,500 on Thursday. "You have psychological problems," one began. "Don't burn in hell. Instead, I hope you rot in the dirt with the maggots and other disgusting vermin, since that's the only thing you deserve," another ended.

Drew's attorney, Jim Briscoe, denied that Drew had any involvement with the "Megan Had It Coming" blog.

"I can categorically say that she did not write it," Briscoe told FOXNews.com. "She has not said anything on the Internet, on any blogs, on any Internet sites."

Briscoe said that Drew, a neighbor of the Meiers, has purposely remained silent in the media and online during the investigation and since.

"That's part of why she's remained silent, so there's no confusion about that," Briscoe said. "Anything that's on the Web is not true. She hasn't done anything. She doesn't know anybody who's done it — anybody who's doing it or has done it."

Prosecutor Banas confirmed to FOXNews.com that the St. Charles County Sheriff's Office is investigating whether the "Megan Had It Coming" blog and other postings falsely attributed to Drew have violated any online harassment laws.

On Wednesday, U.S. Attorney General Michael Mukasey, speaking at a national conference of law enforcement officials in St. Louis, promised to keep up the pressure against online predators who target children.

Meier hanged herself on Oct. 16, 2006, after being dumped by "Josh," a fictitious boy created by an 18-year-old employee of Drew, in order to find out what Meier was saying about the Drews' daughter.

Dardenne Prairie, Mo., Meier's hometown, has since passed a law making online harassment a misdemeanor. Her death also prompted Gov. Matt Blunt on Tuesday to call for the creation of an Internet harassment task force, with recommendations to be made to his office within 30 days.

“Megan Meier’s senseless death is a tragic lesson that social networking sites and technology have opened a new door for criminals and bullies to prey on their victims,” Blunt said in a statement. “As families and friends continue to remember Megan and celebrate her life, we must ensure that our laws have the protections and penalties needed to safeguard Missourians from Internet harassment.”

Some online readers, skeptical that the blog belonged to Drew, surmised it to be the work of an Internet "troll."

Blogger.com, which houses the blog and lists "impersonation" as one of the things banned from the site, said it has no information that would call into question the authenticity of the "Megan Had It Coming" site.

"We take violations of Blogger's policy very seriously as such activities diminish the experience for our users," a spokesman for Google, Blogger's parent company, told FOXNews.com.

"Once we are notified about a blog that impersonates a person, we act quickly to remove it. We have not received an impersonation claim to date from the individual allegedly being impersonated."

Drew's lawyer said that online harassment laws could be used against those leaving messages for his client.

"I haven't seen the laws so I don't know exactly what they cover, but certainly she is being harassed by the Internet," Briscoe said. "Potentially, laws that are now being created out of this may be ones that people who are harassing her could be prosecuted [under]."

On Dec. 3, Banas said that statements from Drew and two teens who participated in the fictitious account couldn't meet criminal standards for the state's statutes on harassment, stalking or endangering the welfare of a child.

Phoebe Prince, 15, Commits Suicide After Onslaught of Cyber-Bullying From Fellow Students

UPDATE: Nine students have been indicted on charges ranging from statutory rape to civil rights violations and stalking. It appears that Phoebe may finally get her justice. [See update story here.](#)

Her principal called her smart and charming. And a boy had just invited 15-year-old Irish immigrant Phoebe Prince to the winter cotillion, the height of the social season at South Hadley High School in Massachusetts. But then police received a call.

It came from one of Phoebe's sisters. When cops arrived, they found that the freshman student had hung herself. Two days before the big dance.

Though they're not releasing any details, police say she was a victim of cyber-bullying from girls at the school who had an unspecified beef with her over who she was dating.

This wasn't just any case of high school girls behaving badly toward one another. Phoebe apparently faced an onslaught of bullying via texts, Facebook messages, and in person at the school. Even after her death, the shitty little girls left disparaging messages on a Facebook page created in her memory. ([See the memorial page here.](#))

"Apparently the young woman had been subjected to taunting from her classmates, mostly through the Facebook and text messages, but also in person on at least a couple of occasions," school superintendent Gus Sayer told the [Boston Globe](#).

Two students have already been suspended, and more could be on their way to discipline.

It was an especially tragic ending for the Prince family. Anne O'Brien Prince and Jeremy Prince had moved from County Clare to Massachusetts with their five kids last year. In Phoebe's death notice, they said they moved in part so "Phoebe could experience America."

America, it seems, did not give her a very kind welcome.

UPDATE: It seems Phoebe had the misfortune of running afoul of the popular girls at South Hadley High.

You know them from your own high school: They were the pretty girls who played sports, were in cheerleading, and used their good looks to date all the name-brand jocks.

Phoebe Prince wasn't one of them. She was a freshman, had just arrived from Ireland. No way she was cool enough. She also had the misfortune of briefly dating a senior football player. The popular girls thought she didn't know her place.

So they stalked her and called her a slut -- to her face, over the phone, on Facebook.

She was walking home the day she died when one of the vile little girls drove past. She chucked an energy drink at Phoebe and threw more insults the Irish girl's way. Phoebe promptly walked into her house and hanged herself in a closet.

Even after her death, the popular girls wouldn't let up. They were like some vicious little caricatures of evil from a Lifetime movie.

According to a great column by [Kevin Cullen in the Boston Globe](#), a student at South Hadley told a TV reporter that bullying was a common problem at South Hadley High. After the TV crew left, one of the popular girls came up and punched the student in the head for talking on camera.

UPDATE II: South Hadley officials faced a blistering attack last night for their failure to do anything about chronic bullying.

Parents recounted numerous incidents of kids being hounded and harassed, sometimes over multiple-year periods. One man told of how his son was punched in the stomach for befriending another bullied kid. A mom spoke of how her son was punched and had his face written on with magic marker.

Other parents talked about how they were beat up in school in the '90s. And most seemed to think administrators turned a blind eye to it all. Father Larry Bay said his daughter was bullied last year, but the school did nothing to stop it.

National Health Education Standards

Primary Focus

Standard 4 – Interpersonal Communication

Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

Secondary Focus

Standard 1 – Core Concepts

Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Standard 5 – Decision Making

Students will demonstrate the ability to use decision-making skills to enhance health.

MPS Learning Targets – Students will:

Health

- identify the importance of healthy choices regarding sexuality
- identify community health agencies and list the services they provide

Math

- demonstrate problem solving strategies when working with integers using tools such as counters and number lines.

Reading

- apply word analysis and phonics to decode unfamiliar words.
- use a variety of reading strategies to comprehend unfamiliar words and phrases, such as categorizing words using complex word associations.

What You Need to Know- lesson objectives:

Students will learn about Sexually Transmitted Infections. What are common symptoms of STIs, common causes, how STIs are spread.

Materials:

- 1 set of question and answer cards per student group,
- Teacher Answer Key
- Background Information,
- Tape and wall space (optional) or table/desk for sorting and displaying organized cards.
- “How does it Feel” worksheet for all students

Procedures:

1. Organize students into groups of three
2. Read the following instructions:
 - Explain to students that they will need to sort their cards by matching answer cards to the question cards they address.
 - Reassure them they may not know all the answers, yet this activity is designed to introduce them to material. They should work as a team to make their best guess. They will *not* be penalized for guessing.
 - Instruct them to complete the sort to their best ability in 10 minutes.

- Cards should be arranged on a desk or table top or taped to a wall space so that it is clear which answer cards address which question cards.
 - If they finish before 10 minutes are up, they should sit down and wait quietly for time to be called.
3. Pass out a set of question and answer cards to each group.
 4. Provide a time remaining reminder at 5 minutes left, 2 minutes left and 30 seconds left.
 5. Once time is called, use the answer key to help students arrange cards correctly.
 6. Background information included with the answer key has been provided for the teacher's benefit.
 - Background information can be shared with students when reviewing the correct answers.
 7. If time permits, have students write anonymous questions they have about STIs that the teacher (or support staff) can address in a follow-up class.
 - Have groups take turns sharing answers or reporting out to larger group.
 - Have students do a walk-about. This will provide the chance for student groups to observe how other groups sorted, then go back to make any changes in one minute before they report back to larger group.
 8. Discuss HIV/STI transmission and prevention.
 - HIV/STI is spread through sexual intercourse (oral, vaginal, anal) and injecting drugs.
 - It is impossible for adolescents who are abstinent and do not inject drugs to get HIV/STI.
 - Adolescents who use condoms reduce their risk of getting HIV/STI through sexual intercourse.
 - Adolescents who have unprotected intercourse and/or inject drugs have a high risk of getting HIV/STI.
 9. Students explore feelings about HIV/STIs using the “How Would You Feel?” sheet. Invite volunteers to share their responses. Discuss compassion for persons with HIV/AIDS.
 - Persons with HIV/AIDS need love and support.
 - How does fear get in the way of offering love and support? Are these fears grounded in fact or myth?
 - Persons with HIV/AIDS want to be treated like everyone else.

TEACHER ANSWER KEY

1. Question: **What does STI stand for?**

Answer: Sexually transmitted infection

Background Info: (for teacher only or to help answer student questions)

Sometimes the terms STI and STD are used interchangeably and this is okay. By strict definition, *infection* simply means that a germ - virus, bacteria, or parasite - is present inside a person's body. An infected person does not necessarily have any symptoms or signs that the virus or bacteria is actually hurting their body (they do may not feel sick). A *disease* means that the infection is actually causing the person to feel sick or to notice something is wrong. For this reason, the term STI is a much broader term than STD. Understanding the difference is less important than knowing how to protect our bodies from sexually transmitted viruses, bacteria, and parasites.

2. Question: **What are some common symptoms of STIs?**

Answers: **Bumps** around private parts
Sores around private parts
Burning when you urinate
Itching around private parts
Drip or **Discharge** from penis or vagina
Rash around private parts
Pain during sex
No symptoms

Background Info: Having no symptoms is the most common result of an STI. For example, 50% of males and 75% of females infected with Chlamydia do not feel any symptoms, but can still spread the infection to others.

3. Question: **What causes sexually transmitted infections?**

Answers: **Virus** (examples: HIV, HPV, Herpes, Hepatitis B) **Bacteria** (examples: Chlamydia, Gonorrhea, Syphilis) **Parasites** (examples: Trichomoniasis, Pubic lice)

Background Info:

- **HIV** = Human Immunodeficiency Virus. A retrovirus that can lead to *acquired immunodeficiency syndrome* (AIDS). A condition in humans in which the immune system begins to fail, leading to life-threatening opportunistic infections.
- **HPV** = Human Papilloma virus. There are more than 40 different strains of HPV. Some can cause genital warts and some can cause cervical cancer.
- **Herpes** is caused by the Human Simplex Virus (HSV) types 1 and 2. HSV-1 and HSV-2 can be found in and released from the sores that the viruses cause, but they also are released between outbreaks from skin that does not appear to have a sore. HSV-1 can cause genital herpes, but it more commonly causes infections of the mouth and lips, so-called "fever blisters." HSV-1 infection of the genitals can be caused by oral-genital or genital-genital contact with a person who has HSV-1 infection. Genital HSV-1 outbreaks recur less regularly than genital HSV-2 outbreaks.

- **Hepatitis B** is a serious disease caused by a virus that attacks the liver. The virus, which is called hepatitis B virus (HBV), can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure and death. Hepatitis B is spread by sexual contact and needle sharing.
- **Chlamydia and Gonorrhea** are bacteria which are often spread from one person to another at the same time. Both can damage male and female reproductive organs even when symptoms are not present.
- **Syphilis** is easily cured by antibiotics in early stages but leads to serious incurable health conditions 10 to 25 years after infection if not treated early.
- **Trichomoniasis** ("Trich") is caused by the single-celled protozoan parasite, *Trichomonas vaginalis*, and can cause frothy, foul-smelling discharge, but often does not have any symptoms.
- **Pubic lice** ("Crabs") are usually spread through sexual contact. Rarely, infestation can be spread through contact with an infested person's bed linens, towels or clothes. A common misunderstanding is that pubic lice are spread by sitting on a toilet seat. This isn't likely, since lice cannot live long away from a warm human body.

4. Question: What does curable mean?

Answer: After taking medicine (from a doctor), the infection is completely gone from your body and you can no longer spread it to another person.
(*Example: infection with bacteria or parasite*)

Background Info: Although you may be cured after taking medicine, you can be quickly re-infected by your sexual partner if he or she is not treated for the infection at the same time.

5. Question: What does incurable mean?

Answer: Even after taking medicine (from a doctor), the symptoms are better but the infection will always be in your body and you can always spread it to another person.
(*Example: infection with virus*)

Background Info: Viral infections are not always *incurable* (for example, your body naturally cures viruses like the common cold). However, all common sexually transmitted viruses *are* incurable. One important exception is Hepatitis B which the body can naturally cure in many cases, but this takes many, many months and during that time the infected person can spread the virus to others.

6. Question: What are three types of sex that can spread STIs?

Answer: Oral sex (mouth on vagina or mouth on penis)
Vaginal sex (penis in vagina)
Anal sex (penis in anus)

7. Question: What is an example of an activity that is not considered “sex” but can still spread STIs

Answer: Naked rubbing of genitals

Background Info: Intercourse is not necessary for transmission of pubic lice and HPV as these infections also live on the outside genital skin. Syphilis and herpes can also be spread by naked rubbing when a sore is present on the outside genital skin (penis, scrotum, and vulva). STIs passed by body fluid can also be spread by naked rubbing if the vaginal wetness or male pre-ejaculate comes in contact with the partner's genital skin.

8. **Question: What behaviors can reduce your risk of getting an STI?**

Answer: Use a condom or latex barrier every time you have sex
Choose not to have sex (abstinence)
Limit the number of partners you have sex with
Get tested for STIs before having sex with a new partner

<p>What are three types of sex that can spread STIs?</p>	<p>What does curable mean?</p>
<p>What behaviors can reduce your risk of getting STIs?</p>	<p>What does incurable mean?</p>

<p>What does STI stand for?</p>	<p>What are some common symptoms of STIs?</p>
<p>What is an example of an activity that is not “sex” but can spread STIs?</p>	<p>What causes sexually transmitted infections?</p>

Sexually transmitted infection	Bumps around private parts
Sores around private parts	Itching around private parts
Burning when you urinate	Drip or Discharge from penis or vagina
Rash around private parts	Pain during sex

No symptoms	After taking medicine (from a doctor), the infection is completely gone from your body and you can no longer spread it to another person.
Virus (examples: HIV, HPV, Herpes, Hepatitis B)	Even after taking medicine (from a doctor), the symptoms are better but the infection will always be in your body and you can always spread it to another person.
Bacteria (examples: Chlamydia, Gonorrhea, Syphilis)	Oral sex (mouth on vagina or mouth on penis)
Parasites (examples: Trichomoniasis, Pubic lice)	Vaginal sex (penis in vagina)
Anal Sex (Penis in Anus)	Naked rubbing of genitals
Use a condom or latex barrier every time you have sex	Choose not to have sex (abstinence)
Limit the number of partners you have sex with	Get tested for STIs before having sex with a new partner

Name _____

How Would You Feel?

Directions: Answer these questions about HIV and STIs.

1. You drank some beer at a party and let a friend pierce your ear cartilage with a needle that someone else had used. You know that HIV is spread through blood and that using a dirty needle is risky.

- How would you feel the next day?
- What would you do?

2. Your best friend is dating the most popular guy in school. Everyone has heard that he has had sex with some older girls. Your friend tells you that she and her boyfriend have thought it over and have decided to have intercourse.

- How would you feel?
- What would you do?

3. There is a new boy in school who sits next to you in math class. He tells you that he left his other school because people found out he had HIV and were very cruel.

- How would you feel?
- What would you do?

4. You hear that a person you had dated last year has been visiting the local STI clinic. Your friends think he/she has just found out that he/she has an STI.

- How would you feel?
- What would you do?

National Health Education Standards

Primary Focus

Standard 1 – Core Concepts

Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Secondary Focus

Standard 5 – Decision Making

Students will demonstrate the ability to use decision-making skills to enhance health.

MPS Learning Targets – Students will:

Health

- understand human growth and development, HIV, sexually transmitted diseases and pregnancy prevention.

Reading

- identify text structures, such as cause/effect, compare/contrast and problem/solution. Identify defining features, such as visual images to analyze and comprehend text.

Science

- pose questions, predict outcomes and investigate using scientific methods. Record and analyze results. Apply other scientific study to the investigation.

What You Need to Know- lesson objectives:

Students will:

- be able to describe how the human immunodeficiency virus (HIV) affects the immune system. They will also be able to name the four body fluids that transmit HIV and cite the three most common ways that HIV and STIs are transmitted. They will be able to define abstinence and understand the role of condoms in the prevention of sexually transmitted Infections (STIs).

Materials:

- Transparencies: HIV Lifeline, Parts 1-3 (identical to HIV Lifeline worksheets)
- Overhead projector
- Various colors of tissue paper
- Scotch tape
- Pair of scissors
- Make one Onion Ball per class:
 1. Cut out the questions for the Onion Ball Question Sheet into strips
 2. Take tissue paper and form a small ball.
 3. Tape the last question to be answered on to the tissue paper ball.
 4. Take a different colored tissue paper, wrap it around the ball and tape it together.
 5. Tape the second to last question on the tissue paper. Continue this process until all of the questions have been taped to the ball, with question number one on the outside of the ball.
 6. The final product should be an “onion” with alternating layers of tissue paper and Questions.
- Students need: Worksheet: HIV Lifeline, Parts 1-3
- HIV Statistics charts and graphs

Procedures:

1. Set the stage.
2. HIV Statistics
3. Present HIV Lifeline and use student worksheet to clarify basic AIDS information.
4. Use the *Onion Ball Question and Answer Game* to reinforce the concepts.
5. Close the lesson.

Activities:

1. Set the stage.

So far, in this unit, we've talked about ____ [whatever you have done in the last week or so]. Today and tomorrow, we'll be talking about HIV and AIDS.

Some of you probably remember a lot from previous years' classes. [Ask for a show of hands.] Who has had HIV/AIDS lessons before? Some of you have read a lot on the subject, or seen TV specials, or you've learned a lot from family members about HIV and AIDS. I hope you will share some of what you know today.

But just because you may already know some things about the disease, doesn't mean this class will be boring or that you won't still learn some things. I guarantee that you will. This class will be useful for everybody, regardless of whether you are male or female, gay or straight. It will be helpful even if you haven't had a boyfriend or girlfriend yet, even if you don't plan to have sex until you are much, much older.

Most people will need to know about HIV eventually. Maybe your best friend will have a family member with AIDS. Maybe someone at school will be infected. And besides, if you are well informed, you can act as health teachers for your friends, when they may have wrong information or unnecessary fears.

2. HIV Statistics

- Have students get into pairs, groups, or have discussion as a class. Which populations are more at risk for HIV? Which part of the state has the most cases of HIV? What behaviors are most likely to cause a person to become infected with HIV? Each slide could have a discussion on risks, prevention, behaviors, groups most affected, etc.

3. Present HIV Lifeline and use student worksheet to clarify basic AIDS information.

Show the HIV Lifeline Transparencies, Parts 1-3. Pass out HIV Lifeline Worksheets, Parts 1-3, and ask students to write on their worksheets as you write on the transparencies.

Box #1:

Does anyone know what the letters H I V stand for?

Write on the transparency: Human Immunodeficiency Virus.

- **Human** refers to people not to animals or insects. Only people can have HIV.
- **Immunodeficiency** is the words “immune” and “deficiency” smashed together into a compound word.
 - Your immune system is made up of the parts of the body that fight infections
 - A deficiency is not enough of something.
- So **immunodeficiency** is not enough ability to fight infection.
- A **virus** is a very small kind of a germ.

Box #2

There are two important parts of the immune system that you need to understand to make sense of HIV.

Write on transparency: T-cell and Antibody.

- A **T-cell** is a specific kind of a white blood cell that is the boss or “conductor” of the immune system. HIV attacks and kills T-cells.
- An **antibody** is one of the fighters of the immune system. HIV antibodies try to kill off HIV. They do kill some. They never kill them all.

Box #3

What 4 body fluids can transmit HIV?

Write on transparency: Transmit, Blood, Semen, Vaginal Fluids, Breast Milk

- To transmit a germ is to pass or carry it from one person to another.
- Semen is the fluid that carries sperm.
- Vaginal fluid is the wetness in a woman’s vagina.

Box #4

Tell me the body fluids from which people don’t catch HIV?

Write on transparency: Saliva, Urine, Sweat, Tears.

- If the saliva or urine were bloody, HIV might be transmitted.

Show the transparency, *HIV Lifeline, Part 2.*

Box #5

- This is Student X. He has HIV. How might he have gotten infected? What are the three most common ways that people get infected with HIV?
- If students respond with less likely or impossible means of transmission, clarify which are unlikely and which are impossible. Focus on the 3 most common means of transmission.
- Write on the transparency: Had sex without using a condom, Shared needle, and Got from Mom (as a baby).
- Student X is 14 years old and in the 9th grade. Most students in middle school and junior high are not having sex, but Student X is. He actually got infected 1 week ago by having sex without a condom with someone who has HIV.
- Imagine that this is Student X’s lifeline across your worksheet page. He gets older as we move through the numbered drawings.
- This [Box 5] is the day that Student X got infected. From this day forward Student X has HIV and could transmit it.

Box #6

- Student X can find out that he has HIV, but he will have to wait a little bit. If you tested Student X tomorrow it wouldn’t show that he has HIV. The standard HIV test doesn’t look for the virus itself. It looks for antibodies to HIV. Remember, antibodies are a part of your immune system; they fight off germs.
- It will probably take Student X at least a few weeks to build up enough antibodies to show up on an HIV test. So he has no way to know it yet, but he has HIV and he can give it to others if he shares a needle with them or has unprotected sex with them. After three months, an HIV test would tell him for sure that he is infected. If he hadn’t gotten infected, it would tell him that too. But Student X feels fine, so it may not occur to him to get tested. About one quarter of people with HIV don’t yet know they are infected.

Write on transparency: 3 months and Antibodies

Box #7

- Then, probably for years, Student X will NOT have any symptoms that he is infected with HIV. He'll feel fine and healthy and he will keep going to work or school. This is called being “asymptomatic.” It doesn't mean the HIV has gone away. It hasn't. It is gradually multiplying in his body, killing off T-cells as it multiplies. Remember T-cells are a kind of white blood cell. They sort of run the immune system; they tell antibodies to fight germs including HIV.
- But Student X feels fine because he had so many T-cells to begin with that he was able to keep fighting off other germs even as the HIV began to kill off his T-cells.
- The average person with HIV is in this asymptomatic phase where they feel perfectly healthy for about 10 or 12 years. But that's just an average. It could be just a couple of years. It could be 15 or 20 years or longer, especially if they are getting treatment. But we'll come back to that.

Write on the transparency: 10-12, Symptoms, and Asymptomatic.

Box #8

- Now it has been ten years so Student X is now 24. HIV is starting to win the fight against his immune system. HIV has killed off enough of his T-cells that his immune system is seriously weak. Student X suffers often from nausea and diarrhea. He is so tired that many days he can't get out of bed. The doctor tells him that he now has AIDS, the last stage of HIV infection.
- Student X happened to get nauseous and tired. People with HIV get lots of different infections and conditions that they just can't fight off very well: certain cancers, pneumonias, and other things that people with healthy immune systems almost never get. If Student X gets one of a long list of specific diseases and conditions or if the number of T-cells in his blood drops so low that it is clear he will get sick soon, his HIV-infection is called “AIDS.”

Write on the transparency: 24 and AIDS

Box #9

Does anyone know what the letters A I D S stand for?

Write on the transparency: Acquired Immune Deficiency Syndrome

- **To acquire** is to get or catch. HIV is something that you can only get from someone who has the infection. It's not in your genes.
- **Immune** refers to your immune system (the parts of the body that fight infections.)
- **Deficiency** is not enough of something.
- **A syndrome** is a collection of symptoms (what people feel) and signs (what can be seen or measured – like a temperature).

So AIDS is the last stage of HIV infection when HIV (a virus that you get from other people) has destroyed so much of your immune system that it doesn't have the ability to fight infections and you start to have a variety of signs and symptoms.

Box #10

- Now Student X has AIDS. He goes in and out of the hospital multiple times. First, he gets pneumonia and goes into the hospital while the doctors treat the pneumonia. Then when he is over the pneumonia, he goes home. Then a few months later, he gets a serious eye infection goes back into the hospital. Then he gets better again. And so on.
- Finally, he will probably die from something his body can no longer fight off. The average person, once they get diagnosed as having AIDS, lives another three years or so. But that is just an average. Student X might live longer. He might die sooner. As far as we know, everybody who gets HIV will eventually get sick enough that we consider them to have AIDS and die from something their body can no longer fight off ... unless of course they happen to pass away first by getting hit by a car or whatever.

Write on the transparency: 10 to 12.

Show the transparency, *HIV Lifeline, Part 3.*

Box #11

- Okay, that was a lifeline of someone who had HIV and did not get treatment. 90% of the HIV/AIDS cases in the world are in developing countries where quality treatment is not available or in parts of the United States where people can't afford treatment.
- Let's talk about how treatment affects the life of someone with HIV. As we said earlier, on average a person with HIV would be in the asymptomatic phase—where they feel healthy and don't have any symptoms—for about 10 or 12 years. If Student X is taking effective HIV treatment, he could stay healthy (unless he has side effects from the drug) for much longer. We're not sure how long because the medicines are so new. The pills don't seem to help everyone, but they have helped a lot of people. Largely because of these treatments, more people with HIV are living longer.

Write on the transparency: Longer

Box #12

- If Student X started taking effective treatment, his life would be very different. He would now have to take a lot of pills everyday -- up to 30 or more. If he skipped any, or took them at the wrong times, they might not work.
- Sometimes the pills cause side effects, so even though HIV is not destroying Student X's immune system as quickly, the pills may give him nausea, diarrhea, even diabetes or high blood pressure.
- And the pills don't seem to help everyone. Some people take them and HIV continues to be strong in their body.
- The pills also cost a lot of money. If Student X has insurance, his insurance might pay for all or most of the cost of the pills.

Write on the transparency: Lots of pills, Pills can make people sick, Pills don't work for everyone and Pills cost a lot of money.

Box #13

Let's rewind and go back to the day that Student X got infected. We want to keep Student X safe.

Write on the transparency: Safe.

Box #14

- Student X got infected by having unprotected sex with a person who had HIV. What could Student X have done differently to protect himself from HIV?
- He could have chosen to not have sex. Another word for that is abstinence. “Abstinence” is a fancy word for choosing not to do something. People sometimes decide to abstain from all kinds of things: chocolate, cigarettes, sex, TV, meat and so forth. When people decide to abstain from something, it may be a temporary or long-term decision. So sexual abstinence means choosing not to have sex.

Write on the transparency: Abstinence.

- Student X also could have chosen to practice monogamy. Monogamy is when two people have sex ONLY with each other. If both people have been tested and know that they are not infected with HIV (and have no risky encounters that might have resulted in infection since their last test) and if both people are faithful and do not cheat on their partner, then monogamy provides protection against HIV infection.

Write on the transparency: Monogamy.

- Student X also could have used condoms to protect himself from HIV. Condoms greatly reduce the risk of HIV infection. They also protect against unwanted pregnancy and other sexually transmitted infections. Condoms are very effective when used correctly *-- and every time.

Write on the transparency: Condoms.

- Discuss correct condom use with your class. Use teacher reference sheet “Correct Condom Use” as a basis for the discussion. If you don’t teach about correct condom use, tell students how they could learn more about this topic (e.g., talking with their doctor, etc.)

4. Use the *Onion Ball Question and Answer Game* to reinforce the concepts. (15 minutes)

- *Okay, now we are going to play a game to see how much we all remember about HIV.*
- Have students move the desks back or otherwise make space for the group to stand or sit in a large circle.
- *This ball has a series of questions on it. I’m going to toss—not throw, but toss—the ball to someone. There is a question on the outside of the ball. They are going to read the question out loud. They can choose to answer the question themselves or ask for volunteers to answer the question. They will call on a person with their hand raised. Once the question has been answered, the person will toss the ball to someone else. This new person will remove the top layer of tissue to find the next question and so on. Any questions on how this is going to work?*
- Toss the ball to the first student. Appropriate answers to each question are listed below.

A. What is the job of the immune system?

- The immune system helps the body fight off infections and other diseases. It helps keep a person healthy.

B. What is HIV?

- **Human Immunodeficiency Virus (HIV)** is the virus that causes AIDS. It attacks the body's immune system.
- Over time HIV gradually destroys the body's ability to fight off infection and disease. Then people are more likely to get infections and cancers that would not normally develop in healthy people.

C. What is AIDS?

- **Acquired Immune Deficiency Syndrome (AIDS)** is the last stage of HIV infection, when a person's immune system doesn't work very well anymore.

D. What happens to a person who has HIV?

- If a person gets infected with HIV, generally they will still live for many years (unless they get hit by a car or die for some other reason).
- Soon after they get infected, their body's immune system will start to fight HIV.
- Their immune system will make antibodies to try to fight the virus, but they won't be able to kill all of it. (Antibodies are special cells in the blood that fight infection)
- Then, probably for years (on average 10 -12 years, but usually a lot longer with treatment), they will NOT have any symptoms showing that they're infected. They'll feel fine and healthy and will keep going to work or school. This is called being “asymptomatic.” During that time, they can still transmit the virus to other people even though they feel fine.
- Finally, HIV will have damaged their immune system so that it is seriously weak. At this point, they may start to get other infections and conditions that they just can't fight off very well. The doctor may say that their HIV infection is now called “AIDS.”
- Finally, they may die from something their body can no longer fight off. The average person, once they get diagnosed as having AIDS, lives another three years or so. With treatment, people can live much longer.

E. What are four fluids known to transmit the virus?

- Blood
- Semen
- Vaginal fluids
- Breast milk

F. What are the two most common ways that HIV transmission occurs?

1. Unprotected sex with an infected partner. [Note: Some 7th graders will think that “sex” means vaginal intercourse only. Gay and lesbian 7th graders may also think you are speaking only to their heterosexual classmates.
2. Sharing needles to use drugs.

G. What are other ways that HIV transmission occurs?

- If a woman is infected with HIV, she can give it to her baby during pregnancy or birth, or by breastfeeding. Breastfeeding is the healthiest way to feed a baby except for moms who have HIV.
- Doctors, nurses or other health care workers can be infected with HIV if they get stuck by a used needle or get HIV infected blood in their eyes or in cuts.
- It is very rare for a patient to get infected with HIV from receiving HIV-infected blood during an operation or receiving an organ from a person infected with HIV. This was a bigger problem before the U.S. began testing the blood supply in 1985. It is still a problem in countries that cannot afford to test their blood supply.

- It is theoretically possible to get HIV from sharing needles for tattoos or piercings. There are no known cases of these two modes of transmission; however, hepatitis B and C have been transmitted those ways. We recommend not sharing needles - period. It is safest to have piercing and tattooing done by a professional who follows proper cleaning procedures.
- Steroids, like mind-altering drugs, are sometimes taken through needles. Sharing needles could transmit HIV and other viruses.

H. What are some ways that HIV is not transmitted?

- Donating blood
- Being bitten by a mosquito
- Sitting on a toilet seat
- Shaking hands
- Hugging
- Sneezing
- Sharing eating utensils, food, or objects handled by people with HIV
- Spending time in the same house, school, or public place with a person with HIV

I. Can kissing transmit HIV?

- In the twenty years of the HIV/AIDS epidemic, there has only been one case of HIV transmission thought to be from kissing. Both people in this case had **lots** of bleeding from their gums and other sores in their mouths.
- You do not need to worry about getting HIV from kissing.

J. What is the only 100% safe way to protect oneself?

- Abstinence from injection drugs and sex

K. What is abstinence?

- “Abstinence” is a fancy word for choosing not to do something.
- People sometimes decide to abstain from all kinds of things: chocolate, cigarettes, sex, TV, meat and so forth.
- When people decide to abstain from something, it may be a temporary or long-term decision.

L. TV and movies make sex and drugs look so good, why would anyone ever abstain?

- People and their families have many different beliefs about abstaining from sex; some of these are religious beliefs.
- For example, some people believe that no matter how old they are, it is best to abstain from sex unless they are married, or until they are able to support a baby, or until they have both been tested for HIV and other STIs.
- Some people abstain so they can focus on schoolwork and other activities.
- Some abstain to decrease the chance of getting their heart broken.
- Some teens don’t want to disappoint their parents.
- People also abstain from injection drugs for all kinds of reasons. They may want to avoid hepatitis, HIV, addiction, or getting arrested. They may want to avoid getting high and making sexual decisions they will later regret.

M. How can people find out if they are infected with HIV?

- They can get a blood test that checks for antibodies to HIV.
- Almost everybody with HIV has enough antibodies to show up on a test within 3 months from the time they got infected.
- Most people who are infected feel fine for years so they don’t think of getting tested; most doctors won’t do the test unless the patient specifically asks.

- Generally, people of any age can get tested confidentially at Public Health
- Department clinics, Planned Parenthood clinics, doctors’ offices and teen clinics.
- Around here people can get tested at_____. [Fill in the blank if you know specifics.]
- People abstain so they can focus on schoolwork and other activities.

N. Most people have sex some time in their lives. What should they know in order to protect themselves?

- Condoms greatly reduce the risk of pregnancy as well as HIV and other STIs. Condoms are very effective when used correctly *-- every time.
- Many birth control methods are very effective at preventing pregnancy, but only condoms and abstinence protect against HIV and other STIs. Some people use condoms with another birth control method to protect themselves against pregnancy AND disease.
- The fewer partners a person has in their life and the longer they can delay beginning to have sex, the lower their risk of getting or giving HIV or other STIs.
- It is safest to practice monogamy with an uninfected partner. Monogamy is when two people have sex ONLY with each other. Before beginning a new monogamous relationship, if either person has taken risks in the past, they should get tested to be sure they are not already infected.

* Barriers include male condoms, female condoms and dental dams.

5. Red light/Green light activity

- Draw 3 traffic lights on 5" x 7" index cards. Make the first light red, the second green and the third yellow. Tape the traffic lights along the wall to create a risk continuum from green to red. OR have ready *Traffic Light* cards from the Activity Kit (*optional*).
- Read one of the risk behaviors. Have students get up and walk to the sign that they think best represents the level of risk for contracting HIV. Tell students to only read what is on the card, do not assume anything else is happening.
 - An **alternate activity** could be to have students get into groups and give each group a red, yellow and green sign.
 - Red means a high risk
 - Yellow means some risk
 - Green means little/no risk
 - A **third option** is to use the HIV risk cards and have students walk up to the red, yellow and green signs in the room and put the card under the correct sign.
- When all cards have been placed along the wall, review each behavior and its place along the continuum. Ask if any cards should be moved, discuss why, and do so, if appropriate. Ask for class consensus on where each card belongs. Remind students that the purpose of this activity is to identify the relative risk of behaviors, not to judge those who placed the cards.
- Once the whole class agrees about where each card should be placed along the continuum, ask students to look at the behaviors and privately consider whether they are doing any of these things.

6. Close the lesson. (2 minutes)

If you remember one thing from today, I hope you remember that HIV is preventable.

Lesson extensions:

HIV/AIDS Prevention worksheet and Refusing or Delaying Quiz worksheets are available for class work and discussion if time allows.

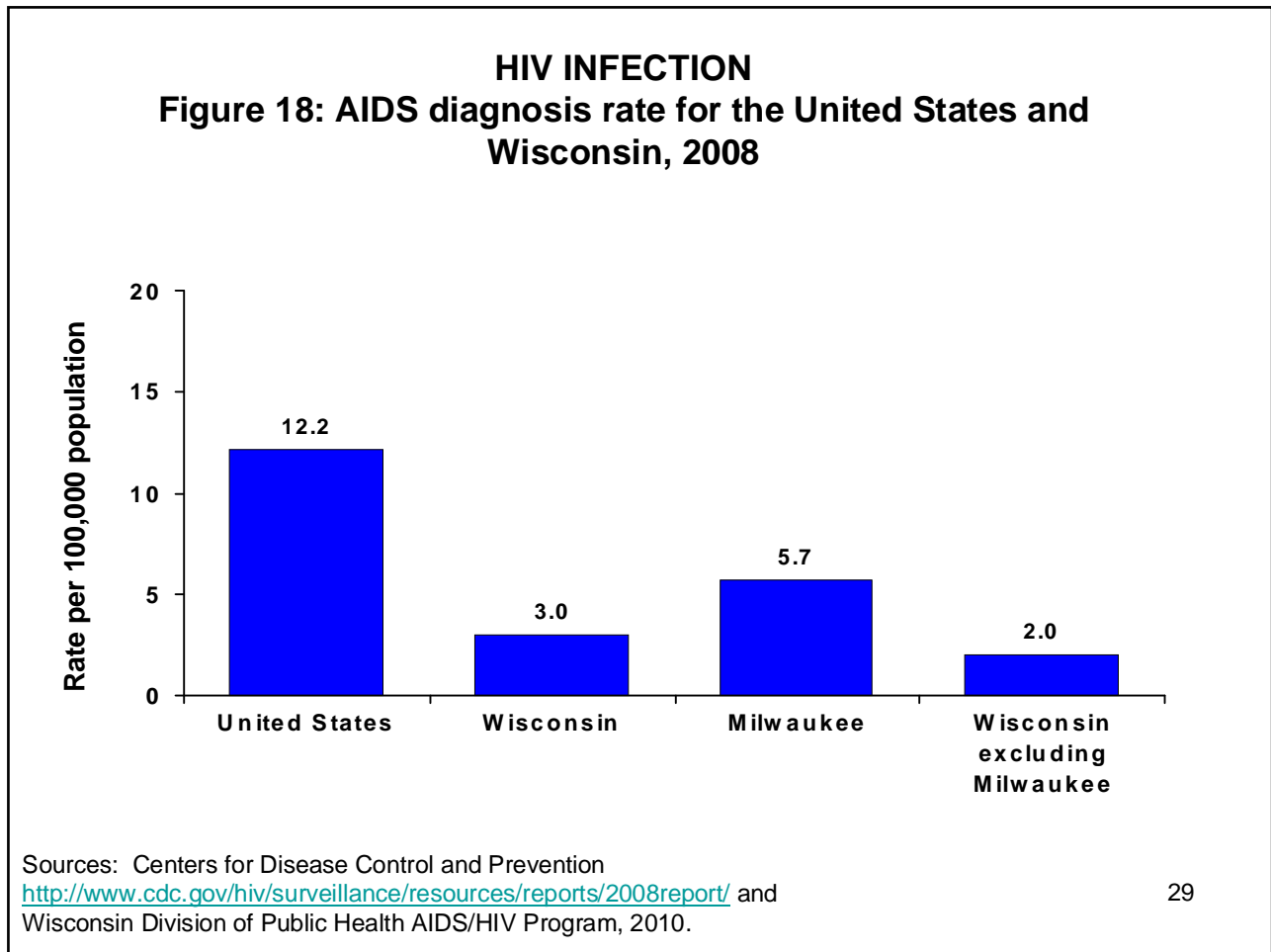
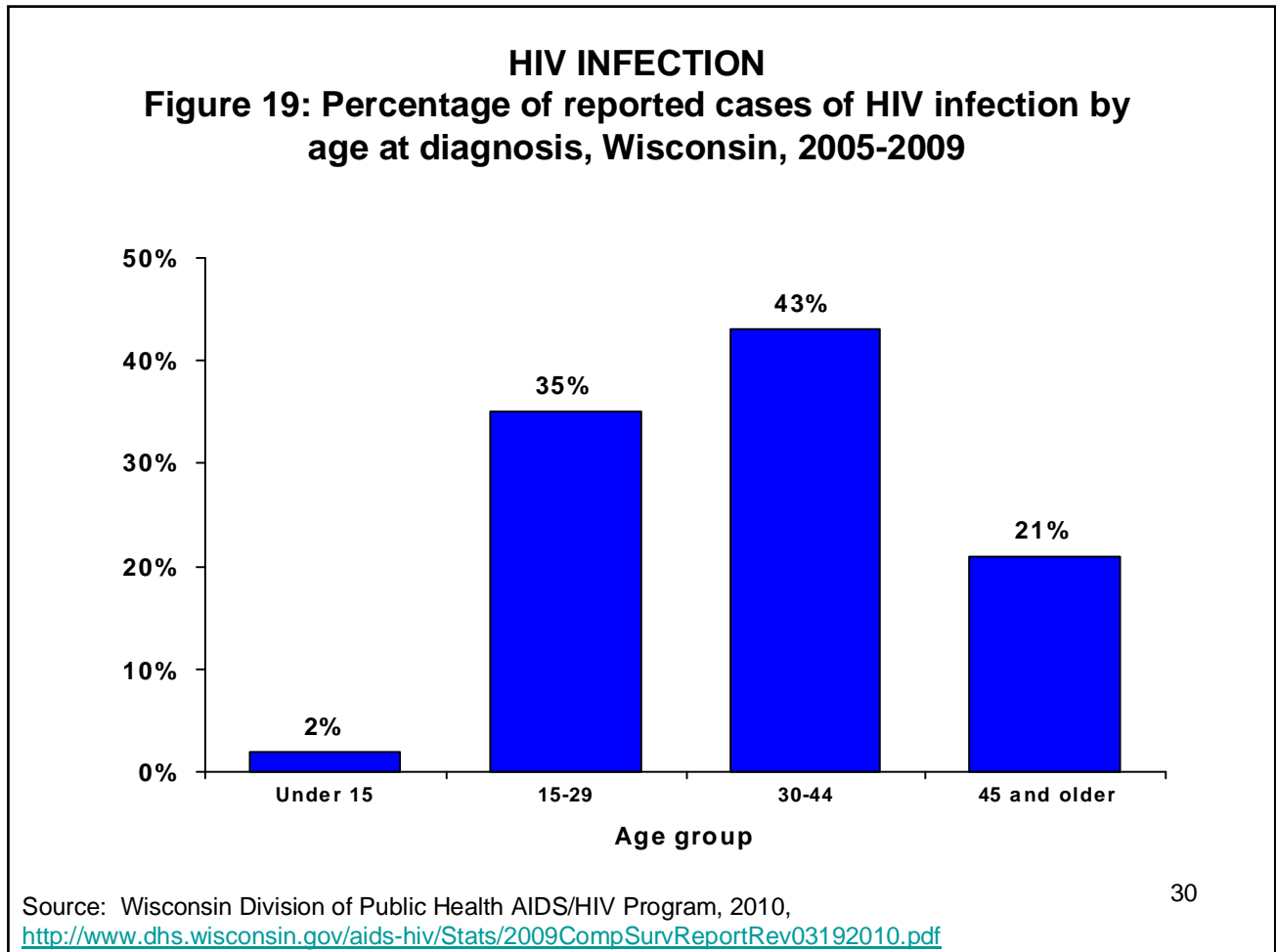


Figure 18 compares AIDS diagnoses for all age groups for the U.S., Wisconsin, the Milwaukee Metropolitan Statistical Area (MSA) (a four-county area that includes Milwaukee), and the state excluding the Milwaukee MSA.

The AIDS diagnosis rate in Wisconsin is approximately one-quarter that of the nation. The rate in Milwaukee is three times higher than the rest of the state, but substantially lower than that of many other states and cities.

This figure uses diagnoses of AIDS, because many jurisdictions in the US have only recently begun reporting diagnoses of HIV (as opposed to AIDS). The remaining figures in this report use reported cases of HIV. Wisconsin has had confidential name-based HIV reporting since 1985.



During the last five years (2005-2009), 35% of persons diagnosed with HIV infection have been between the ages of 15 and 30. Since the beginning of the epidemic, the median age of diagnosis has been in the early- to mid-thirties.

It is important to note that the age of diagnosis is not usually the age when the HIV infection is acquired. The Centers for Disease Control and Prevention estimates that at least one-half of all persons with HIV in the U.S. acquired the infection before age 25.

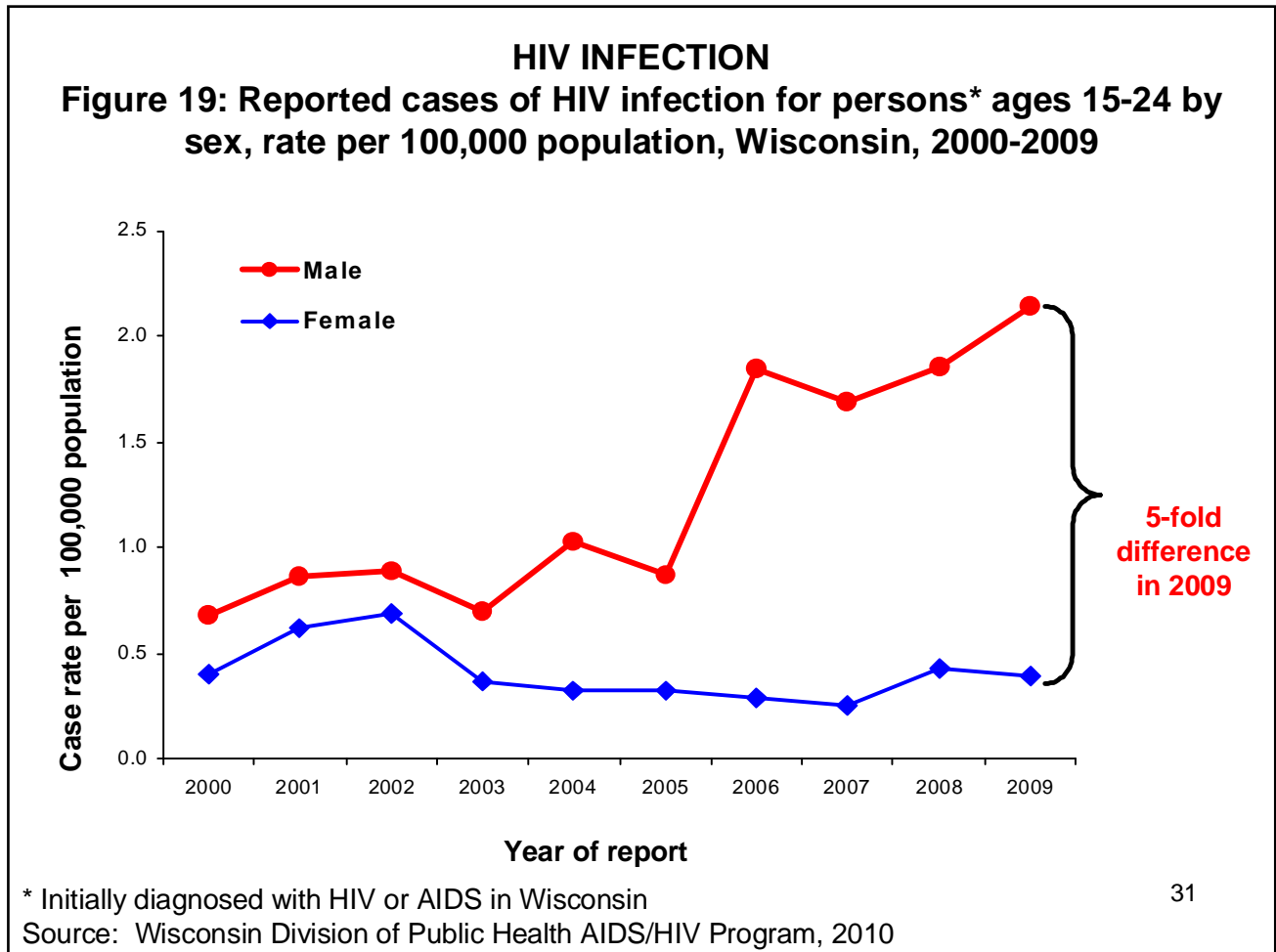
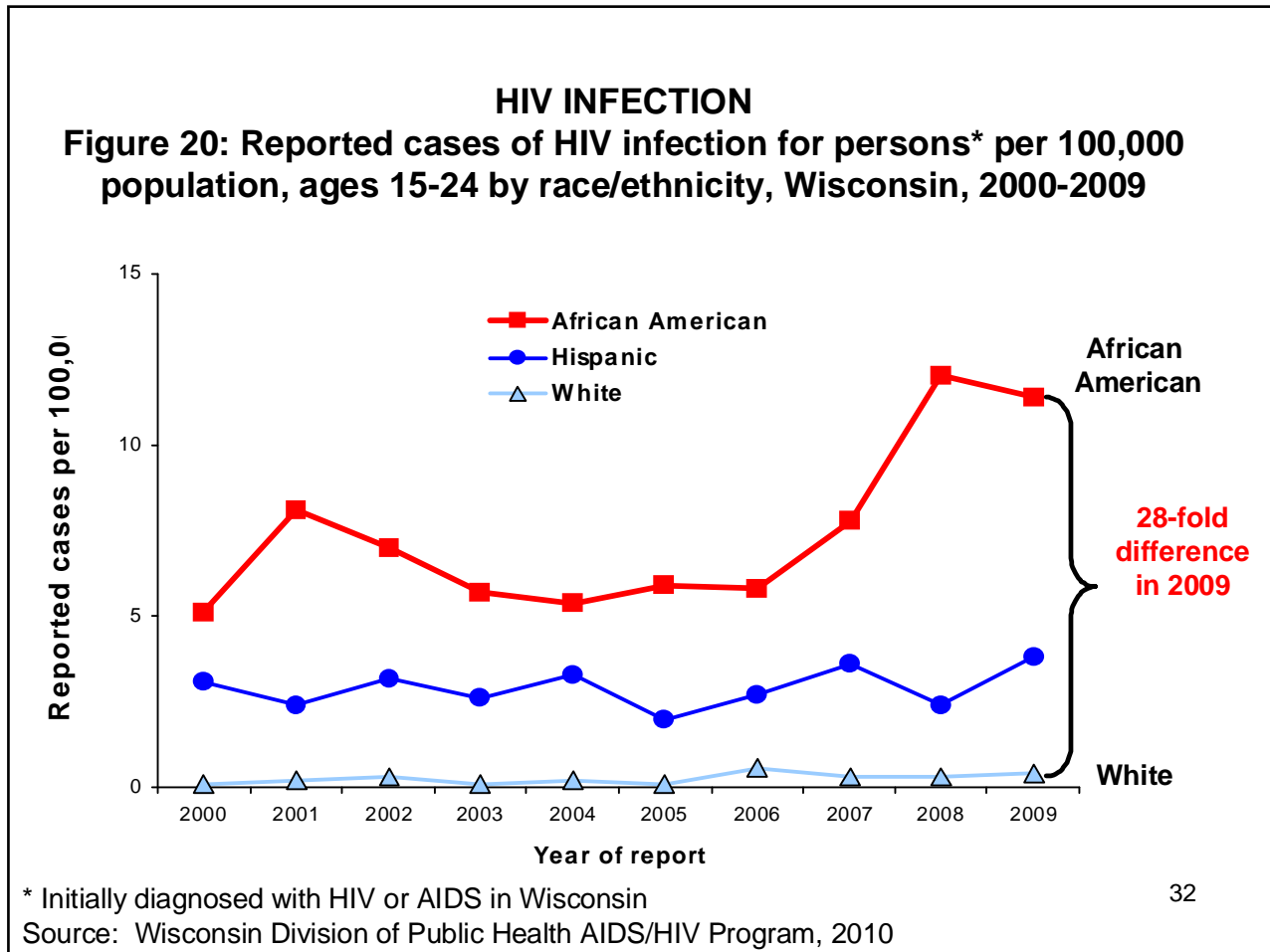


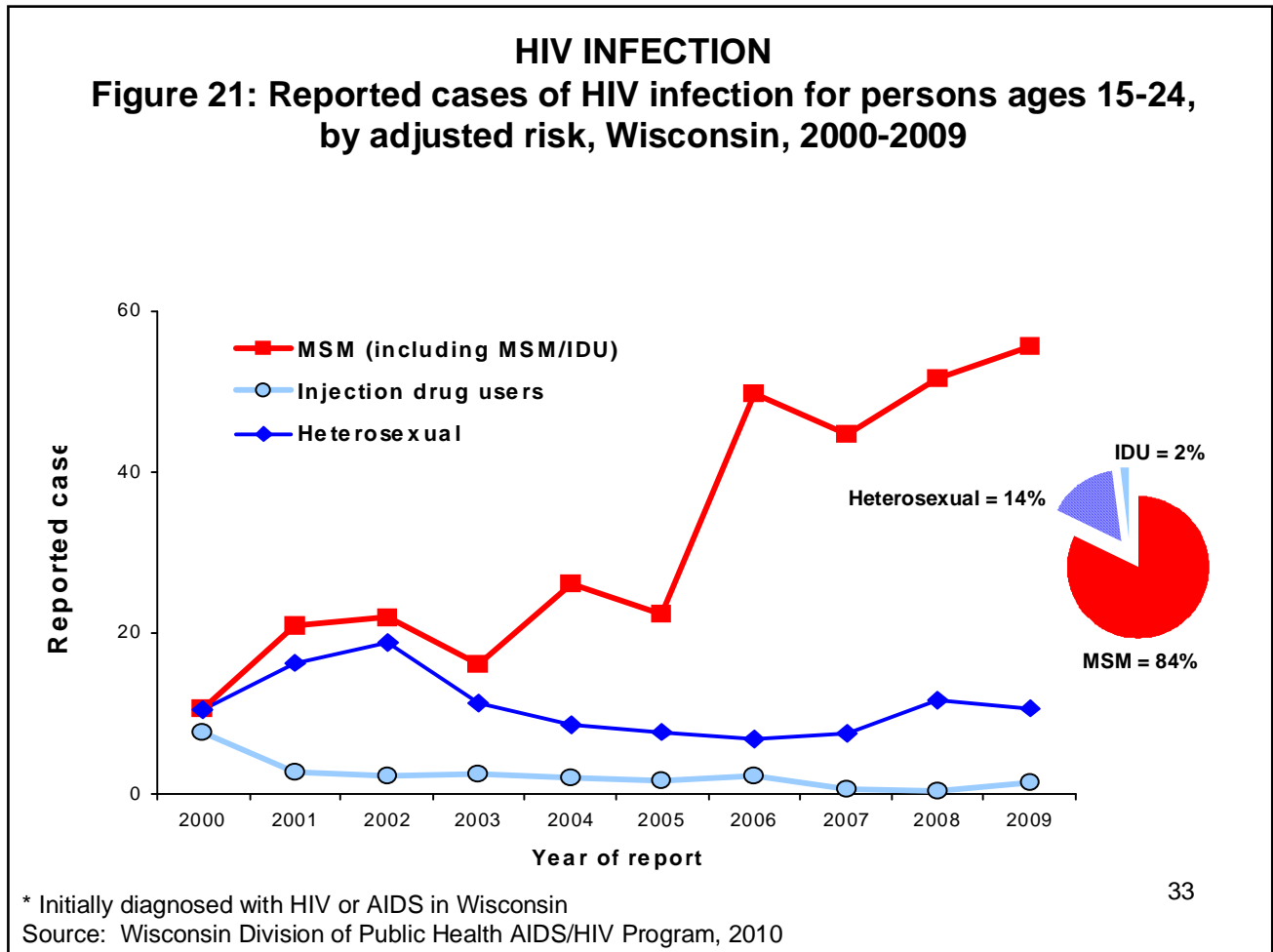
Figure 19 and the two figures that follow show similar patterns—disparities in rates between the groups shown and an increasing trend in one population while cases have remained relatively level in other populations.

Young males ages 15-24, are reported with HIV at a rate five times that of young females. In addition, case rates in males tripled over the course of the decade, whereas they remained relatively level in females.

Because HIV is often diagnosed several years after the infection is acquired, this sections uses the age group 15-24 rather than adolescents aged 15-19, used in the rest of this document.

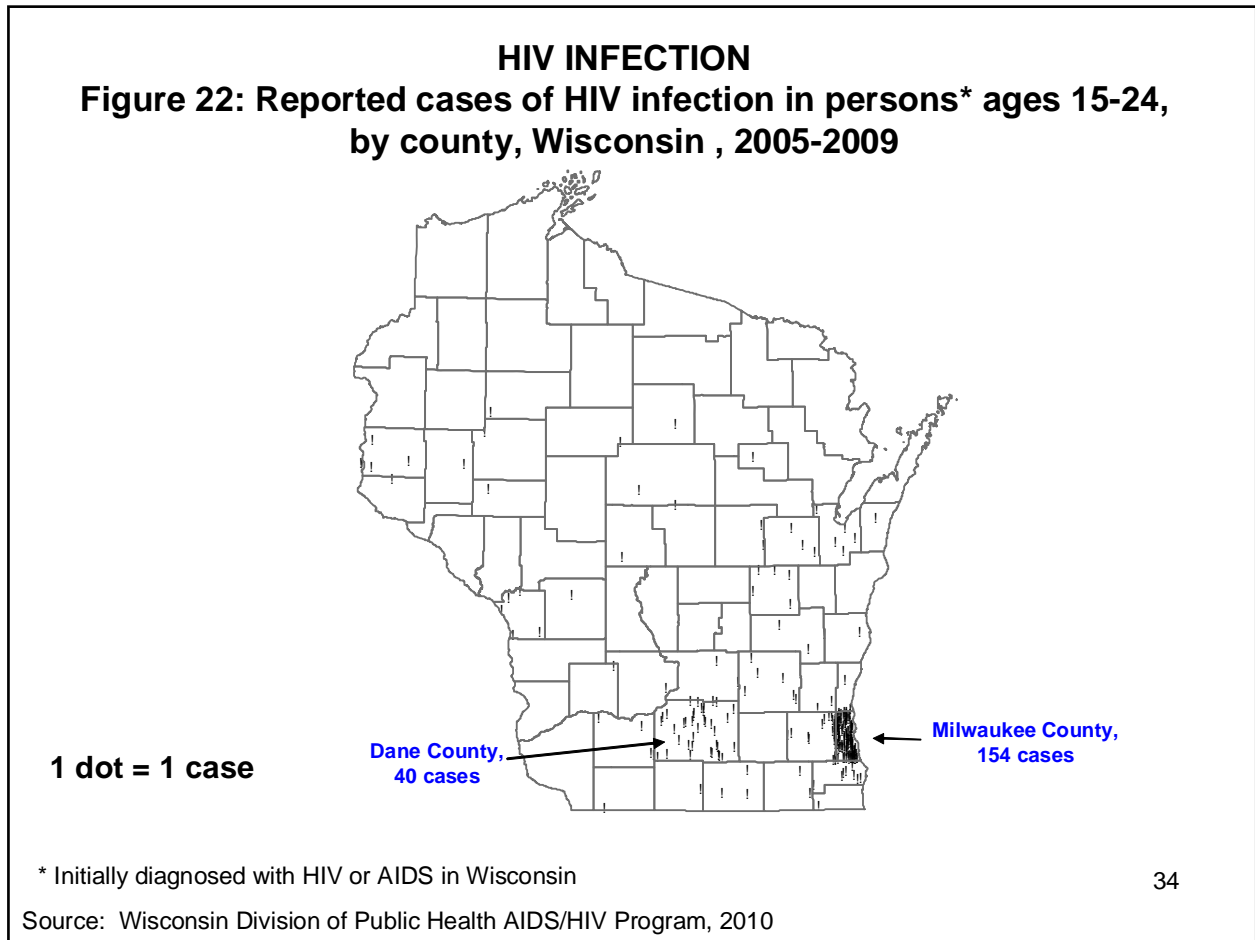


Rates of HIV more than doubled in African Americans over the course of the decade, while they have fluctuated in Latinos and remained flat in Whites in Wisconsin. In 2009, new HIV case rates were 28 and 10 times higher in African Americans and Latinos respectively compared to Whites.



Men who have sex with men (MSM), including MSM who inject drugs, accounted for more than five of six reported cases of HIV in young people ages 15-24 in 2009. Reported cases also increased by more than five-fold in this population over the course of the decade.

Heterosexuals made up one-in-seven new cases in 2009. Cases attributed to injection drug use (IDU) declined by 79% from 2000 to 2009 and accounted for only 2% of cases in this age group in 2009.



Cases of HIV in young people ages 15-24, were reported in 35 of Wisconsin’s 72 counties during the period 2005-2009. Of the 277 cases reported with an initial HIV or AIDS diagnosis in Wisconsin, 55% were from Milwaukee County and 14% from Dane County. Five cases (not shown) were reported from correctional settings.

Impact of HIV on young people (15-29) in different demographic groups in Wisconsin

Of 100 Wisconsin residents, ages 15-29. How many have HIV?

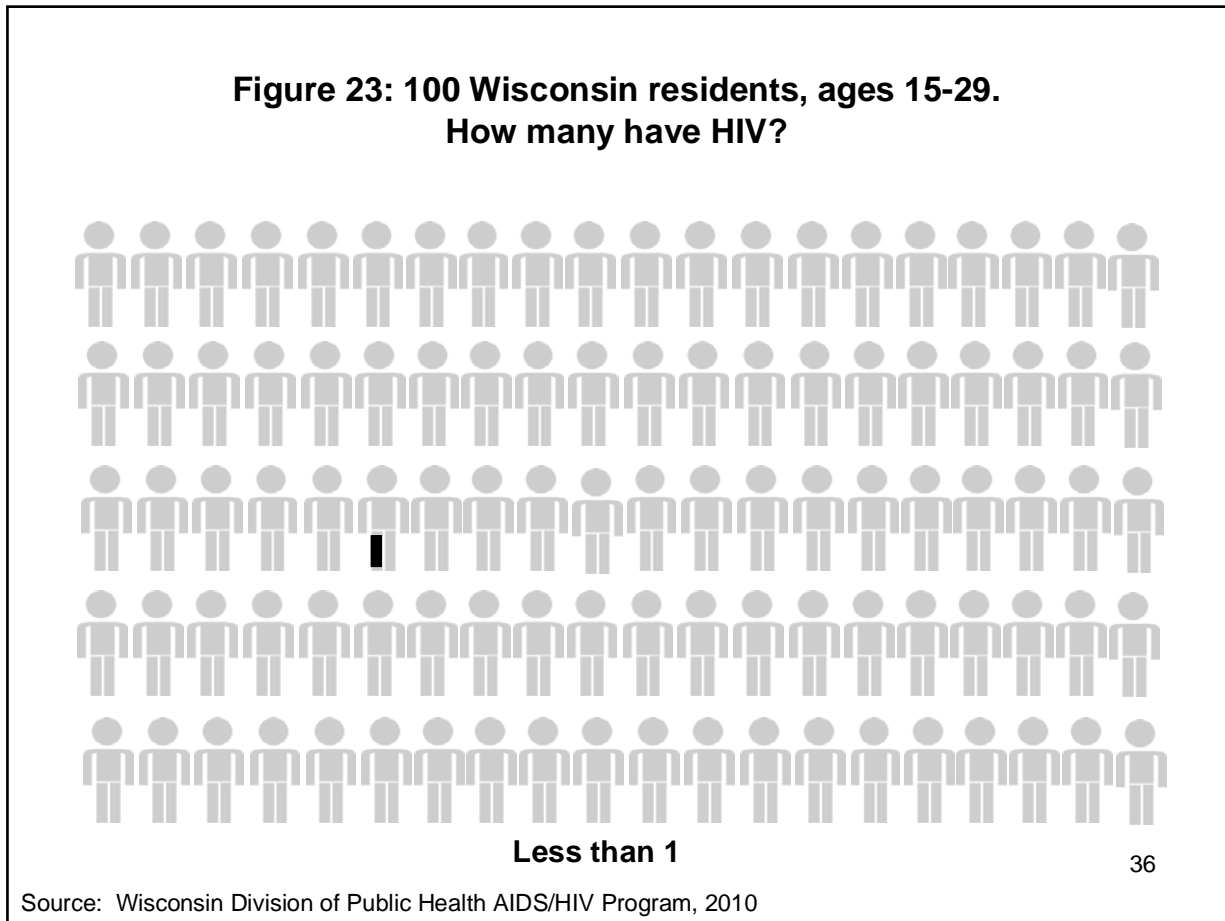
- All residents in that age group
- Young white men who have sex with men (MSM)
- Young Latino MSM
- Young African American MSM

35

The following slides show the differential impact that HIV infection has on populations of young people. The percentages of Wisconsin residents ages 15-29 in different demographic groups that are estimated to be living with HIV are shown in Figures 24-28.

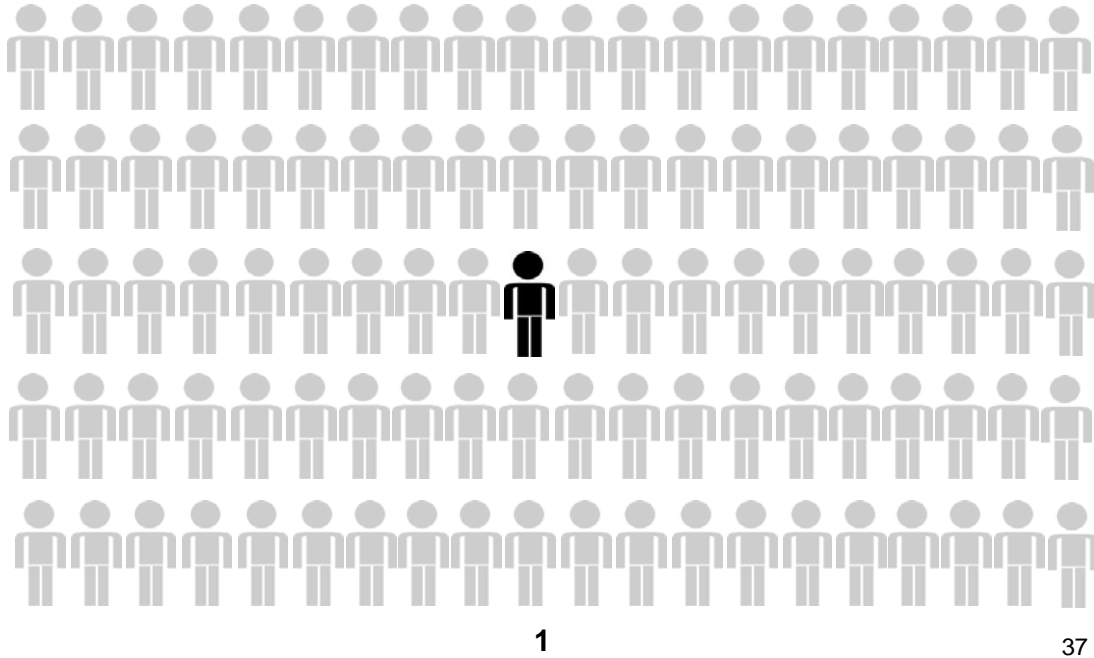
The reader is encouraged to estimate the percent of Wisconsin residents ages 15-29 in each of the following populations that have HIV infection before proceeding to the next slide.

- All residents ages 15-29
- Young white men who have sex with men (MSM) ages 15-29
- Young Latino MSM ages 15-29
- Young African American MSM ages 15-29



Fewer than one in one thousand young people ages 15-29 in Wisconsin have HIV infection.

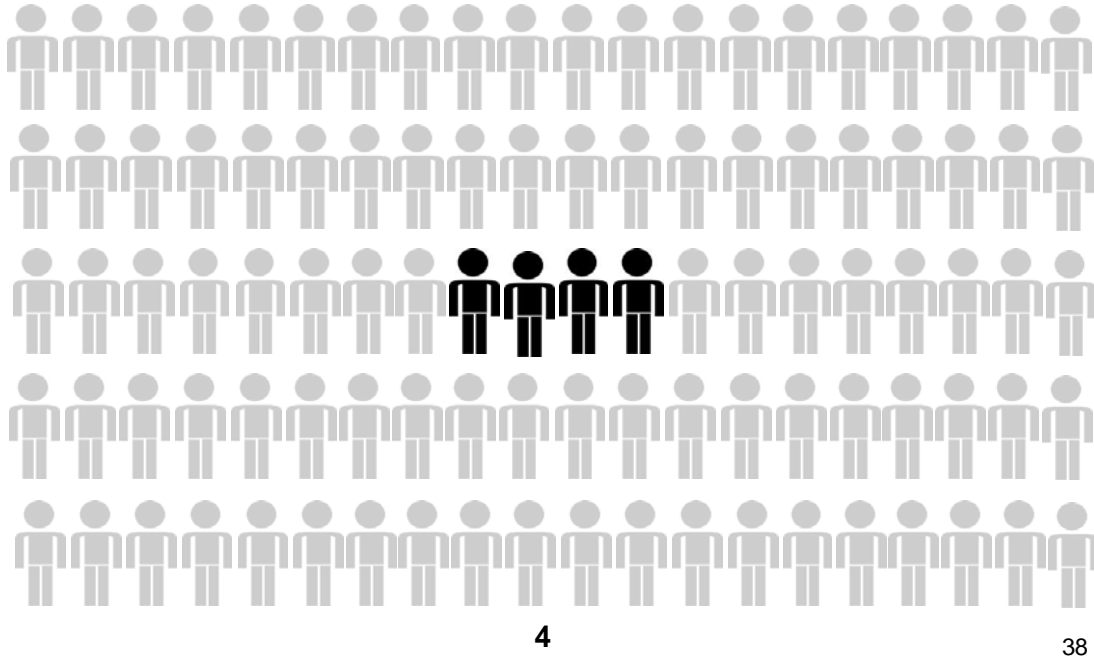
**Figure 24: 100 White MSM, ages 15-29 in Wisconsin.
How many have HIV?**



Source: Wisconsin Division of Public Health AIDS/HIV Program, 2010

For every 100 young White men who have sex with men (MSM) ages 15-29 in Wisconsin, 1 person is living with HIV.

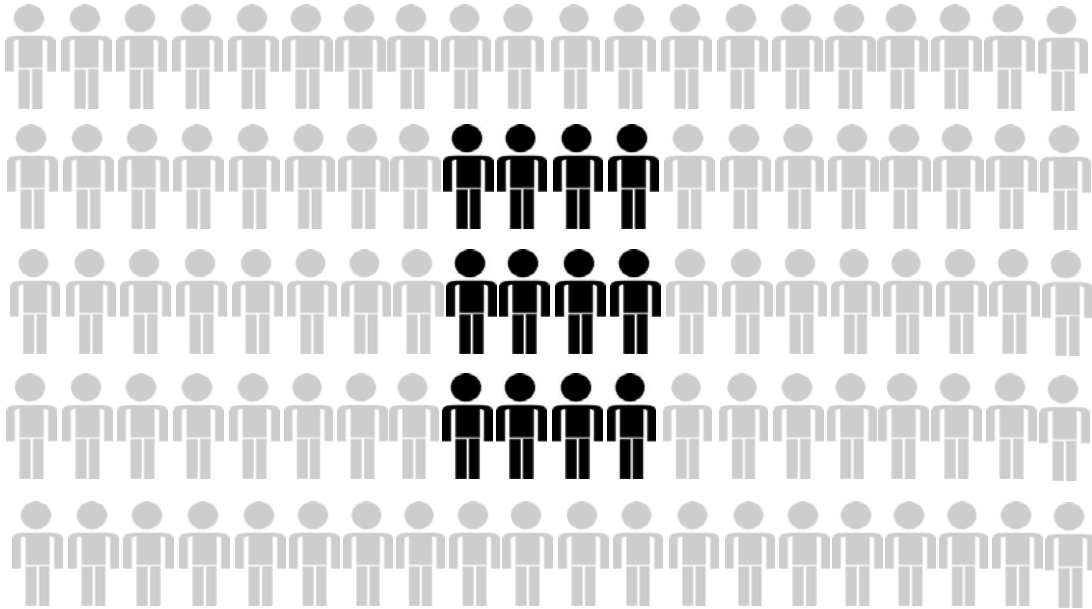
**Figure 25: 100 Latino MSM ages 15-29 in Wisconsin.
How many have HIV?**



Source: Wisconsin Division of Public Health AIDS/HIV Program, 2010

For every 100 young Latino MSM ages 15-29 in Wisconsin, 4 are estimated to be living with HIV.

**Figure 26: 100 African American MSM, ages 15-29 in Wisconsin.
How many have HIV?**



12

39

Source: Wisconsin Division of Public Health AIDS/HIV Program, 2010

As many as 12 of every 100 young African American MSM ages 15-29 in Wisconsin is estimated to be living with HIV.

HIV LIFELINE (PART 1)

<p>Box 1 What does HIV Stand for?</p> <p>H I V</p>	<p>Box 2 Two key parts of the immune system</p> <p>A _____ is a kind of white blood cell, the boss of the immune system, which attacks HIV.</p> <p>An _____ is one of the fighters of the immune system.</p>
<p>Box 3 Four fluids that can transmit HIV</p> <p>1 2 3 4</p>	<p>Box 4 Which fluids are safe?</p> <p>1 2 3 4</p>

HIV LIFELINE (PART 2)

<p>Box 5</p> <p>This is student X</p> <p style="text-align: center;">O</p> <p>He has HIV. How could he have caught it?</p> <p>1</p> <p>2</p> <p>3</p>	<p>Box 6</p> <p>Student X can find out if he has HIV</p> <p style="text-align: center;">O</p> <p>After _____ months there are enough _____ to show up on a test</p>	<p>Box 7</p> <p>Student X feels fine for _____ years.</p> <p>(an average of _____ years)</p> <p>He has no _____</p> <p>He is _____</p>
<p>Box 8</p> <p>Ten years later, Student X is _____ years old</p> <p>His immune system is losing the fight. Student X has</p> <hr/>	<p>Box 9</p> <p>A _____</p> <p>I _____</p> <p>D _____</p> <p>S _____</p>	<p>Box 10</p> <p>Student X is in the hospital on and off</p> <p>(an average of _____ years)</p> <p>Then student X dies.</p>

HIV LIFELINE (PART 3)

<p>Box 11</p> <p>Treatment helps people live</p>	<p>Box 12</p> <p>Problems with treatment</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p>
<p>Box 13</p> <p>Rewind</p> <p>O</p> <p>Let's keep student X</p>	<p>Box 14</p> <p>How?</p> <p>1. No sex = _____</p> <p>2. Have only one uninfected partner who only has sex with him = _____</p> <p>Use protection</p>

Answer Key: HIV Lifeline (Part 1)

<p>Box 1 What does HIV Stand for?</p> <p>Human</p> <p>Immunodeficiency</p> <p>Virus</p>	<p>Box 2 Two key parts of the immune system</p> <p>A <u>t-cell</u> is a kind of white blood cell, the boss of the immune system, which attacks HIV.</p> <p>An <u>antibody</u> is one of the fighters of the immune system.</p>
<p>Box 3 Four fluids that can transmit HIV</p> <p>1 blood</p> <p>2 semen</p> <p>3 vaginal fluids</p> <p>4 breast milk</p>	<p>Box 4 Which fluids are safe?</p> <p>1 spit/saliva</p> <p>2 pee/urine</p> <p>3 sweat</p> <p>4 tears</p>

Answer Key: HIV Lifeline (Part 2)

<p>Box 5</p> <p style="text-align: center;">This is student X</p> <p style="text-align: center;">O</p> <p>He has HIV. How could he have caught it?</p> <p>1 sex without a condom</p> <p>2 shared needle</p> <p>3 got it from mom</p>	<p>Box 6</p> <p style="text-align: center;">Student X can find out if he has HIV</p> <p style="text-align: center;">O</p> <p>After <u>3</u> months there are</p> <p>enough <u>antibodies</u> to show up on a test</p>	<p>Box 7</p> <p>Student X feels fine for <u>10-12</u> years.</p> <p>(an average of <u>10-12</u> years)</p> <p>He has no <u>symptoms</u></p> <p>He is <u>asymptomatic</u></p>
<p>Box 8</p> <p>Ten years later, Student X is <u>24</u> years old</p> <p>His immune system is losing the fight. Student X has <u>AIDS</u></p> <hr/>	<p>Box 9</p> <p>A <u>quired</u></p> <p>I <u>mmune</u></p> <p>D <u>eficiency</u></p> <p>S <u>yndrome</u></p>	<p>Box 10</p> <p>Student X is in the hospital on and off</p> <p>(an average of <u>3</u> years)</p> <p>Then student X dies.</p>

Answer Key: HIV Lifeline (Part 3)

<p>Box 11</p> <p>Treatment helps people live</p> <p>longer</p>	<p>Box 12</p> <p>Problems with treatment</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p>
<p>Box 13</p> <p>Rewind</p> <p>O</p> <p>Let's keep student X</p> <p>Safe</p>	<p>Box 14</p> <p>How?</p> <p>1. No sex = <u>abstinence</u></p> <p>2. Have only one uninfected partner who only has sex with him = <u>monogamy</u></p> <p>Use protection= <u>condoms</u></p>

HIV Risk Behaviors Answer Sheet

Little to no Risk	Some Risk	Risky
Massage	Deep wet kissing	Unprotected vaginal, oral and anal sex
Receiving a blood transfusion today	Using condoms	Using the same condom twice
Dry kissing	Unprotected oral sex	
Abstaining from sex	Cleaning spilled blood without wearing gloves	Sharing needles to inject drugs
Fantasizing		Sharing needles for tattooing
Masturbation		Sharing needles for injecting steroids or vitamins
Hugging		Reusing a needle that has been cleaned with water
Donating blood		Breast feeding from infected mother
Maintaining a lifetime, mutually monogamous relationship with an uninfected partner who does not use injection drugs		
Abstinence		

Clarification on a few risk behaviors:

Receiving a blood transfusion today: Blood is now tested when it is donated. There is less than a 0.1% chance you would receive blood infected with HIV. That small of a chance puts it in little to no risk.

Donating blood: If you go to a reputable agency there is no way you can contract HIV by donating blood. They use new equipment for each person.

Monogomy: Students will argue that you can not trust your partner and they will cheat. That is not what the cards says. If both partners have only been with one person and have not used needles to inject drugs the chances your partner still has contracted HIV is extremely low.

Massage

Receiving a blood
transfusion today

Dry kissing

fantasizing

masturbation

hugging

maintaining a lifetime,
mutually monogamous
relationship with an
uninfected partner who

does not use injection
drugs

deep wet kissing

using condoms

unprotected sex

cleaning spilled blood
without wearing gloves

unprotected vaginal,
oral and anal sex

using the same condom
twice

sharing needles to inject
drugs

sharing needles for
tattooing

sharing needles for
injecting steroids or
vitamins

reusing a needle that
has been cleaned with
water

breast feeding from an
infected mother

Abstinence

Resources

Background Reading:

- HIV/AIDS: [Background Information for Educators](#)
- How to answer difficult questions: [Answering Difficult Questions](#)
- How to answer questions about controversial issues: [Values Question Protocol](#)

Websites:

- Health Educators Toolbox <http://www.metrokc.gov/health/apu/healthed>, (Public Health – Seattle & King County [PHSKC])
- HIV/AIDS Program <http://www.metrokc.gov/health/apu> (PHSKC)
- Family Planning Program <http://www.metrokc.gov/health/famplan> (PHSKC)

Phone Numbers:

- HIV/STI Hotline: (206) 205-7837 or (800) 678-1595 (PHSKC)
- HIV/STI Hotline: (800) 342-AIDS (Centers for Disease Control and Prevention)
- Sex Information Line: (206) 328-7711 or (888) 307-9275 (Planned Parenthood of Western Washington)
- Your local Public Health Department

HIV/AIDS PREVENTION Performance Task:

Can We Talk (About HIV)?"

Student Instructions

This is a group assessment. Imagine that you are in one of the situations described below. In your small group, discuss the following question, brainstorm your responses, and then prioritize the best *way* to handle the scenario and how you decided on this response. Record your group's ideas using complete sentences.

Assessment Criteria

Answers will be scored on the following:

1. How well you show that you understand interpersonal communication processes.
2. How well you use these skills to inform or communicate with others about healthful living.
3. How well you perform other skills described by your instructor such as small group interaction, teamwork, self or peer assessment.

Situation 1:

You heard that your neighbor has HIV and you are curious about how he got it. What would be a good way to ask your parents about it?

Situation 2:

You are assigned to work in a cooperative group with a classmate who has HIV. You are afraid you might get it. What would be a good way to let the classmate know how you are feeling?

Situation 3:

You fell down and are bleeding a lot. What would be a good way to get someone to help you without putting them in danger of touching your blood?

Situation 4:

Your teammate got hit in the face with a basketball and has a bloody nose. The coach told you to help by holding your teammate's nostrils shut. What would be an appropriate action to take?

2003 Edition

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