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We acknowledge the contributions of trauma survivors; much of what we know about trauma-informed approaches we owe to survivors who have courageously told their stories.

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A Guide to Trauma-Informed Sex Education

Introduction
Public health professionals and agencies have come to understand trauma as a public health issue. The impact of traumatic experiences can be so great that the far-reaching effects can take a toll on the health of individuals and communities, especially for communities that have experienced historical trauma. For this reason, many in the field are looking for better ways to serve clients and communities who have experienced or been impacted by trauma. Many programs and services have begun to explore and adopt a trauma-informed approach. This means that educators, facilitators, and agency staff have some knowledge and training about the effects of trauma on the brain and behavior, and consider those effects when providing services. This guide will provide a thorough overview of a trauma-informed approach as well as practical strategies for applying trauma-informed principles in sex education programs.

Defining Trauma
Trauma is defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) as “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.” Trauma can be acute such as a car accident, sudden injury or illness, natural disaster or physical assault; it can also be chronic, such as living in a war zone, repeated physical or sexual abuse over time, or living amidst violence in one’s family or community. Trauma can also manifest over time as the result of repeated or consistent exposure to the stresses of discrimination such as racism, classism, gender discrimination, ableism, homophobia, etc. When a person experiences any kind of interpersonal or institutional discrimination over time, those experiences can have the same effects as a traumatic event.

These different types of traumatic events or circumstances can affect people differently, but there are some predictable ways the effects of trauma can manifest in behavior and executive functioning skills. A history of trauma can make it difficult to cope with the stresses of everyday life, regulate behavior, or control the expression of emotions. In addition, unresolved trauma can also make it difficult for survivors to maintain memory and attention and to perceive and interpret information; these difficulties are important to take into account in educational programs, including sex education. A history of trauma can also have a considerable impact on a person’s sexual health and decision-making.

* Historical trauma is a form of trauma that impacts entire communities. It refers to the cumulative emotional and psychological wounding that is transmitted across generations within a community as a result of group traumatic experiences. Unresolved grief and anger often accompany this trauma and contribute to physical and behavioral health disorders. This type of trauma is often associated with racial and ethnic population groups in the United States who have suffered major intergenerational losses and assaults on their culture and well-being. http://www.samhsa.gov/trauma-violence/types
Trauma and the Brain

To understand how trauma affects the developing brain, it is important to first have a basic understanding of how the brain develops. The brain is designed to respond to experience; whether positive or negative, different experiences physically alter the brain and how its main components function, especially those experiences that are repetitive or ongoing\(^4\).

The development process occurs in a “bottom up” manner. The lower brain, which controls things like heart rate and breathing, develops first (sometimes called the ‘lizard brain’). The upper structures of the brain, such as the prefrontal cortex, control things like abstract thinking, decision-making, reason and logic, and are the last to fully develop in the mid-20s.

The amygdala is the part of the brain that responds to stress and anxiety and coordinates a behavioral response that helps to ensure survival, also known as the “fight, flight, or freeze” response. Often, the amygdala of someone who has experienced trauma is overactive; this means that their brain focuses on scanning the environment for threats and goes into survival mode, even when no actual threat is present. When the fight, flight or freeze response is triggered, the lower ‘survival’ brain takes over and the functioning of the upper ‘thinking’ brain is diminished. In a triggered state, a person’s behavior might appear inappropriate, erratic, or defiant as they are no longer able to analyze the situation with reason and logic before acting. These behaviors include things like punching a wall, hiding under a desk, or running from a room, and are based on fear and survival instincts. Additionally, traditional methods of discipline that may include raised voices, forceful posture, and angry facial expressions, can feel extremely threatening and trigger a fear response. This survival response is based much more on one’s perception than on
reality. Though there is no actual threat, this re-stimulation can make it impossible to perform some of the higher executive functions of the upper “thinking” brain.

**A Trauma-Informed Approach**

Using a trauma-informed approach means that a program, organization, or system “realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.” Ultimately, this approach is intended to promote equity and a greater sense of safety among those served by an organization or program. With that broader definition in mind, this guide focuses on how educators and facilitators can incorporate a trauma-informed approach in a classroom or group setting.

The *Guide to Trauma-Informed Sex Education* is intended for anyone who is implementing an evidence-based intervention, or EBI, as part of a sex education program with young adults. An EBI is a program or curriculum that has been rigorously evaluated and shown to be effective at changing adolescent sexual risk-taking behavior. Because EBIs are intended to meet the needs of a targeted population and are often short in duration, there are some constraints on what kinds of changes facilitators can make, which can pose some difficulty in making EBIs more trauma-informed while still maintaining fidelity to the original protocol for implementation. This guide will make recommendations for acceptable “green light” adaptations that do not compromise fidelity to the program.

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† Green Light Adaptations are safe and encouraged changes to program activities to better fit the age, culture, and context of the population served. See [http://recapp.etr.org/recapp/documents/programs/GeneralAdaptationGuidanceFINAL.pdf](http://recapp.etr.org/recapp/documents/programs/GeneralAdaptationGuidanceFINAL.pdf).
About this Guide

This guide is based on the six key principles laid out in the HHS publication titled SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach:

- Safety
- Trustworthiness and Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, Voice, and Choice
- Cultural, Historical, and Gender Issues

Each section of this guide will include a discussion of the principle and some tips and strategies for effectively incorporating each principle into a sex education program. There is also a list of resources that correspond with each principle at the end of the guide.

Note: This is not a guide about treating trauma of any kind, but for teaching and talking about sexuality in a way that is not triggering or re-traumatizing for young survivors. Sex education facilitators should have knowledge of local resources available to youth who have experienced trauma and refer accordingly.
The Six Key Principles of a Trauma-Informed Approach

Safety

The safety principle is foundational to a trauma-informed approach as the other five principles all reinforce its importance. In order for sex education programs to be effective, they must take into account both the physical and emotional safety of learners, who should reasonably expect that they will not meet physical or bodily harm and that they will be accepted by peers and educators. One way to define emotional safety is “the feeling that your inner most thoughts, feelings and experience are, and will be, honored as one honors themselves”. Creating physical and emotional safety in the classroom should be a priority for all programs; it is especially important for youth who face multiple barriers to health and well-being (poverty, lack of access to healthcare, discrimination based on identity, lack of family support) and youth who have experienced trauma. Situations that feel physically or emotionally unsafe can be triggering or re-traumatizing for someone with trauma history, and can cause them to disengage or shut down.

In order to create and maintain safety for trauma survivors in a sex education program, a facilitator must establish a positive and safe environment that is free of judgement and shame. This takes intentional work because our culture consistently communicates very strong messages about the shamefulness of sexuality, especially adolescent sexuality. Additionally, survivors need to be understood as whole people, as more than their traumatic experiences. Adults interacting with youth in a sexual health setting need to believe that youth who have experienced trauma can live full lives and develop healthy sexualities. Finally, in order for the sex education environment to remain safe for trauma survivors and all youth, it must be affirming of healthy sexuality in general and affirming of diversity.

Strategies for creating safety:

- **Group Agreements**: Before having any discussions at all about sexuality or other sensitive information, ask the students what kinds of agreements they would like to set up in order for everyone to feel safe. The group agreements should include language about respect, confidentiality, and the right to pass. Group agreements should also establish that no one will share information about their own sexual behavior or bodies, or ask for that information from others. Let students know they can refer to the group agreements if they feel that they are not being honored.

- **Interrupt and Address Bullying**: As the teacher/facilitator, it is important to interrupt and address bullying of any kind in the classroom. Best practice for intervening is to explain why the behavior is not acceptable, refer to the group agreements, and then follow up with the involved parties. Note: follow up with the student(s) being bullied separately from the student(s) doing the bullying. In addition, be sure to follow any procedures or policies on bullying and harassment that the school district, agency, or organization you are working with may have implemented.
**Avoid Shaming Language:** Create a positive and affirming environment by removing shaming language from your EBI; this most often occurs around STIs, unintended and teen pregnancy, HIV, and messages about promiscuity. See common shaming messages and how to reframe them in the table below.

<table>
<thead>
<tr>
<th>Common Shaming Messages</th>
<th>Possible Re-Frame</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most teen moms end up living in poverty</td>
<td>Raising a child is hard work and costs money; many parents find they need to sacrifice a lot in order to provide for their family. Think about your goals and dreams and about how having a child would fit into your plans. What are you willing or unwilling to sacrifice?</td>
<td>Removes stigma from pregnant or parenting teens</td>
</tr>
<tr>
<td>Don’t be embarrassed to buy condoms; pregnancy or an STI are even more embarrassing!</td>
<td>It is important to work through feeling embarrassed about buying condoms; it is the responsible thing to do to protect yourself and your partner.</td>
<td>Removes element of shame from unintended pregnancy and STIs</td>
</tr>
<tr>
<td>Experimenting with sex to satisfy curiosity is unhealthy</td>
<td>Feeling curious about sex is something many young people go through as they become adults. If you are going to have sex, protect yourself! Use condoms and other barriers, and make sure you can communicate effectively with your partner(s).</td>
<td>Removes judgement/shame</td>
</tr>
<tr>
<td>You shouldn’t have sex with someone you don’t know very well</td>
<td>It’s important to talk honestly and openly about safer sex with all of your partner(s).</td>
<td>Removes judgment/shame</td>
</tr>
</tbody>
</table>
LGBTQ Inclusive Language: Use language in the classroom that includes and affirms LGBTQ students’ identities and experiences. Additionally, it’s important to separate gender identity from body parts; in other words, someone who identifies as female may have a penis and someone who identifies as male may have a vagina; someone may not identify as male or female. The use of gender neutral language when discussing anatomy and physiology helps to ensure that transgender or gender non-conforming students gain an understanding of their bodies too. See the table below for common EBI language and suggestions for making it more inclusive to LGBTQ youth.

<table>
<thead>
<tr>
<th>Common Phrasing</th>
<th>Inclusive Re-write</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>The only way a female can get pregnant is if sperm cells enter her vagina and fertilize one of her egg cells</td>
<td>The only way a person can get pregnant is if sperm cells enter the vagina, fertilize an egg cell, and then that fertilized egg implants in the uterus. This can happen through vaginal intercourse with a penis, or a procedure called in vitro fertilization (IVF)</td>
<td>The new phrasing is inclusive of gender and body diversity; it does not assume all females have vaginas and all males have penises, and acknowledges that some people’s genders are non-binary and they may not identify as male OR female.</td>
</tr>
<tr>
<td>Vaginal intercourse between a man and a woman can lead to pregnancy</td>
<td>If sperm enters the vagina during sex, pregnancy can happen</td>
<td></td>
</tr>
<tr>
<td>It is both the male and the female’s responsibility to prevent pregnancy</td>
<td>It is both partners’ responsibility to protect themselves</td>
<td></td>
</tr>
<tr>
<td>It is important to talk about safer sex with your boyfriend or girlfriend</td>
<td>It is important to talk about safer sex with your partner(s)</td>
<td></td>
</tr>
<tr>
<td>Vaginal intercourse refers to a man’s penis in a woman’s vagina</td>
<td>Vaginal intercourse refers to something entering the vagina; it can be a penis, fingers, sex toys, or something else</td>
<td></td>
</tr>
<tr>
<td>STIs, including HIV, can be spread during oral sex on a man or a woman</td>
<td>STIs, including HIV, can be spread during oral sex, whether it is mouth to penis, mouth to vagina, or mouth to anus</td>
<td></td>
</tr>
</tbody>
</table>
Clear and easy access into and out of the room: permitting access in and out can give survivors a sense of agency and empower them to take care of their emotional needs, especially if they are feeling triggered or remembering something traumatic during a session.

Rituals: having consistent opening, closing, or check-in rituals built into instructional sessions can give trauma survivors a sense of structure and predictability. This can be as simple as asking all participants to “check-in” by indicating their mood with a thumbs up (good), thumbs down (not so good), or thumb to the side (okay). Encourage youth to look around the room and notice how their peers are feeling.

Examine your own attitudes and values: know your triggers so that you can be more accepting of differences and others’ values – knowing what triggers you and how to work through those feelings is important when working with people whose values may be different than your own. It’s helpful to understand what topics and issues make you uncomfortable and to explore the sources of that discomfort so that you can deliver services in a nonjudgmental way. See the resources section at the end of this guide for more guidance on how to examine your own attitudes.

Be mindful of how you discuss sex and choice: the language of many programs and EBIs assumes all young people will get to choose when and with whom they will have sex; for trauma survivors who may not have had a choice, this assumption could be triggering. Acknowledge sexual trauma and associated feelings; help youth understand that they are not alone as survivors (see the example language in the box below). In addition, it is important to acknowledge that sometimes what health educators might view as “risk behaviors” are also serving as coping skills for trauma survivors, i.e. substance use, condomless sex, multiple partners, etc. Remember that taking risks is the way some youth might attempt to cope with trauma.

Example Language:
“sex can be healthy and enjoyable when everyone involved consents, or chooses to take part; other times it is not healthy, like when one a person is forced by another, or raped”
“sometimes people have sex when they don’t really want to because they feel pressured”
“sometimes people have sex in order to make money to survive, have a place to stay, or something to eat”
Emphasize: “no matter how a person has experienced sex in the past, they can have a healthy sexuality and sex life” or “even if someone has been forced to have sex in the past, they can have a healthy sexuality and sex life”
OR
“no matter how a person has experienced sex in the past, they can choose abstinence at any time” or “even if a person has been forced to have sex in the past, they can choose abstinence at any time”
Be prepared to handle disclosures: when youth-serving professionals succeed in creating a safe and affirming learning environment, usually young people feel empowered to share their experiences. This may mean that youth will feel comfortable disclosing experiences of abuse or trauma in the classroom, to the facilitator or to someone else outside of the classroom; educators should be familiar with reporting requirements and ready to handle those disclosures and support youth accordingly.

Have a plan in place for youth who are triggered: consider a “right to leave the room if triggered” group agreement. Ideally, this would mean that youth who are feeling triggered during a session could leave the room and be able to access help in working through what triggered them. Arrangements should be made ahead of time to identify a person (counselor, school nurse, other teacher) who has the skills to help youth work through being triggered. Youth could be given the option to talk through their feelings, journal and reflect on their own, or do a mindful exercise (coloring, drawing, focus on breathing) that would help them process through what trigger them. If youth are not able to leave the room, or if there are not adults available to receive them, the facilitator could take a few minutes with the whole class to take some deep breaths together. Facilitators should be sure to explain to participants the difference between being triggered by the subject matter (feeling panic, tightness in chest, shallow breathing, racing thoughts, shaking, etc.) and feeling uncomfortable with the subject matter (‘butterflies’ in the stomach or feelings of nervousness).

Be mindful of your tone of voice, volume, and body language: a facilitator’s voice can be an important tool in creating safety; using a calm tone of voice, appropriate volume and non-threatening body language when speaking to the class and individuals can further reinforce the other strategies listed above in creating safety.

Trustworthiness and Transparency

Trustworthiness and transparency are important to a trauma-informed approach because young trauma survivors (and all program participants) should have access to information that pertains to them and a say in decisions that will affect them. When adults show transparency with young people in a sex education program, it builds trust, and this also reinforces safety. Adults should aim to develop authentic, judgement-free relationships with young people in sex education settings.

Trustworthiness is important in any relationship; often survivors of trauma have experienced a breach of trust of some kind related to the trauma they experienced. Working to restore trust with survivors by being transparent with participants is important in a sex education program. Youth should know what content will be covered in the program, what to expect during each instructional session, and receive a warning when there may be content or activities that could be triggering (see below).
**Strategies for creating trustworthiness and transparency in sexuality education programs:**

- **Be up front about confidentiality and reporting:** be sure that youth understand what you are required to report and what would happen if a report is made; this gives youth the opportunity to decide what they feel comfortable disclosing to you, or during an instructional session.

- **Provide current, accurate medical information or search for reliable information with youth:** it’s ok to let youth see that you don’t have all the answers; when you are unsure of the correct answer to a young person’s question, be honest with them, show them that you are human too. Searching for an answer to the question together also teaches youth important skills in finding credible health information on their own.

- **Let youth know what is coming up next session:** you can create a calendar or handout to share with participants that gives a description of each instructional session, or you may verbally inform them of what will be covered in the next session. This is important for survivors, who can be easily triggered by content, activities, condom demos, and penis or vagina models and diagrams.

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**Peer Support**

Peer relationships can be very important in both the process of healing from trauma and in the process of learning about sexuality. For youth that have experienced trauma, helping one another learn and grow can be beneficial to their own growth and healing. Allowing young people to take an active role in supporting one another is also key in building safety and trust in the classroom.

Emphasis on peer support allows young people to be role models and mentors to one another in learning and healing. Providing opportunities for youth to inform and support one another in the classroom can go a long way in helping survivors feel safe and supported.

**Strategies for creating peer support in sexuality education programs:**

- **Give youth opportunities to pose discussion questions:** frequently ask youth for input or questions: What do you think about this lesson? How does this issue affect you and your friends?

- **Help with tasks:** involve youth in distributing handouts, keeping score, taking notes on easel paper, leading the check-in ritual, etc.

- **Let youth answer one another’s questions:** ask for input from the group first before answering questions; allow youth to speak to one another from their own experience, then correct any misinformation.
Normalize the experience of trauma and associated feelings: reinforce the idea that trauma or abuse is not ok, but that the person is ok; remove stigma from survivorship (i.e. other people have experienced something like this, trauma survivors’ feelings are valid, there is no wrong way to feel about this, etc.) Encourage youth to support one another in the classroom.

Provide resources and referrals: for peer support groups, hotlines, websites, and other resources that deal with teen sexuality and/or sexual trauma and healing. Vet your resources as well. Be sure you are referring youth to trusted professionals and inclusive services that also understand trauma and its impact. Resources should be updated regularly, as what is available in a given community or area is always changing. You might ask the help of the youth you work with to keep these resources current and relevant.

Collaboration and Mutuality

Survivors of trauma benefit from an approach that is truly collaborative in which there is partnering and leveling of power differences. Trauma survivors have most likely experienced a loss of power related to the trauma; an approach that seeks to equalize power differences can restore agency to the survivor and help them take ownership of their learning experience.

In sex education programs this means allowing youth to collaborate with adults in their own learning experience. Ideally, youth would have a say in all aspects of the program, from when and where sessions take place, to group agreements while in the classroom together, to which topics are covered. Because of the nature of EBIs, this may not always be possible; one way a facilitator can be sure they’re seeking and responding to youth needs is by saving time for answering anonymous questions during each session.

Strategies for creating opportunities for collaboration and mutuality in sexuality education programs:

View sessions as an ongoing conversation: there is give and take, and youth are speaking more than adults; adults are facilitating dialogue between youth and practicing active listening.

Always allow time for Q & A (anonymous question box): giving young people an opportunity to ask anonymous questions is a great way to allow them to steer discussions; they can ask questions about topics that may not be included in the curriculum and get honest and accurate answers.

Seek youth input and act on it: for example, a facilitator could let youth know ahead of time what topics will be covered during each instructional session and then invite them to submit questions they have about that topic. Doing this ahead of time allows a facilitator time to weave what the youth want to know together with the EBI lesson.
Facilitate more than you lecture: turn statements into questions; help youth teach and inform one another; consider making any lecture portions of the program interactive by asking youth for the information first, then filling in gaps and correcting misinformation.

Empowerment, Voice, Choice

All participants should feel empowered in a sexuality education program; this requires facilitators to believe in young people’s abilities and to help them build on their strengths and experiences. This also requires facilitators to have an understanding of power differentials between young people and adults. In the classroom, youth have historically had less voice and choice than their teachers and facilitators. A trauma-informed approach requires making room for young people’s voices and actively involving them in decision making about issues that will affect them, as well as supporting them in developing self-advocacy skills.

Young people who have experienced trauma benefit when we can correct power imbalances; trauma temporarily takes away power, voice, and choice and a trauma-informed approach attempts to restore those. The positive youth development approach of building on strengths instead of focusing on problems is also key when working with survivors of trauma.

Strategies for creating empowerment, voice, and choice in sexuality education programs:

- **Recognize youth as experts** in their own lives and experiences; recognize that although you have some expertise as a youth serving professional, young people are the experts in their own lives; be willing to be influenced by youth and their perspectives. Take the time to learn about youth culture.

- **Encourage and role play discussions** with doctors and other service providers; working with youth to improve these skills improves their self-efficacy and leaves them feeling empowered to advocate for their own needs.

- **Ask questions** rather than just presenting information. For example, instead of saying something like, “there are two kinds of STIs, viral and bacterial” a facilitator could ask “tell me what you have heard about the two different kinds of STIs.” This allows youth who know the information to feel empowered to share it.

- **Explicitly address and define consent**: many programs focus on teaching youth to say no to sex and resist their partners’ advances. Young people also need to understand what consent means to their partners, how to go about obtaining it, and what consent looks like. Many EBIs include a unit on teaching negotiation and refusal skills; accompanying processing questions usually ask participants what the person who is being pressured can do to 'say no' more effectively. Facilitators can add an extra processing question asking participants what the person doing the pressuring could do differently to better respect their partner’s wishes. See the resources
section at the end of this guide for more on talking with youth about consent.

- **Allow youth to make decisions during the lessons**: Create opportunities for students to take responsibility for their learning and make decisions about classroom participation. Have them choose who they will work with in small groups or pairs. Give them the option to write, draw or simply think of responses before sharing with the large group.

### Cultural, Historical, and Gender Issues

Sometimes the trauma that a young person has experienced is related to who they are and how they are perceived in the world. Young people who have historically had less power in our culture are more likely to have experienced trauma and are less likely to be able to access the resources necessary for resolving trauma.

It is important for facilitators to have some knowledge around cultural, gender and historical issues that might be relevant to the experiences of youth participating in the program. It is also important to understand how historical traumas may be affecting young people’s sexual health decision-making and behavior. Facilitators must examine and move past cultural stereotypes and biases based on race, class, ethnicity, sexual orientation, gender identity, religion, geography, etc. It is also key to acknowledge historical trauma and the traumatic effects of discrimination, and provide responsive services.

SAMHSA defines historical trauma as “the cumulative, multigenerational, collective experience of emotional and psychological injury in communities and in descendants,” and discusses this concept within the context of the historical trauma suffered by Native Americans, which includes violent colonization, forced removal from ancestral lands, forced assimilation, and continued discrimination. It will be useful for facilitators to understand the effects of historical trauma on the many communities with which they may work; other examples of historical trauma in the US include the transatlantic slave trade and Jim Crow legislation. Historical trauma that has occurred at the hands of the medical system, like the Tuskegee syphilis studies or forced sterilizations of women of color, may also greatly impact how individuals and communities engage with medical professionals, clinicians, and health educators.

### Considerations

**LGBTQ Youth**

Safety is an important concern for youth who identify as gay, lesbian, bisexual, transgender or queer/questioning (LGBTQ). Young people who identify this way may already be facing discrimination from their families, communities, and/or schools; and by virtue of being a member of the LGBTQ community, already face worse health outcomes than their heterosexual peers. Higher rates of unintended pregnancy occur among lesbian, gay and bisexual youth. In addition, LGBTQ youth may also experience higher rates of trauma (family rejection, bullying, violence, etc.). LGBTQ communities
have historically been pathologized\(^1\) by the medical community and continue to be subject to pathologization by medical professionals and the larger culture. For example, sexual orientations other than heterosexual as well as transgender identities were listed as mental health disorders in the Diagnostic and Statistical Manuals used by mental health providers up until 2013. Current events such as anti-LGBTQ legislature in the news, hate crimes, the disproportionate rates of violence against transgender people, especially transgender women of color, may be concerns for youth who identify as LGBTQ. Therefore, it is imperative that LGBTQ youth feel safe and accepted in a sex education program, which may be the only space where youth are able to explore and learn about sexual orientation and gender identity.

**Youth of Color**
People and youth of color in our culture have less power and privilege; people of color have also suffered immense historical trauma and contend with the trauma and stress of racism daily. In addition to the slave trade and Jim Crow laws, medical experimentation\(^6\) and sustained institutionalized racism affect black communities and their health decisions; Native American assimilation projects, reservation schools, family separation and abuse from the U.S. government continue to affect Native American communities; xenophobia, immigration law and militarized border zones affect Latin-American communities; all of these instances of historical trauma (as well as many that have not been named here) still impact communities today and may affect how youth interact with and feel about systems and institutions. Facilitators should take time to think through some of the historical traumatic events that may be affecting the youth and communities they serve.

**Young Women**
Women have historically had less power than men and have suffered gender-based violence and discrimination at greater rates, often at the hands of men in their lives. The ways youth are socialized sometimes reinforce rigid ideas about gender roles and the ways women and men are “supposed” to act, especially in relationships. This affects how young people make decisions about relationships and sex, as well as their sexual health outcomes**.

**Youth Facing Multiple Barriers to Success and Well-being**
Many youth experience poverty, involvement with child welfare or juvenile justice systems, mental health issues, undocumented immigration status of themselves or family members, and other challenges which affect their health. These young people are especially vulnerable and have likely experienced trauma and neglect at higher rates than their peers due to their involvement in different welfare systems. Facilitators should have an understanding of how these systems affect young people who have experienced trauma.

**Youth Living with a Disability**
Often, people (and youth) with disabilities are seen as non-sexual by the larger mainstream culture; this assumption about disability and sexuality though pervasive, is wholly untrue. Young people with

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\(^1\) To characterize someone or something as medically or psychologically abnormal.

\(^6\) From 1932-1972 the United States Public Health Service, in trying to learn more about syphilis, withheld adequate treatment from a group of poor black men in Alabama who had the disease, causing needless pain and suffering for the men and their loved ones and leaving communities feeling fear and distrust for the government and medical systems. For more information see [http://www.cdc.gov/tuskegee/index.html](http://www.cdc.gov/tuskegee/index.html)

\(^*\) For more information on how gender roles affect sexual decision making see [http://www.actforyouth.net/resources/rf/rf_gender2_1213.cfm](http://www.actforyouth.net/resources/rf/rf_gender2_1213.cfm)
disabilities also experience sexual feelings, needs, and desires, and deserve access to trauma-sensitive sexual health information. It is important for facilitators to remember that youth with disabilities are sexual beings, and express their sexuality in ways just as diverse as non-disabled people. Young people with disabilities are also more vulnerable to sexual abuse than their peers, especially if they have a developmental disability. See the resource section at the end of this guide for more information on sexuality education for young people with disabilities.

Strategies for attending to cultural, historical, and gender issues in sexuality education programs:

- **Consider youths’ choices** within the context of their experiences, not yours. Recognize that sometimes youth-serving professionals are not a part of the communities of youth and families they serve; for this reason it is important to consider young people’s choices within the context of their daily realities.

- **Listen to and believe young people’s stories**: connect with young people around the issues that are important to them, ask them what they care about, acknowledge their struggles and believe their stories.

- **Understand which social determinants of health** might be factors in the lives of young people you work with – often times there are social causes for youth health outcomes that have nothing to do with individual behavior. Factors such as immigration status, poverty, racism, education, transportation, gender discrimination, stigma, and experiences of trauma can affect a young person’s health decisions and outcomes; find out what factors affect the young people you work with.

- **Link youth to culturally proficient services**: refer to organizations and agencies that have proficiency around LGBTQ and women’s issues, the different cultural realities of diverse youth, and working with youth facing many barriers to their success and well-being. Always vet your referrals.

- **Implement equity literacy in your classroom**: Equity literacy is the cultivation of the skills and consciousness that enable educators to recognize and respond to conditions that deny some students access to educational and other opportunities enjoyed by their peers. Equity literacy in action could include facilitators examining content and materials for biases, honing the facilitation skills necessary to intervene when bias arises in the classroom, and/or cultivating a classroom environment where all students feel free to express themselves honestly. See the resources list at the end of this document to learn more about equity literacy and how to put it into practice in the classroom.
Summary

Growing awareness about the prevalent and far-reaching effects of trauma has led to the development of new approaches to prevention, promotion, and education in public health. The trauma-informed approach to sex education outlined in this guide is intended to promote equity and a greater sense of safety among youth participating in evidence based prevention education. The strategies recommended are intended to help facilitators create emotional safety, build trustworthiness, encourage peer support, inspire youth-adult collaboration, and give youth a sense of empowerment in the classroom. Each of these components is an important part of a trauma-informed approach that aims to provide responsive educational services to trauma survivors. The authors hope that a trauma-informed approach to sex education will ensure that trauma survivors can thrive in sex education settings and receive the support needed to live healthy lives.
Additional Resources

Safety


Trustworthiness and Transparency


Peer Support

This website and referral network provides resources and support by state for survivors of trauma. https://centers.rainn.org/

Collaboration and Mutuality

The purpose of this document is to provide information promoting sexual health and well-being for all youth impacted by trauma in their lives.


Empowerment, Voice, and Choice

Videos on consent and lesson plans for enhancing consent education.

https://www.plannedparenthood.org/educators/resources/digital-tools

Lesson plan for preparing youth to make clinic appointments and obtain birth control


Cultural, Historical, and Gender Issues


On the historically warranted distrust between African American communities and the medical field. http://aquila.usm.edu/cgi/viewcontent.cgi?article=1024&context=ojhe


Endnotes


6 SAMHSA, 2014.


AMAZE takes the awkward out of sex ed. Real info in fun, animated videos that give youth all the answers they actually want to know about sex, their bodies, and relationships.

AMAZE is a collaboration between experts in the field of sex education—Advocates for Youth, Answer, and Youth Tech Health—to create an engaging, age-appropriate, online sex education resource for 10- to 14-year-olds. The AMAZE videos provide the answers young people want and need in an age-appropriate and relatable format. In the internet age, there is plenty of information at young people’s fingertips—some good and some downright horrifying. That’s why AMAZE provides early access to appropriate and accurate information.

Recognizing the critical role parents and educators play in educating young people about their changing bodies, sex, and healthy relationships, AMAZE also provides resources for parents and educators to use in talking with the young people in their lives. The AMAZE videos are fun and approachable, and they facilitate communication between young people and their parents, guardians, and educators.

My AMAZE
As an Educator, check out “My Amaze.” This function enables you to select and save videos, create unique playlists to integrate into lessons, and share links to selected videos/playlists with students. After registration, you will be able to come back anytime and login to view your personalized page, and know whether each video has been watched.

Visit AMAZE.org for:
- Resources for parents, including FAQs and conversation starters
- My AMAZE, a feature for educators to create custom video playlists
- Discussion questions
- Sample lesson plans

http://amaze.org/educators
FINDING COMMON GROUND
AN OVERVIEW ON KEY CONSERVATIVE PRINCIPLES TO SUPPORT SHARED GOALS FOR ADOLESCENT SEXUAL & REPRODUCTIVE HEALTH

Healthy Teen Network
Healthy Teen Network remains steadfast to our Guiding Principles and in our commitment to supporting and empowering young people to lead healthy and fulfilling lives.

This issue brief is a tool for our members—youth-supporting professionals—offering information and insight into ways to communicate effectively with conservatives and to identify potential areas for common ground in support of adolescent sexual and reproductive health.

This issue brief is part of a project with the goal of increasing the capacity of adolescent health organizations to educate public policymakers at all levels of government on the imperative of sustaining and increasing public investment in positive sexual health education and services for adolescents and young adults. Other project resources include a four-part webinar series, Navigating the Politics of Public Health, available online as recordings and with accompanying handouts. These resources are relevant given the shifting landscape of public policy decision makers and the threats to public health investments that our nation’s youth are facing.

Some of these opportunities for finding common ground may feel unsatisfying in comparison to our missions, visions, and guiding principles. Indeed, some may even say that the concept of “finding common ground” may not be possible without compromising these essential values. However, working toward shared goals is a practical strategy for holding our ground in support of young people. Finding common ground builds relationships and trust, and this is a necessary foundation for moving forward on more contentious issues.

With the changing political climate, it’s important to understand the underlying philosophy and ideas that drive policymakers. While strongly held ideologies will rarely be swayed by rhetoric, by understanding the fundamental principles of conservatism and key areas for agreement, there are opportunities for strengthening relationships with conservative elected officials and key stakeholders. With a focus on shared goals, we can work together to improve outcomes for all young people.
Republicans are overwhelmingly anti-abortion
Men are evenly divided among Republicans and
Women are more likely to lean liberal than Republicans tend to refer to “God, family, and
Republicans attend church frequently and Republican views can be mixed when it comes to
Republicans dislike the epithet, “flyover Republicans are whiter and older than the
Republicans tend to live in small cities, rural
Republicans are more likely to be over the age
Republicans get their news overwhelmingly
Republicans tend to distrust big institutions
Nearly 40 percent of all Catholics are
conservatism is more of a disposition and a way of viewing the world, rather than a coherent, dogmatic ideology with strict, specific beliefs. For example, one of the leading conservative intellectuals of the 21st century, Russell Kirk, called conservatism, “the negation of ideology.”

WHO ARE CONSERVATIVES?
To understand some of the most common conservative principles, it can be helpful to reflect more on the people who identify as conservative and Republican. Political movements and parties do change over time, and often rapidly. The 2016 elections have injected many new voters into the current Republican Party who would not be considered traditional conservatives. We will likely see generalizations and statistics about the typical Republican voter change in the near future. Although not always true with every voter, we can make some generalizations to help us understand the values and beliefs of many conservatives and Republicans.

REPUBLICAN VOTER PROFILE

COMMUNITY AND CULTURAL ATTRIBUTES

■ Republicans tend to live in small cities, rural areas, and small towns and tend to revere the church, military, and small communities.

■ Republicans tend to refer to “God, family, and country” frequently and are overtly patriotic; they give to charity generously and tend to be more religious than the population at large.

■ Republicans get their news overwhelmingly from Fox News; they also consume conservative blogs and talk radio, and do not respect CNN and The New York Times.

■ Republican views can be mixed when it comes to cultural issues and economic issues; for example, they may be moderate on economics but very conservative on cultural issues or they may consider themselves a “free market” conservative but lean more liberal on social issues.

■ Republicans are overwhelmingly anti-abortion (65 percent and up, depending on the state).

■ Republicans support a strong national defense and believe we must “rebuild the military,” and “take care of veterans”; they strongly support border security, are suspicious of immigrants who are perceived not to assimilate and/or compete with them for jobs.

■ Republicans tend to distrust big institutions in New York, Washington, and Los Angeles, including Congress, Wall Street, big media companies, and Hollywood.

■ Republicans dislike the epithet, “flyover country” that disrespects “middle America” or “real America.”

GUIDING PRINCIPLES OF CONSERVATISM

The following five principles are key tenets of conservatism:

1) Limited Government
2) Local Control
3) Parental Involvement
4) Anti-Abortion
5) Morality and Values

Methods for collection of information included substantial research of available communications in the field of leading adolescent sexual and reproductive health (e.g., publicly available websites, reports, and resources) and personal interviews with parents, health care providers, conservative thought and political leaders, and educators. Interviews were conducted with more than a dozen self-identified conservative thought leaders throughout the country. Due to the nature of the research and questioning, all interviews were conducted in confidence and with protection of names and titles. In an effort to identify as diverse a pool as possible for research purposes, candidates ranged in age, geographic region, religion, and gender. Research and data were collected from both right-leaning and left-leaning sources as well as politically neutral government agencies, healthcare associations, nonprofits, news articles, and academic institutions. A full description of methodology is available upon request.

METHODOLOGY

Healthy Teen Network worked with a communications firm, Steinhauser Strategies, to assess conservative-leaning views regarding adolescent sexual and reproductive health topics, including sexuality education, risk prevention, youth access to sexual and reproductive health services, parental consent and involvement in health decisions, youth access to HPV vaccine, and youth access to pre-exposure prophylaxis (PrEP).

These guiding themes are closely interwoven and have developed over the decades and even centuries of various strains of conservative thought. There is quite a bit of overlap between them, partly because conservatism is more of a disposition and a way of viewing the world, rather than a coherent, dogmatic ideology with strict, specific beliefs. For example, one of the leading conservative intellectuals of the 21st century, Russell Kirk, called conservatism, “the negation of ideology.”

AGE/RACE/GENDER

■ Republicans are whiter and older than the population at large.

■ Republicans are more likely to be over the age of 60; only about 35 percent of Millennials identify as Republican.

■ Men are evenly divided among Republicans and Democrats; however, white men with no or some college degree are largely conservative.

■ Women are more likely to lean liberal than conservative unless they consider themselves to be “very religious.”

RELIGION

■ Republicans attend church frequently and are overwhelmingly Christian, especially evangelical protestant; two-thirds of white evangelical Protestants are Republican; Mormons are overwhelmingly conservative Republicans.

■ Nearly 40 percent of all Catholics are Republican or “conservative independents.”
GUIDING PRINCIPLE: LIMITED GOVERNMENT

Most conservatives believe that rights come from God, not government. This philosophical underpinning can be traced back to St. Thomas Aquinas and natural law, the idea that there is an enduring moral order that supersedes human, temporal law. Therefore, a founding principle of conservatism is that government should have a very limited role in the lives of its citizens. Specifically, the federal government is geographically and culturally distant from the people and should play a minor role in their day-to-day lives.

There is a deep appreciation for the 10th amendment among conservatives who value state and local control over federal laws and regulations. This amendment states, “The powers not delegated to the United States by the Constitution, nor prohibited by it to the states, are reserved to the states respectively, or to the people.” Federalism—the notion that state governments should be allowed to set their own policies—is a guiding principle of this amendment, and of conservatism. Conservatives are especially wary of federal power and overreach, based in a faraway government that is disconnected from local communities.

Limited government is also an important principle from a fiscal perspective, as conservatives believe that a limited government will cost less to the taxpayers. Conservatives view big government as an avenue to less freedom, higher taxes, and crowding out the private sector. Along with limited government, conservatives strongly support personal responsibility and inherently do not believe that it is the government’s, (i.e., the taxpayer’s) responsibility to pay for another person’s birth control—especially when a taxpayer may not morally/religiously agree with birth control.

GUIDING PRINCIPLE: LOCAL CONTROL

Local control is central to conservatism as it directly correlates with a limited government perspective. Most conservatives prefer local control to state or federal policies, mandates, or directives. Local governments and bureaucracies are much closer to the people and therefore more accessible than state or federal governments. Although most conservatives prefer local control, this does not mean that they believe local governments should be able to reduce freedom or violate fundamental rights. For most conservatives, the desire for local control also requires local governments to be limited in power and scope.

There is a contradiction in these two competing values, and that tension often plays out in public policy debates on health-related issues. Most conservatives want to see power reduced in national and state capitals and relegated to local communities. But they also do not want to see city councils and county governments pursue policies that conflict with their beliefs.

One benefit of local control is that parents can run for offices and boards and actually win, thereby influencing public policy at the local level. Further, it is easier to hold local elected officials accountable than legislators who are hundreds or even thousands of miles away in Washington, D.C.

OPPORTUNITIES FOR FINDING COMMON GROUND

- **FISCAL IMPACT**
  One of the strongest arguments for limited government in relation to sexuality and reproductive health is the fiscal impact narrative. By emphasizing the wasted dollars on abstinence-only education that have produced no reduction in unplanned pregnancies and comparing that to the results from teens who have access to sexuality education (lower rates of pregnancy/STIs), we are more likely to find common ground.

- **CREDIBLE MESSENGERS**
  It is suggested to consistently make the case about the ineffectiveness of abstinence-only education by choosing messengers with conservative or Republican credibility and asking them to appear on conservative media outlets to educate audiences about the facts. It can also be advantageous to partner with conservative think tanks, advocacy groups, and elected officials who are amenable to adding their voices to the discussion.

- **PERSONAL RESPONSIBILITY**
  It can be more persuasive to make arguments in the context of personal responsibility. Remind lawmakers that by educating young people about the various consequences of their actions and encouraging them to make smart decisions affecting their health and that of their partners, we can give them the tools to be personally responsible.

- **LOCAL CONTROL**
  By focusing on local decision-makers (e.g., community leaders, parents, educators), we are more likely to connect with conservatives as opposed to jumping right into a discussion about federal programs and funding. Emphasize opportunities to support locally-led efforts and programs. (The next section provides more information on local control as another guiding principle of conservatism.)
GUIDING PRINCIPLE: PARENTAL INVOLVEMENT

Parental involvement is also a key element of conservatism. Most conservatives believe that in a free society parents should be able to make most decisions for themselves, and their children—with little to no government involvement. Specifically, conservatives often fear the encroachment of government into their homes and fear the “nanny state” or “big brother.”

Many conservatives hold high regard for moral and religious teachings and believe that parents should be the primary influencers over their children. There is often a distrust of government when it comes to influencing their children on morality and religion.

In regard to age of consent, conservatives generally believe that children under the age of 17–18 are not biologically or psychologically capable of making life-changing decisions on their own, especially when it comes to reproductive or health issues. Conservative parents are likely to fiercely defend their rights and responsibilities against government entities, especially the federal government. Conservatives will usually want parents to have the right to opt out of any sexuality or reproductive health course.

GUIDING PRINCIPLE: ANTI-ABORTION

One of the most distinguishing characteristics of American conservatives is their staunch support for anti-abortion policies. Over 65% of conservatives are anti-abortion and oppose it in most cases. According to the Pew Research Center, sixty-five percent of Republicans oppose abortion in all or most cases (e.g., cases of rape, incest, or danger to the mother).³

This anti-abortion stance is due in large part to a belief that life begins at conception and any process or procedure that destroys a fertilized egg is immoral and should be illegal. This belief is based on both religious views on “personhood” and “ensoulment” as well as the fact that the fertilized egg now contains the genetic code of both the mother and the father. The opposition to abortion and the perception of protecting innocent life is one of the core values of conservatives and the Republican Party.

Note: It is important to understand that most conservatives will not support abortion. Strongly-held ideologies are seldom if ever changed. Therefore it does not help build a relationship by focusing on or mentioning it unless necessary.

OPPORTUNITIES FOR FINDING COMMON GROUND

• PARENTAL INVOLVEMENT
  It should be emphasized that in an ideal situation, parents would be the ultimate authority on sexual and reproductive health issues with their child. By providing examples of cases where the parents are not able to, or should not be making such decisions, you can remind lawmakers that there are many instances where parents who are abusive or negligent are actually harming their children. In these instances, you may agree to work toward a shared goal when they feel the moral thing to do is to help these children by providing the programs and services that they need.

• HEALTH BENEFITS
  For conservatives who take issue with the HPV vaccine, it is most often due to its relationship with a sexually transmitted infection (STI), when they may be an abstinence-only household or family. If the idea of the HPV vaccine directly contradicts what they are teaching their children, they will likely not participate. Focusing solely on the health benefits of getting the vaccination and providing lawmakers with the statistics about how the vaccine reduces cervical cancer rates in the future may be more successful.

• EMPOWER PARENTS
  Identify areas for agreement on ways to better empower parents with the tools and resources to be the source of this information and to have these conversations. Examples may include local trainings, webinars, suggested reading materials, etc.

Note: Conservatives often want to require parental consent for access to birth control and abortion. Additionally, they may take particular issue with a teen having an IUD implanted without parental consent because it is a foreign object in the body. You may be less likely to be successful when it comes to this particular part of the discussion.

OPPORTUNITIES FOR FINDING COMMON GROUND

• FULL OPTIONS COUNSELING INCLUDES ADOPTION
  The more that you can emphasize your partnership with adoption agencies, the stronger case you will make with conservatives.

• FOCUS ON PREVENTION
  An important talking point when discussing birth control and abortion with conservatives is that unintended pregnancies are much more likely than planned pregnancies to be terminated, accounting for 90 percent of all abortions. It can be an effective approach to focus on the common goal of reducing the overall number of abortions and to do so by promoting prevention through education and birth control access.

• DATA TALK
  Focus on the national drop in teenage pregnancies and how this is directly related to both education and access to sexual and reproductive health services.⁴
GUIDING PRINCIPLE: MORALS AND VALUES

Many conservatives want to see traditional family values and morality maintained in society. Most conservatives attend church frequently and regret the decline of religious and moral values as an integral part of the public square. Conservative intellectuals tend to look to natural law theory, which supersedes human law and is fundamental to Christian teachings and doctrine. St. Thomas Aquinas is considered to be one of the most important thinkers in western history on natural law theory, which has a rich and long tradition in western philosophy and political culture. His simple formulation of “do good and avoid evil” by acting in harmony with human nature, is probably the best way to describe this extremely influential theologian and philosopher’s view of the world.

Conservatives usually want to see public schools either include traditional moral values in the instruction and curricula, or to leave out moral judgments entirely. However, they usually do not want to see what they perceive to be an overtly political agenda or “secular humanism” (i.e., the belief that humanity is capable of morality and self-fulfillment without belief in God) to be used to “indoctrinate” young people.

Most conservatives believe that it is essential for sexuality education to be age-appropriate, and this messaging strongly resonates. Further, it is important to conservatives that sexuality education does not “normalize” sexual behaviors at an early age. While we know the research does not support it, many conservatives believe that if you teach a young person about sexual activity, they will more likely engage in such behaviors. Age of consent is a very important topic for conservatives, and there is disagreement among conservatives as to what is “age appropriate” for the spectrum of sexuality education topics.

**OPPORTUNITIES FOR FINDING COMMON GROUND**

- **AGE APPROPRIATE**
  By focusing on the need for age-appropriate sexual and reproductive health lessons, we are more likely to find common ground. In particular, for younger adolescents (when you would assert it’s an evidence-based and appropriate fit for the priority population of young people), it may be more acceptable to conservatives to provide sex ed that focuses more on biological and physical changes and less on sexual activities.

- **PROVEN EFFECTIVE**
  A key point to emphasize with conservatives is that evidence shows that teens who receive comprehensive sexuality education are not more likely to become sexually active. Another important point to emphasize in conversation: the downward trend in teen birth rates since 1991 is due in large part to access to contraceptive services and sexuality education, resulting in declines in the proportion of adolescents who have ever had sex, and for sexually active teens, increases in the use of effective contraception and practices.

- **VOTER SUPPORT**
  A majority of voters, across the spectrum, support sexuality education that includes information about both abstinence and birth control and STI protection, including 73% of Republicans and 81% of Democrats (79% of adults overall). Eight-five percent of surveyed adults—75% of Republicans and 89% of Democrats—reported supporting continuation of the federal funding for the Teen Pregnancy Prevention Program and the Personal Responsibility Education funding.

**CONCLUSION**

The conflicts that arise between conservatives and liberals or progressives are largely ideologically based, and we seldom change one’s ideologies through argument. Just as Healthy Teen Network will not diminish our commitment to young people, the use of evidence, comprehensive sexuality education, confidential access to contraceptive services or full-options counseling and care, nor do we expect monumental changes—at least in the near future—in conservative-leaning policymakers and key stakeholders. But perhaps over time, by searching for common ground and identifying shared goals, we may build relationships and establish trust, both critical in moving toward the changes we will continue to pursue. Regardless of the reality of today’s political landscape, we have the potential to do more and do better for young people when we strive to identify and work toward shared goals.

**RESOURCES**

**FOR MORE INFORMATION ABOUT CONSERVISM**
- Barry Goldwater: *Conscience of a Conservative*
- St. Thomas Aquinas: *Summa Theologica, On Law, Morality, and Politics*
- Frank Meyer: *In Defense of Freedom, What is Conservatism*
- Ambassador Alberto Piedra: *Natural Law: The Foundation of an Orderly Economic System*

**FOR MORE INFORMATION ON MESSAGING, ADVOCACY, & COMMUNICATIONS**
- Healthy Teen Network:
  - Navigating the Politics of Public Health, 4-part advocacy webinar series
  - Position Statements
  - Public Policy Recommendations
  - Tip Sheet: The Art of Verbal Storytelling
  - An American Frame: Teen Pregnancy and Parenting
  - Customized Training and Technical Assistance
  - More Public Policy and Advocacy Resources
- Messaging this Moment: *A Handbook for Progressive Communicators* (Center for Community Change)
- Messages that Matter: Communication Webinar Prep Series (Youth Catalytics)
- Spitfire Strategies:
  - Smart Chart 3.0: An Interactive Tool to Help Nonprofits Make Smart Communications Choices
  - Smart Scan: Do you have what it takes to communicate?
  - Discovering the Activation Point
  - Planning to Win: The Just Enough Guide for Campaigners
  - Smart Plan: Spitfire’s Guide to Crisis Prep and Management
- Stories Worth Telling: A Guide to Storytelling for Nonprofits (Capacity Canada)
- Full Focus Communications
- FrameWorks Institute:
  - Reframing Youth Issues for Public Consideration and Support
  - How to Talk About Youth Development

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Note: There are often conservative and moral objections to teaching teens about any kind of birth control as these methods may directly contradict their personal religious beliefs. Cultural or religious differences are not going to be changed in these conversations. It is important to understand your audience and their perspectives while perhaps respectfully disagreeing and focusing the conversation on topics where you are more likely to find common ground.
REFERENCES


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Teach Sex Education with Confidence

Facilitating sex education effectively requires unique skills to create safe and supportive environments and promote student learning. Teachers often receive limited training in these core skills.

Foundations offers a convenient full day training which covers skills such as:

- Climate Setting
- Values Exploration
- Managing Self-Disclosure
- Responding to Challenging Questions and more.

We also offer half-day supplemental modules on:

- Commonly used Sex Ed Strategies
- Cultural Proficiency in Sex Education
- LGBTQ Inclusive Sex Ed
- Trauma-Informed Approaches

Learn more at FoundationsTraining.org
Gender studies are for everyone!

Gender is much more complex than “boys” and “girls,” but not too complicated for students of any age to learn about. All students have a gender, express that gender each day, and are affected by gender stereotypes. You can use GLSEN’s Gender Terminology Visual to explain these basic gender terms.

Gender identity is how you identify and see yourself. Everyone gets to decide their gender identity for themselves. You may identify as a girl or a boy. If you don’t feel like a boy or a girl, you might identify as agender, genderqueer, nonbinary or just as a person. You may choose not to use any specific term to define your gender identity, or you may use a term today that you decide later doesn’t fit. You have a right to identify however you want, and your identity should be respected.

Sex assigned at birth is the sex that the medical community labels a person when they are born. If your gender identity matches the sex assigned to you at birth, then you are cisgender. For example, if you identify as a girl and you were assigned female at birth, then you are cisgender. People whose gender identity does not match their sex assigned at birth may be transgender.

Regardless of our gender identity and sex assigned at birth, people express their gender in a variety of ways. This includes the way that we talk, our mannerisms, how we interact with others, our clothing, accessories, hairstyles, activities we enjoy, and much more! You should never use a person’s gender expression to guess their gender identity.

Gender attribution describes how your gender is perceived by others. This can change depending on the people you’re around, the country you’re in, or even the time period. For example, although we might consider dresses to be stereotypically feminine, ancient Romans wore dresses or “t togas” regardless of their gender, and a man wearing one at that time would be perceived as masculine.

DISCUSSION TOPICS:

- Take a moment to think about your gender identity. How do you identify today? Is this the same as the sex you were assigned at birth?
- Gender expression can be really fun when we give people the space to explore what feels good to them. There are so many different ways to show off our gender and ourselves.
- What are some ways you are expressing or showing your gender today?
- How might this change on a different day?
- There are gender stereotypes that try to tell us that people who identify as girls or boys should act and dress a certain way. For example, “girls like pink” or “boys don’t cry.” These stereotypes can make people feel bad for the things they like to do and for being who they are. Even though nonbinary people aren’t boys or girls, they may still be teased for breaking stereotypes associated with their sex assigned at birth or the gender they are perceived as being.
- What are some ways that you break gender stereotypes?
- How could you encourage your friends and classmates to express their gender in a way that feels right to them?
**Cis-privilege:** The more all of these identities are aligned, the more cis-privilege you benefit from. For example, if you identify as a boy who was assigned male at birth, and your gender expression stays in what is considered “masculine” in your culture, AND you stay around people who perceive and read your expression as masculine, then your gender is not questioned. You might even get to move through the world without thinking about gender, being misgendered*, or feeling limited by gender stereotypes.

- What ways do you experience cis-privilege?
- What changes can you make to make your classroom or GSA more inclusive of transgender people?

**GENDER IS MUCH MORE COMPLEX THAN “BOYS” AND “GIRLS.”**

**WHY DO WE NEED SO MANY TERMS?**

In case you or someone you know are wondering why we have so many terms when talking about gender, here are some talking points:

- We are a language-based society, and using language is the best way that we learn about new things with each other. If you’ve ever seen a paint strip in a hardware store, think about how many words we use to describe shades of one color. And that’s just paint, not people’s identities!

- Inuit people have 50 different words for that we call “snow.” That’s because it’s important to them. We need language to talk about gender and sexual identities because it helps people feel seen and validated when they fall outside of people’s assumptions.

- In addition, having the language to describe one’s gender identity outside of the gender binary is liberating and creates community among people experiencing gender in similar ways. We all have the right to have language to define ourselves.

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Check out GLSEN's **Gender Terminology Visual.**

*Misgendering refers to the experience of being labeled by others as a gender other than one that a person identifies with. The essential thing to do after learning someone’s pronouns is remembering to use those pronouns when referring to that person. If you accidentally use the wrong pronoun when identifying someone, please correct yourself in front of that person and begin using the right pronoun. Everyone makes mistakes, and making visible your work to respect and use someone’s pronoun after a mistake is an important moment to take. It is not the responsibility of the transgender or gender nonconforming person to address your feelings after you misgender them.*
Developmental Neuroscience and Adolescent Sexual Health: Emotion

Adolescence is a period of remarkable physical, cognitive, social and emotional changes that impact behaviors, relationships and health. Promising research from the field of developmental neuroscience on changes occurring in the social-emotional processes in the adolescent brain provides opportunities for educators, applied researchers and program developers to bridge from these new scientific advances to the improvement of young people’s sexual health and relationships.

WHAT THE DEVELOPMENTAL NEUROSCIENCE SAYS

Important developmental changes in the social-emotional and cognitive control regions of the brain lead to an intensification of emotional and social learning at the time of puberty. Despite common misconceptions about the developing brain, adolescents, like adults, are capable of effectively weighing the pros and cons of risk-taking behaviors and making rational decisions. However, in situations that trigger excitement or fear and heighten intense emotions – particularly in the presence of peers – young people are more inclined than adults to make choices that may favor social and emotional rewards at the expense of their health and well-being.

For example, when faced with a request to engage in sexting particularly for the first time, young people weigh the potential consequences against the immediate benefits or rewards. Immediate benefits, such as enhanced social status from peers or the thrill of engaging in a novel, slightly scary experience, may drive young people to engage in this potentially risky behavior, even when, cognitively, they understand the potential risks such as loss of privacy, public humiliation or threats to their reputation.

WHY EMOTION IS IMPORTANT FOR ADOLESCENT SEXUAL HEALTH

Adolescent decision-making is more likely to be motivated by emotions and feelings in social situations that produce excitement or novelty, including in the context of romantic and sexual relationships. However, many of the behavior change models used in existing sexual health programs emphasize cognitive processes (for example, how to assess and avoid risk) and de-emphasize the role of emotions in relationships and sexual decision-making.

The human brain is shaped by experience. The process of trying new things, learning from them, and even failing, is an essential part of development and learning new skills. Just like an infant learning to walk, learning to engage in complex social relationships, such as those involved in romantic and sexual relationships, requires repeated practice and opportunities to learn from failures and experiences. The changes occurring in the adolescent brain around the time of puberty facilitate adolescents’ motivations to practice decision-making while navigating emotions, social interactions and relationships. It is no coincidence that these are also the skills young people say they want to learn about in sex and relationship education. Yet, the context of sexual health programs often does not allow opportunities for youth to experience and reflect upon behaviors that are influenced by emotion and social reward.

By drawing on the social and emotional aspects of decision-making, we can address issues that are most important to young people, including choices about relationships and sex, while leveraging the natural developmental changes in the brain to increase motivation to engage in health-promoting behaviors. Given these important findings, three key questions have emerged as areas for exploration in the sexual health field:

KEY QUESTIONS

Q: What are the emotional and cognitive learning goals in adolescent sexual health programs?

Q: How do we integrate opportunities for young people to experience and reflect on emotions and emotional influences in sexual health programs?

Q: In what ways can we extend skill practice in program settings to prepare young people for using decision-making skills in real-world, emotionally-heightened contexts?
WHAT THE SEXUAL HEALTH FIELD CAN DO

Educators and Youth Workers

• Acknowledge the role of emotions in decision-making early in the transition from childhood to adolescence. The goal is not for young people to avoid emotions, but instead to help them learn how to respond in emotionally-charged situations and support learning about decision-making in the context of strong feelings.

• Encourage healthy, positive and developmentally-appropriate risk-taking in adolescence that elicits novelty and excitement, and satisfies an adolescent’s need to push boundaries like sports, theater, community service, experiential learning, or public speaking.

• Encourage young people to reflect on their emotions after decision-making. The diversity of youth trajectories and experiences means we may not know how emotions will impact decisions, but we can help teens reflect on how feelings influenced their past choices and create a plan for the next time they experience intense emotions.

Applied Researchers and Program Developers

• Shift from a risk avoidance framework to a model that promotes sexual health in the context of normal adolescent development.

• Develop instructional strategies that mimic high-intensity environments in program settings so that young people can practice making decisions in novel and exciting situations.

• Identify strategies that capitalize on youth’s passions to encourage positive choices. Young people are more likely to choose health-promoting behaviors when they are motivated by something they feel strongly about, such as issues of social justice.

• Develop role-play scenarios that encourage teens to explore the role of emotion in decision-making in complex social situations. Test the authenticity and relevance of role-playing scenarios for skill building with diverse groups of teens.

DEFINITIONS

Cognitive processes: brain functions associated with the pre-frontal cortex, such as working memory, self-inhibition, performance and feedback learning, and relational reasoning.

Social-emotional processes: brain functions that influence adolescents’ capacity to experience emotions and empathy and navigate social situations, including acceptance and rejection.

Emotional regulation: the ability to effectively respond to an emotional experience in a socially acceptable manner, either by permitting or delaying reactions.

Impulse control: the ability to modify attention, emotion and behavior in service of long-term goals.

Novelty: an experience that is new, original and/or different than the usual.

READING LIST


KIRBY SUMMIT

To honor ETR scientist Dr. Douglas B. Kirby for his lifetime contributions to the field, ETR and its partners created an invited summit - known as the Kirby Summit - to foster collective dialogue on current research, promising interventions, and the role of policy to promote the sexual and reproductive health of young people. The 2017 Kirby Summit brought together a transdisciplinary group of experts to explore how findings from developmental neuroscience can translate into adolescent health programs and policies.

For more findings from the Kirby Summit, visit etr.org/kirby-summit
Many LGBTQ (lesbian, gay, bisexual, transgender, queer & questioning) youth thrive in school, relationships and their communities, but it is important to recognize that LGBTQ youth are also at high risk for being targets of violence and bullying, and have disproportionately high rates of unintended pregnancies, sexually transmitted infections, depression, and substance abuse.¹

The purpose of this toolkit is to provide support, strategies, and resources for Michigan Health teachers who want to make their sexual health education lessons more inclusive for all students, particularly LGBTQ youth.

FACTS:

92% of LGBTQ youth say they hear negative messages about being LGBTQ. The top sources are school, the Internet, and their peers.⁴

On average, gender non-conforming and LGBTQ youth hear 26 anti-LGBTQ slurs per day, 1/3 of which come from a school staff member.⁵, ⁶

Nearly 1/3 of LGBTQ students missed a class or an entire day of school in the past month because they felt unsafe.⁶

A recent study of LGBTQ youth who receive inclusive HIV prevention education in school showed that they engaged in less risky sexual behaviors than similar youth who did not receive such instruction.²

5.9% of Michigan high school students have engaged in same-sex sexual behavior.³

“Implementation of programs that incorporate and address the health needs of LGBTQ youth will help reduce risky behaviors and negative health effects and create, safer, more supportive, and more inclusive environments in the nation’s schools.”⁷
General Guidelines for LGBTQ Inclusivity in the Classroom:

1) **Assume that your class is diverse.**

By starting with the assumption that your class includes individuals of a variety of gender and sexual identities (which it likely does), you are less likely to unintentionally convey the message that being LGBTQ is non-normative and problematic, and more likely to communicate acceptance. Providing examples in class that include same-sex relationships and diverse families, as well as substituting gender-neutral terms such as “partner” for “boyfriend/girlfriend” or “monogamous relationship” for “marriage” can go a long way towards making your classroom more LGBTQ inclusive.

2) **Allow students to self-identify.**

As there are numerous possibilities for how a young person might identify with regard to their gender and sexuality, it is important to allow students to indicate the language with which they feel comfortable identifying (if they choose to do so), rather than assigning them a label yourself. As such, try to steer clear of describing a student as “gay,” “straight,” “bisexual,” or “transgender,” unless they have first referred to themselves in that way. Furthermore, as some transgender students change their name from the one given to them at birth, it is important to honor student requests to be called by a first name with which they identify, which may be different than the one listed on your official class roster. Also, it is generally considered offensive to use “it,” “he/she,” or “s/he” if a student’s preferred pronoun is unknown. Instead, use “they” or “them.” Furthermore, it is important to consider that some students may identify as transgender, and thus may not identify as “male” or “female.” Therefore, avoiding splitting up the class by sex/gender is always a good practice in making the classroom feel more inclusive.

3) **Familiarize yourself with appropriate LGBTQ vocabulary.**

One thing many educators worry about is saying something “wrong.” Since preferred LGBTQ terms change over the years, and not everyone within the LGBTQ community has the same opinion about terms, it can feel tricky. For instance, the phrase “sexual orientation” is generally considered preferable to “alternative lifestyle” or “sexual preference,” because it implies that one’s sexuality is a natural orientation, rather than a choice or preference. Also, many people do not identify with the labels “gay” or “straight,” so instead of using “gay and straight” as a blanket term to include everyone, the use of “all genders and sexualities” is recommended instead. In addition, because “homosexual,” “transvestite,” and “hermaphrodite,” are terms that have been used to negatively label LGBTQ individuals in the past, many members of the LGBTQ community might find the use of such terms offensive. Furthermore, although some individuals may have reclaimed formerly negative labels, such as “queer,” it should not be assumed that all LGBTQ individuals view such terms positively.

4) **Be positive about gender diversity and expression.**

Try to avoid making comments that frame identifying as LGBTQ in a negative light. Using a phrase like “that’s so gay” not only associates LGBTQ individuals with undesirable characteristics, but can be seen as disrespectful to everyone. The personal consequences of bullying can be serious, so it is important to take the time to redirect students and fellow teachers who might use this language, even if they don’t intend for it to be offensive. Try to point out the harmful implications of using this kind of language, and highlight how it may create an unsafe space for all individuals.
# How to Make Your Sexual Health Curriculum and Classroom Discussion More LGBTQ Inclusive:

## Validating Families and Relationships

<table>
<thead>
<tr>
<th>How to Talk About Families And Relationships in a More Inclusive Way:</th>
<th>In Addition to:</th>
<th>Try Including:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families and relationships are diverse. When discussing sexual health it is important to acknowledge this diversity, as students who do not see their own identity, desires, or experiences reflected in these discussions are likely to feel alienated. Students who do not find the material relatable may be less likely to benefit from these lessons and apply the information to their own lives.</td>
<td><strong>Mother, Father</strong>&lt;br&gt;Even with financial support, <a href="#">teen mothers and fathers</a> lose much of their personal freedom to do what they want and have less time to spend with friends, doing the things teens enjoy.</td>
<td><strong>Parent, Guardian, Caregiver, Family, Next-of-kin</strong>&lt;br&gt;Even with financial support, <a href="#">teen parents</a> lose much of their personal freedom to do what they want and have less time to spend with friends, doing the things teens enjoy.</td>
</tr>
<tr>
<td><strong>Wife, Husband, Girlfriend, Boyfriend</strong>&lt;br&gt;Understanding how your <a href="#">girlfriend or boyfriend</a> feels about relationships can help you to make healthy choices.&lt;br&gt;Listening to each other is an important component for developing a healthy relationship with a future <a href="#">husband or wife</a>.</td>
<td><strong>(Life, Romantic, Sexual) Partner, Significant other, Couple</strong>&lt;br&gt;Understanding how your <a href="#">partner</a> feels about relationships can help you to make healthy choices.&lt;br&gt;Listening to each other is an important component for developing a healthy relationship with a future <a href="#">significant other</a>.</td>
<td></td>
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</tbody>
</table>
### Validating Families and Relationships

#### How to Talk About Families And Relationships in a More Inclusive Way:

**In Addition to:**

**Try Including:**

(Continued from Previous Page):

An easy way to recognize this diversity is by incorporating more open-ended, gender inclusive terms for families and relationships into your sexual health discussions. For example, you might consider rotating between using traditional terms (like boyfriend/girlfriend or marriage) and more inclusive terms (like partner or committed relationship).

<table>
<thead>
<tr>
<th>Marriage</th>
<th>Committed relationship, Life-long relationship, Monogamous relationship</th>
</tr>
</thead>
</table>
| Many people choose to delay childbearing until they are *married*.  
One way to avoid contracting HIV or another STI is to engage in intimate sexual contact only when you are married to a person who is not infected. | Many people choose to delay childbearing until they are in an adult, long-term, committed relationship.  
One way to avoid contracting HIV or another STI is to engage in intimate sexual contact only in a mutually monogamous sexual relationship, such as marriage, with a person who is not infected. |

<table>
<thead>
<tr>
<th>Girl, Boy/Guy, Boys and girls, Young women and men</th>
<th>Children, Youth, Young person/people, Teenager, Individual</th>
</tr>
</thead>
</table>
| Abstaining from unprotected oral, vaginal, and anal intercourse is the best way for boys and girls to protect themselves from HIV, other STI’s, and pregnancy.  
Being infected with an STI that causes open sores increases a young man or woman’s risk of HIV infection. | Abstaining from unprotected oral, vaginal, and anal intercourse is the best way for all individuals to protect themselves from HIV, other STI’s, and pregnancy.  
Being infected with an STI that causes open sores increases a person’s risk of HIV infection. |
## Validating Diverse Perspectives on Sex

### How to Talk About “Sex” in a More Inclusive Way

<table>
<thead>
<tr>
<th>Instead of:</th>
<th>Consider Saying:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex, Sexual intercourse</td>
<td>Oral, vaginal, or anal sex OR Oral, vaginal, or anal sexual intercourse</td>
</tr>
</tbody>
</table>

Because the terms “sex” and “intercourse” are commonly associated solely with penile-vaginal intercourse, it is important to introduce an expanded definition of these terms when teaching about sexual health. Frequently referring to “oral, vaginal, or anal sex” instead of simply saying “sex” or “sexual intercourse” calls greater attention to the variety of sexual behaviors in which people of all genders and sexualities may engage, and their corresponding risks.

Chlamydia may be transmitted through sex with an infected person. The only 100 percent guaranteed way to avoid infection with STIs, including HIV, is to abstain from sexual intercourse and to not use drugs or share needles for tattoos, piercings, or drug use.

Oral, vaginal, or anal sex OR Oral, vaginal, or anal sexual intercourse

Chlamydia may be transmitted through vaginal intercourse, oral sex, or anal sex with an infected person. The only 100 percent guaranteed way to avoid infection with STIs, including HIV, is to abstain from oral, anal, and vaginal sexual intercourse and to not use drugs or share needles for tattoos, piercings, or drug use.

It also helps to incorporate scenarios or vignettes using gender-neutral names (like Taylor or Jordan). This leaves the gender identity and sexual orientation of the participants up to the interpretation of individual students.

### Jason is pressuring his girlfriend Diana to have sex with him. Diana doesn’t want to have sex, but thinks that Jason will break it off with her if they don’t do it. Diana is worried about getting pregnant and how having sex might affect their relationship. How could Diana approach Jason? What could Diana say to him?

Your group is hanging out at Carly’s house. A few guys and girls start hooking up and they want everyone to join in. Carly refuses, and they start making fun of her. What do you say to your group to support her decision?

### Jamie is pressuring Dylan to have sex. Dylan doesn’t want to have sex, but thinks that Jamie will break it off if they don’t do it. Dylan is worried about STI’s and how having sex might affect their relationship. How could Dylan approach Jamie? What could Dylan say to Jamie?

Your group is hanging out at Casey’s house. A few people start hooking up and they want everyone to join in. Casey refuses, and they start making fun of Casey. What do you say to your group to support Casey’s decision?
How to Discuss Contraception and Pregnancy in a More Inclusive Way

Despite “conventional wisdom,” LGBTQ youth become pregnant or get someone pregnant at 2 to 7 times the rate of heterosexual youth. This may be a result of the fact that LGBTQ youth are also more likely to drink alcohol or use drugs before engaging in a sexual encounter, and are less likely to use a condom or other form of birth control. Although LGBTQ youth report more sexual partners than heterosexual youth and higher rates of alcohol use before last sex, LGBTQ youth in schools with LGBTQ-inclusive curricula report fewer sexual partners, less recent sex, and less substance use before last sex than LGBTQ youth in schools without this instruction.

In addition to discussing how male condoms may be used for protection against pregnancy and STIs in the context of penile-vaginal intercourse, it is also helpful to discuss how condoms can and should be utilized for protection against STIs during oral and anal sex – as youth of all genders and sexualities are engaging in these practices at increasingly higher rates. Furthermore, discussing other barrier methods (like a dental dam) or hormonal birth control methods (like “the pill”) may also help to make your sexual health lesson more LGBTQ inclusive.

How to Discuss HIV in a More Inclusive Way

While HIV affects youth of all genders and sexualities, in the U.S., young men who have sex with men are disproportionately affected (69% of new HIV infections among persons aged 13-29). If discussing this, however, it is important to focus the discussion on the behavior and not the identity, and consider explaining some reasons why young men who engage in sex with other young men might be at higher risk than their heterosexual identifying counterparts. For example, because HIV interventions or prevention education often exclude information about sexual identity or orientation, the majority of LGBTQ individuals have not received proper information on the risks of engaging in various sexual activities and how to protect themselves. Furthermore, because of the lack of information and support extended to LGBTQ youth with regard to sexual health (e.g. HIV testing), they are more likely to be unaware of their HIV infection, and consequently less likely to receive effective HIV education and more likely to pass HIV on to future partners.

While you might be hesitant to teach this information, for fear of painting LGBTQ individuals in a negative light, as long as you explain that this increased risk has more to do with the way LGBTQ individuals have been marginalized and excluded than the fact that they do not identify as heterosexual, and emphasize that all young people who engage in unprotected oral, vaginal, or anal sex are at risk for contracting HIV, you will actually help to make your sexual health curriculum more inclusive.
Additional Resources for Teachers:

- [http://www.glsen.org/educate/resources](http://www.glsen.org/educate/resources)
- [http://www.advocatesforyouth.org](http://www.advocatesforyouth.org)
- [http://www.safeschoolscoalition.org](http://www.safeschoolscoalition.org)
- [http://www.tolerance.org/lgbt-best-practices](http://www.tolerance.org/lgbt-best-practices)

1 Michigan youth who have engaged in same-sex sexual behaviors are 2.6 times more likely to have been bullied, 5 times more likely to attempt suicide, and 4.7 times more likely to use injection drugs in comparison to youth who have only engaged in opposite-sex behavior. Michigan Department of Education. (2013). “Sexual Minority Youth More Likely to Experience Multiple Risks.” *Michigan Youth Risk Behavior Survey*.


10 New York City Department of Health and Mental Hygiene in collaboration with the NYC department of Education. (2011). *Youth Risk Behavior Survey*.


12 Center for Disease Control. (2013). “HIV Among Youth.”

The Michigan Organization on Adolescent Sexual Health (MOASH) would like to thank and acknowledge the following organizations for taking the time to review and endorse this toolkit: Ann Arbor Public Schools Sexual Health Education Advisory Committee, Gay-Straight Alliance Network, Planned Parenthood Mid and South Michigan.

We would also like to thank Elena Frank, PhD for her leadership in the development of this document. Without her effort and contributions, the making of the toolkit would not have been possible.

Question/Comments contact info@moash.org
Appendix H

Sex Education in Elementary Schools: Coed or Gender Segregated?

I am often asked if boys and girls should be separated for sex education, especially in the elementary grades. Pros and cons exist for either approach to sex education in the elementary grades.

<table>
<thead>
<tr>
<th>Coed Instruction</th>
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</thead>
<tbody>
<tr>
<td><strong>Pros</strong></td>
</tr>
<tr>
<td>• Talking about puberty and sex education with boys and girls together removes the stigma and mystery of the topic.</td>
</tr>
<tr>
<td>• Boys and girls learn to communicate with each other about sensitive topics as they will need to if and when they develop intimate relationships in the future.</td>
</tr>
<tr>
<td>• Boys and girls can learn from each other’s perspectives when they discuss topics together.</td>
</tr>
<tr>
<td>• Students have an opportunity to develop empathy for the changes and challenges experienced by both sexes.</td>
</tr>
<tr>
<td>• This approach ensures that the sex education provided to both sexes is the same.</td>
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</tbody>
</table>
### Gender-Segregated Instruction

**Pros**

- When boys and girls are in separate classes, they tend to ask more questions about sex-specific topics, such as menstruation and nocturnal emissions.
- Some parents and educators are more supportive of teaching boys and girls separately.
- Instruction may be differentiated more easily to meet the unique educational needs and learning styles of boys and girls in gender-segregated classes.
- Parents who believe that coed instruction undermines children’s “natural modesty” might feel more comfortable.

**Cons**

- Instructing boys and girls separately can perpetuate the aura of stigma and add to the mystery of the topic.
- Boys and girls miss the opportunity to practice communicating with each other about sensitive topics as they will need to if and when they develop intimate relationships in the future.
- Boys and girls miss the opportunity to learn about topics from each other’s perspectives when they don’t discuss topics together.
- Students are less likely to develop empathy for the changes and challenges experienced by the other sex.
- This approach may result in genders receiving an unequal and gender-biased sex education.
- In separated classes, boys and girls may behave in a less mature manner and act out in ways that can perpetuate stereotypical gender roles.
- Some children may feel uncomfortable when assigned to a group or class that doesn’t align with their internal sense or external expression of gender (gender identity or gender expression).
- Separating children by gender reinforces a binary notion of sex and gender.
- Separating boys and girls makes it challenging to schedule the instruction and instructors.
Given the lack of research on this question, I can base my recommendation only on my experiences in teaching sex education to students across the grades, and the many discussions in which I’ve participated on this topic.

Below are some of my recommendations for ideal sex education for grades 4-6:

- Offer skills-based, research-based sex education in the same way, with the same content and strategies, to all students.
- Offer instruction taught by both male and female instructors who are qualified, prepared, and enthusiastic about teaching sex education. This is to model a stigma-free approach to talking about sensitive topics and to provide role models.
- Offer instruction to coed classes with all students together for the majority of the lessons.
- Offer one optional session with gender-segregated classes to allow students to discuss topics that are unique to their sex, such as menstruation and nocturnal emissions (optional).
- Use a question box to encourage students’ higher order thinking. Answer all questions in a developmentally appropriate and professional manner.

Wendy L. Sellers, RN, MA, CPC
ASHA’s 2014 Health Coordinator of the Year
January 2017

Author’s Note: Please note that the terms “sex” and “gender” have been used intentionally in this discussion. These terms are not synonymous, but for the purposes of this topic, I have attempted to maintain simplicity. To learn more about definitions of these and related terms, please read [http://www.apa.org/pi/lgbt/resources/sexuality-definitions.pdf](http://www.apa.org/pi/lgbt/resources/sexuality-definitions.pdf).
Resources for young people from Planned Parenthood.

Chat/Text
PlannedParenthood.org/Chat

- Where young people can chat on the web or text with live health educators.
- Reaches youth and young adults at urgent moments when worry levels are high. Answers their questions and links them to care. Focuses on times when people might be worried about pregnancy, STDs, abortion, or birth control failure.

Tools for Teens
Planned Parenthood.org/Apps

- Awkward or Not? Helps teens communicate with their parents about sex and relationships
- Been there. Done That. Helps teens set a plan to use condoms and birth control every time they have sex
- It Takes Two Helps teens manage ongoing use of birth control and condoms
- My Birth Control Helps teens think through their birth control options
- The Kickback Helps teens practice saying “no” to risky situations like alcohol, drugs and sex
- What’s Your Future Plan/Fast Forward Helps younger/older teens plan for their future, including family planning

What’s Your Love Personality? / Where Do You Stand? Helps younger teens set a plan to wait to have sex

Tools for Young Adults

- Spot On Period tracker app for iPhone and Android helps users track their cycle and stay on top of their birth control.
- Consent 101 Video Series Helps teens understand what consent is and how to ask for it at p.ppf.org/Consent101.
- STD Video Series Shows teens how to talk with a partner about safer sex, STD testing, and having an STD at p.ppf.org/TalkingSTDs.
Educational Brochures

- Nearly 60 titles on sexual health, birth control, women's health, relationships, and family communication
- Many available in both English and Spanish
- Preview them and purchase online at www.PPFAStore.org

Planned Parenthood.org

- Up-to-date sexual and reproductive health information
- Educational videos
- Info for Teens and Ask the Experts blog
- Tools for Educators
- Tools for Parents
- Access to Tools & Digital Tools
- Access to Chat/Text

Find More Health Information and Follow Us

Facebook facebook.com/PlannedParenthood
Twitter @PPFA
Tumblr plannedparenthood.tumblr.com
Instagram @PlannedParenthood
Youtube youtube.com/plannedparenthood

Planned Parenthood is the nation's leading provider and advocate of high-quality, affordable health care for women, men, and young people, as well as the nation's largest provider of sex education. With approximately 650 health centers across the country, Planned Parenthood organizations serve all patients, regardless of age, race, income, and insurance status, with respect and without judgment. Through health centers, programs in schools and communities, and online resources, Planned Parenthood is a trusted source of reliable health information that allows people to make informed health decisions. We do all this because we care passionately about helping people lead healthier lives.
SAFE & SUPPORTIVE SCHOOLS PROJECT

**Empowering Youth for Success**

What We Offer: GSA Network is utilizing its evidence-based, five-step model to help school districts create and sustain Safe and Supportive Environments in schools while incorporating youth voices:

1. **Analyze current policies regarding anti-bullying, non-discrimination, and restorative justice disciplinary practices.**
2. **Support the establishment of Gay-Straight Alliance clubs in school.**
3. **Train teachers to intervene with name-calling, bullying, anti-LGBTQ slurs, and in restorative justice practices.**
4. **Provide sexual and mental health resources to LGBTQ youth.**
5. **Implement LGBTQ-inclusive lessons.**

**Capacity Building Support for School Districts**

<table>
<thead>
<tr>
<th>Policy assessment for inclusive, enumerated non-discrimination, bullying, and sexual harassment policies</th>
<th>Assist with needs and readiness assessments</th>
<th>Facilitate training of the trainer programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide and develop resources and materials (print, web, multimedia)</td>
<td>Produce webinars - any of the above topics or per request</td>
<td>1. School-connectedness</td>
</tr>
<tr>
<td>Support the establishment and engagement of GSA clubs</td>
<td>Support successful youth-adult partnerships</td>
<td>2. Parental engagement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Providing mentoring opportunities</td>
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<td></td>
<td></td>
<td>Link districts to local resources such as GSA Networks</td>
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<tr>
<td></td>
<td></td>
<td>Provide one-on-one technical assistance</td>
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</tbody>
</table>

**Challenges**

- **Negative Messages**
  - 92% of LGBT youth report hearing negative messages about being LGBT, with one of the top sources being students and staff in schools.
- **Push Out**
  - LGBT youth, youth of color, and youth with disabilities are disproportionately suspended or expelled from school, sent to alternative schools, out of school completely, and/or caught in the juvenile justice system.
- **Homelessness**
  - It is estimated that 40% of homeless youth are LGBT-identified.
- **HIV**
  - 12,000 new HIV infections among youth 13-24 in 2010; 1 in 4 of ALL new infections; 87% in young men who have sex with men (gay and bisexual).
- **Bullying**
  - 82% report harassment based on sexual orientation.
  - 64% report harassment based on gender expression.
GSA Network is a national youth leadership organization that empowers youth in Gay-Straight Alliance clubs and works to create safe and equitable schools. The Safe and Supportive Schools Project builds the capacity of school districts across the country to create safer schools.

This fact sheet was created with support by the Cooperative Agreement CDORFA-DP13-1306 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.


These resources were gleaned from participation in national sex education events and conversations. They can be applied to local and regional efforts to advance ESHE.

**Professional Development Trainings and Workshops:**
- Foundations Core Skills Training, for Sex Ed, Answer and Cardea 2017 (see handout)
- Rutgers Answer Online Workshops: [http://answer.rutgers.edu/page/online_workshops/](http://answer.rutgers.edu/page/online_workshops/)
- Positive Youth Development Online Courses, Act for Youth Center of Excellence, Cornell: [http://actforyouth.net/youth_development/professionals/online_courses.cfm](http://actforyouth.net/youth_development/professionals/online_courses.cfm)
- Teaching Technique videos, Act for Youth: [http://actforyouth.net/youth_development/professionals/teaching.cfm](http://actforyouth.net/youth_development/professionals/teaching.cfm)
- Access Matters, workshops on microaggressions: [https://www.accessmatters.org/](https://www.accessmatters.org/)
- CDC 8-unit online course (coming soon?)

**Professional Development Readings:**
- WISE Toolkit: [http://wisetoolkit.org/](http://wisetoolkit.org/) (and see handout)
- Gender Terminology Discussion Guide, GLSEN 2017 (see handout)
- Safe and Supportive Schools Project, GSA Network 2017 (see handout)
- Videos, Technology, and Social Media, Act for Youth (see handout)
- Kirby Summit Brief, Developmental Neuroscience and Adolescent Sexual Health, Emotion - ETR 2017 (see handout)
- Talking Points that Support Comprehensive Sex Education, Summit 2017 (see handout)

**Instructional Materials:**
- Amaze.org videos (see handout)
- Resources for Young People - Planned Parenthood 2017 (see handout)
- Trevor Project Poster (Suicide Prevention for LGBTQ Youth) 2017 (see handout)
- Real Talk app: [https://realtalkapp.com/](https://realtalkapp.com/)

**Parents:**

Developed by Wendy L. Sellers, Health 4 Hire, Inc., [health4hire@gmail.com](mailto:health4hire@gmail.com)
Talking Points that Support Comprehensive Sex Education and Oppose Ab-Only/SRA Programs

Main talking points:

- The vast majority of people in the United States believe sex education is important and that it should be taught in middle and high school and include a wide range of topics.
- Sex education is about much more than sex. Good sex education covers a wide range of topics, including healthy and unhealthy relationships, decision-making, condom negotiation, communication and consent, gender identity, body image, birth control, and sexually transmitted infections (STIs).
- School-based sex education has a proven track record of helping young people learn accurate, age-appropriate information and build the skills they need to make healthy decisions. Evidence-based sex education programs have been shown to help teens delay sex, as well as use condoms and birth control when they do become sexually active.
- Every student deserves to feel safe, welcome, and acknowledged at school. LGBTQ students thrive when they see themselves reflected in lessons and learn that it is entirely normal for people to have different sexual orientations or gender identities. We have to remember that LGBTQ students—just like their straight peers—can and do become pregnant and contract STIs. Inclusive lessons address the needs of LGBTQ students while also creating a positive effect on all students and reduce bullying, discrimination, and harassment.
- Quality sex education is especially critical for low-income and communities of color. Systemic discrimination, poverty, lack of access to health care, and lifelong health disparities are all barriers to quality reproductive and sexual health information and services and true reproductive justice.

A talking point for a more progressive audience:

- All too often in sex ed policy, ideology gets in the way of facts. Common sense tells that a true public health agenda aimed at helping students become healthy and successful adults will focus on consent, healthy relationships, better self-esteem, and preventing unplanned pregnancies. It's time we give young people what they need.

The following talking points highlight the ineffectiveness of telling young people not to have sex until they are married:

- We ought to teach young people how to make healthy decisions about sex and relationships rather than simply telling them not to have sex.
- Thirty years of public health science clearly demonstrates that educating young people about sex does not cause them to have sex — umbrellas do not cause rain.
- The fact is 95 percent of young people will have sex before they are married. We can’t leave young people unprepared to protect themselves. We know that providing young people with information about the health benefits of both abstinence and contraception including condoms does not cause young people to have sex earlier or have sex more often.
The following talking points are directed to a wary audience:

- Teaching young people age-appropriate sex ed, even if it's uncomfortable to talk about at first, will help students break through misinformation they may hear in the hallways or encounter online. Like it or not, young people are hearing about sex much earlier in their lives than ever before, which is why it's critical to give them accurate information before they are exposed to inaccurate information.

- Parents have a central role in young people's decisions about relationships and sexuality. But talking about sex in school can catch parents off guard, especially when it's a change from their own experiences or new for the school. Sex education can help parents feel comfortable having ongoing conversations with their children about their own values and beliefs when it comes to relationships and sex.

- It might be tempting to keep talk about sex, puberty, and safe relationships private—or not talk about it at all—but we can give our children the best chance to succeed at school if they're not confused by bad information, which may lead to negative outcomes.

- We all want the best education for students, and that means giving students accurate information about the changes their bodies go through and how to tackle big issues like consent, puberty, bullying, and sexual feelings.

The following talking points are in response to sexual risk avoidance (SRA) framing:

- Sexual risk avoidance or abstinence-centered programs are the same as the old abstinence-only-until marriage approach, just with a fancy new name. If we want young people to behave responsibly when it comes to decisions about sex, we need to make that possible by giving them full and accurate sexual health education and access to services to prevent pregnancy and sexually transmitted infections and to live healthy lives.

- It is not enough to help some students delay sexual initiation while leaving others ill-equipped to protect themselves when they do eventually have sex. We cannot ignore reality: 70 percent of young people will have sex before they graduate from high school, 99 percent of people will have sex before they are married; most people now wait until well into their 20's to get married. Abstinence-only-until marriage programs are unethical, harmful, and stigmatizing. Our young people deserve better.

- If we want young people to behave responsibly when it comes to decisions about sex, we need to make that possible by giving them full and accurate sexual health education and access to services to prevent pregnancy and sexually transmitted infections and to live healthy lives. Preparing young people for the day they will engage in sexual activity is not the same as educating them about illicit drug use, reckless driving or smoking. All of these are behaviors we would hope teens, young adults in their 20's as well as people well into their 40's, 50's and 60's would avoid.

- Abstinence-only-until marriage programs do not work in the long run, and promote ignorance at a time when rates of sexually transmitted infections, including HIV, are on the rise. They are not just naïve and ineffective, they are dangerous and irresponsible.

- We can not sustain healthy young people on an education based on scare-tactics, fear, shame, and distorted information. Young people have the right to honest, accurate and comprehensive sexual health information to protect their health and futures.
The Trevor Project focuses on ending suicide among LGBTQ youth. If you or someone you know needs help, we are here for you.

**TrevorLifeline**
24/7/365
If you're thinking about suicide, you deserve immediate help. Call us anytime.
866.488.7386

**TrevorText**
Mon-Fri | 3-10pm EST
Talk to a Trevor counselor via text message.
Text “Trevor” to 202.304.1200

**TrevorChat**
Every Day | 3pm-10pm EST
Online instant messaging with a TrevorChat counselor.
TrevorChat.org

**TrevorSpace**
24/7/365
A social networking site for LGBTQ youth ages 13 through 24, and their friends and allies.
TrevorSpace.org

**Suicide Prevention & General Info**
Information on suicide prevention and FAQs on sexual orientation, gender identity and other topics can be found at:
TheTrevorProject.org/resources

TheTrevorProject.org
Technology and Social Media for Adolescent Sexual Health: 2015 Focus

by Deb Levine, BSW, MA

Changes in technology and social media are always happening. Just as soon as you’ve mastered Facebook, teens and tweens are onto something else. Yes, it’s the same as it ever was – whether it’s the newest gadget or hippest band: Once parents and grandparents are onto it, it’s over for teens.

The good news is that teens’ questions about sex and relationships don’t change very much through the years, and teens need trusted adults and smart peers to help them find medically accurate, timely answers. This is important because as youth professionals you can focus on what you know. You know program development and you know how to engage youth in your sexual health programs and services so that they are youth-driven, youth-first, and cutting edge.

There’s no playbook for working in the media-saturated environment our teens live in, nor is there one way to reach the vast majority of teens with accurate health messaging. While this article won’t try to cover all of today’s newest, latest, and greatest in technology (because, yes, it will be obsolete by the time it’s posted), I’m going to break down current topics into a few major, manageable themes:

Deb Levine has devoted her life’s work to changing the way young people access and engage with sexual and reproductive health services. She founded YTH (Youth-Tech-Health), an organization that advances the health of youth through technology, and Go Ask Alice!, one of the first online forums for sexual health. She is also the co-creator of Circle of 6, an app that promotes dating safety. Follow her on Twitter: @DebLOakland

February 2015
• Rock star digital videos
• In-classroom sex ed
• Instagram, Vine, and other visual platforms
• Mobile apps for sex education

Rock Star Digital Videos
Since so many youth-serving organizations are making digital videos to raise awareness, educate, and inform about sexual and reproductive health, it’s smart to use our limited budgets to be sure that the right people are seeing them, and that the videos have an impact. Making videos “go viral” is hard work. And while you may not even want your video to go viral, you do want your digital videos to be seen by as many of your target audience as possible.

While it’s unrealistic, and certainly over budget, to create a 25-page marketing plan for each video your team creates, you can think about the timing of each release, as well as who your partners are, in order to ensure good reach to the right youth. Here are a few tips to help you take your videos that you spent so much time on into the five-figure range.

**TIP #1: The first days matter.** Time the launch with a current event, and be ready to send out emails and shout outs via social media. Anecdotally, Mondays and Tuesdays are the best days to release. In addition to your usual partners, think outside the box. You want to spread your message beyond those already converted.

**TIP #2: Tag your titles.** In other words, use the search terms young people would use in the titles of your videos.

**TIP #3: Keep your videos short.** I know it’s hard when there’s so much to say. But youth (and many adults) today have very short attention spans: under five minutes.

**TIP #4: Tell a good story.** Evoke emotions such as awe, excitement, amusement, anger, and anxiety. Contentment and sadness don’t work very well.

**TIP #5: Be ready for after-the-viral.** If your video does take off, quotes will be needed for blogs, reporters, and websites. Make sure your website is up to date and ready to roll, with current “Contact Us” information, and that your team is on call to answer inquiries promptly.

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**Teens PACT: Marketing Success**

Teens PACT, a project of Community Healthcare Network in New York City, has worked with youth to produce many high-quality, short videos about sexual health and related topics.

“Know the Signs,” a video about dating violence and abuse, has over 26,000 views, whereas many of their other videos from the same time frame are hovering at 500-5,000 views. Teens PACT had an informal marketing plan around “Know the Signs” that worked.

The video was launched in August 2012, the same month that the journal *Pediatrics* did a special issue on teen dating violence. Teens PACT capitalized on relationships with partner organizations to promote the video, sending emails and links out widely. Because of the new research, media outlets were interested. Media response included video pickup by blogs and embeds in Facebook pages, such as the Never Alone Again blog and the Keep Calm Stop Emotional Abuse Facebook page.

**Teens PACT “More Than Just Sex” YouTube channel:**
https://www.youtube.com/user/morethanjustsex
In-Classroom Sex Education

Working with students in an interactive way stimulates memory and critical thinking; when they are in the heat of the moment, it’s more likely they’ll remember what they learned. Technology can be used during in-classroom experiences as a teaching tool or a research tool. Both have benefits for students’ enhanced learning and information retention.

Resources:

**BioDigital Human.** This site depicts a 3-D body and provides lesson plans on various systems, including the reproductive system. (Registration is required. Must use a Chrome browser and be connected to the Internet.)
https://human.biodigital.com

**PlayForward.** Elm City Stories allows the player to interact with a virtual world, making decisions and seeing possible outcomes. The game is designed to help prevent HIV infection.
http://www.schellgames.com/game/play-forward/

Instagram, Vine, and Other Visual Platforms

Facebook and Twitter are not working well these days for agencies seeking to engage youth. They are still working for advocacy and communication efforts with adult supporters, so don’t give up on Facebook and Twitter. But to reach young people, consider that today’s youth are very visual – cropping and editing photos and videos on their phones and posting for the world to see and comment upon.

Here’s a quick tutorial on Instagram and Vine, two sites popular with teens today:

**Instagram.** Compatible with iPhone and Android devices; free download from iTunes and Google Play stores.

*How it works:* You take a photo or shoot a video with the camera on your phone, and use Instagram or other free apps to edit (add text, change colors, make a collage, merge photos). Then you post it on your Instagram account with a caption. Like Twitter, searches are by hashtag. A quick Instagram search for #sexed came up with selfies alongside conference presentations, and everything in between. There is room here for good, solid sex info!

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**Teens and Tech Stats**

The Pew Research Center surveyed teens in 2012, giving us a snapshot of teens’ digital life. Online engagement and cell/smart phone ownership have likely increased since the survey.

- 93% of teens age 12-17 have access to a computer at home.
- 78% have cell phones, and nearly half of these have smart phones.
- One in four teens go online primarily via cell phone.
- Teens from lower-income families are “somewhat less likely” to go online.
- Facebook continues to be the most-used platform for teens, though enthusiasm is “waning.”
- On average, 24% of teens who go online use Twitter. Black teens who use the internet are more likely than white teens to be Twitter users (39%).

View the full reports here:

**Teens and Technology 2013**
http://www.pewinternet.org/2013/03/13/teens-and-technology-2013/

**Teens, Social Media, and Privacy**
http://www.pewinternet.org/2013/05/21/teens-social-media-and-privacy/
Vine. Compatible with any phone that has a data plan. Free mobile site. https://vine.co

How it works: You can explore, watch, and upload very short (six seconds or less), looping videos. Searches are by hashtags. The most popular videos inspire response videos.

Keep alert for Snapchat, Kik, and sites yet to be developed. Hashtags seem to be the commonality among sites right now, making it easier for users to find what they want and cultivate followers across multiple platforms.

Mobile Apps for Sex Education

Everyone’s going mobile. Between phones and tablets, it’s really time to integrate the best apps out there into your repertoire to connect youth to clinical services. Close to 50% of teens in the U.S. today have smartphones already; this number is only going to grow. Here are a few of the trendsetters in the sexual and reproductive health arena. All are downloadable in the iTunes and Google Play stores, unless otherwise noted.

Teens in NYC. Created by the New York City Department of Health, this app includes cool sections such as short videos about access to services, clinic experiences, and consent.

Condom Pro. Created by the National Campaign to Prevent Teen and Unplanned Pregnancy and distributed via Bedsider, this game is meant for youth over 17, but could be played by anyone. There are two parts to each level: open the package without ripping or tearing the condom, then place the condom on an object (candlestick, carrot, etc.). It gets harder each time you level up.

My Birth Control. Created by Planned Parenthood Federation of America in mobile web format, this app is good for youth without smartphones as it can be accessed on regular phones with data plans. Youth answer a few lifestyle and health questions to receive recommendations for birth control methods. https://www.mybirthcontrolapp.org/

The Kickback. Also created by Planned Parenthood in mobile web format, this is an app that helps youth negotiate through common situations at parties, in high school, etc. with alternate endings and consequences. https://kickbackapp.org/

Circle of 6. Created by a team of experts in the field, including the author, and distributed by Tech4Good, Circle of 6 is an award-winning safety app designed to prevent sexual assaults and dating violence and abuse among teens and young adults.

Crisis Text Line. Created by DoSomething.org, Crisis Text Line offers teens in a crisis a chance to communicate with a trained counselor about anything from relationships, to safer sex, to suicide prevention, simply by texting START to 741-741. http://www.crisistextline.org
Conclusion

There’s no telling what’s next in the world of mobile technology and social media. Given that teens’ questions about sex and relationships haven’t changed in our lifetime, it should be doable for youth-serving teams to stay on task with medically accurate information provided in a context and format that is comfortable for today’s teens. As always, you will be successful if you keep communication open with your younger colleagues, incorporate the passion of youth into the work, and remain agile enough to change with the tech media landscape. ★
Welcome to the Toolkit

We're glad you are here. From concept to classroom, the WISE Toolkit is a practical guide to help schools implement sex education. As you read through the toolkit, please keep in mind that the WISE Method is primarily written for state-based or regional non-profits who work with school districts to implement sex ed. If you work within a school district there's a lot of helpful information for you too.
The toolkit is a compilation of experience-based best practices divided into four phases. We call this approach the "WISE Method." Each phase is aimed at helping schools institutionalize sex education so that sex education is an ongoing part of a school’s curricula.

1. **SCAN**
   - **current efforts and policies**
   - The purpose of this phase is to gain an understanding of the sex education landscape to inform an action plan for sex education institutionalization.

2. **ENGAGE**
   - **school districts**
   - The purpose of this phase is to assess school readiness and ensure ownership and active participation among key school district stakeholders.

3. **DESIGN**
   - **rollout plan**
   - The purpose of this phase is to create the systems, processes, policies, and guidelines that will be the backbone of long-term, sustainable sex education.

4. **IMPLEMENT**
   - **sex education**
   - The purpose of this phase is to prepare for, and actually deliver, a sex education program!
The purpose of this phase is to assess school readiness and ensure ownership and active participation among key school district stakeholders.

The purpose of this phase is to create the systems, processes, policies, and guidelines that will be the backbone of long-term, sustainable sex education.

The purpose of this phase is to prepare for, and actually deliver, a sex education program!

The Four Phases

**ENGAGE**

School districts

**DESIGN**

Rollout plan

**IMPLEMENT**

Sex education

1. SCAN

Current efforts and policies

The purpose of this phase is to gain an understanding of the sex education landscape to inform an action plan for sex education institutionalization.
About This Phase

Scanning activities provide essential context, such as state and local policies and available resources. A great place to start is with the SIECUS State Profiles. A key part of this phase is identifying school districts, or individual schools, who want to implement sex education or improve existing programs but need some guidance and resources in order to do so effectively. This phase helps answer the questions: “What policies, partners, and resources can support this work?” and “Which districts show promise for sex education readiness?”

Steps to Scan Current Efforts and Policies

<table>
<thead>
<tr>
<th>STEP</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Learn the Policy Landscape</td>
<td>Clear understanding of the sex education components that are allowed, mandated, or restricted.</td>
</tr>
<tr>
<td>2. Determine the Funding Landscape and Explore Potential Resources</td>
<td>Identification of potential sex education funding streams as well as the currently funded efforts already underway</td>
</tr>
<tr>
<td>3. Identify School Districts for Potential Sex Education Implementation</td>
<td>List of promising school districts that show strong readiness for sex education institutionalization</td>
</tr>
</tbody>
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Sustainability

The long-term sustainability of gains made during this phase of work is supported by:

- Creating linkages between relevant state and local programs, including mechanisms for ongoing sharing about successes and strategies, to maximize support.
Step 1: Learn the Policy Landscape

**RESULTS**

- Clear understanding of the sex education components that are allowed, mandated, or restricted.

Ensure you're familiar with existing requirements and regulations that govern sex education. School-based sex education must comply with different types of policy, including: state legislative policy, state education department policy, and local school board policy. Requirements may include a mandate that school districts form a school health advisory committee (SHAC) to participate in the review, selection, and adoption of sex education curricula or they may define what topics are mandated to cover (or avoid).

**TIPS**

A. **This activity can be a low intensity effort.**

There is not a need to do extensive assessment or scanning; all that is needed is a clear understanding of the "do's" and don'ts" of existing state and education policies as well as the political environment with respect to sex education.

**Identify the key influential sex education advocates and adversaries.** Equally important to understanding the policy environment is identifying key political forces that influence sex education. Knowing the extent to which elected/appointed influential officials, such as the chief state school officer or local school board members, can support (or block) sex education progress will help to secure sex education commitment and avoid potential pitfalls.
Step 2: Determine the Funding Landscape and Explore Potential Resources

RESULTS

• Identification of potential sex education funding streams as well as the currently funded efforts already underway

Identify public and private programs and funding sources that are currently supporting sex education and engage with partners who are working on sex education efforts.

State-level departments (e.g., departments of education, health and/or human services) often support adolescent sexual health, including work in schools. Creating a map of state- or regional-level programs provides a more complete picture of the funding landscapes, potential resources, and opportunities for collaboration.

In addition, there are three significant U.S. Department of Health and Human Services funding streams supporting adolescent sexual health: 1) the Office of Adolescent Health, Teen Pregnancy Prevention Initiative (TPPI), which seeks to demonstrate the effectiveness of innovative, community-wide initiatives in reducing rates of teen pregnancy and births in communities with the highest rates; 2) the Administration for Children and Families, Personal Responsibility Education Program (PREP), which supports implementation of evidence-based or evidence-informed sex education programs as well as life skills education to help reduce risk of pregnancy and sexually transmitted infections among young people. PREP funding is typically administered through state departments of human or social services; and 3) the Centers for Disease Control and Prevention’s Division of Adolescent and School Health (DASH) which funds 17 local education agencies and 19 state education agencies to help districts and schools deliver exemplary sexual health education emphasizing HIV and other STD prevention (ESHE); increase adolescent access to key sexual health services (SHS); and establish safe and supportive environments for students and staff (SSE).

TIPS

A. Nurture state-level partners.

State-level organizations such as state departments of education, state departments of public health, and/or state collaboratives (e.g., Health and PE Associations) can be instrumental partners. However, it is important to approach these partnerships with realistic expectations and identify and prioritize state-level partnerships that are mutually beneficial.
Step 3: Identify School Districts for Potential Sex Education Implementation

RESULTS

• List of promising school districts that show strong readiness for sex education institutionalization

With a clear sense of what’s possible (the policies and regulations governing sex education) and an understanding of current sex education funding streams and programs, it is time to reach out to school districts. Many school districts are willing and ready to work on sex education – they just need help to tip the balance from their current state to effective and sustainable sex education. That means the focus of this step should be finding ready and willing school districts that are eager for sex education implementation assistance. This work falls into two stages: 1) identifying school districts; and 2) exploring the likelihood of success. At the end of this step the goal is to have a limited pool of promising school districts that are worth investing time to conduct a sex education readiness assessment.

TIPS

A. Network and build relationships.

Use existing relationships, “warm leads,” and/or the convenience of existing efforts and events (e.g., conferences) to connect to key public education and sex education players to determine where to focus identification efforts. Consider bringing together multiple school districts to one shared workshop to discuss your sex education offerings. These workshops provide an opportunity to learn, share, and have a conversation about sex education.
WISEtoolkit - SCAN STEP 3

TIPS

B. Be clear about the value proposition of how sex education benefits school districts and students as well as the knowledge, skills, and experience you bring to the school district.

Provide clear information to potential school districts including the benefits of sex education, how you will support the school district’s sex education work, and the time and commitment expectations from school district leadership and personnel. Many school districts want to provide sex education, but they may not have the expertise or time to do it on their own. School districts may also be nervous that an outsider will bring in a specific agenda and may not meet their unique needs. Showing that you’ll bring a flexible and tailored approach that provides solutions and critical information can be effective for under-resourced schools.

C. Determine and use criteria to select the most promising school districts.

Identify promising school districts by looking at different characteristics and criteria of interest (e.g., total student enrollment, current policy, teen pregnancy rates).

D. Create tailored fact sheets for interested school districts.

Bring valuable data to exploratory meetings with school districts to document the school district’s sex education context and demonstrate the value, resources, and skills you can bring to bear on the sex education work. For example, bring an analysis of the level of the school district’s current alignment between the school district policy and the state policy or public health data such as rates of teen pregnancy and sexually transmitted infections. Check out the Sample School District Message Development Tool.

Establish a pipeline of prospective school districts in case the work is slower than expected. The ability of school districts to engage and commit to sex education work varies. For some school districts, getting their “house in order” to launch the project may take over a year, for others substantial progress can be achieved in a matter of months. Therefore, it is important to develop a list of prospective school districts to have a backup in place in case work with one school district is slower than anticipated. This pipeline tracking tool can help you.
E. **Conduct a preliminary assessment of school district readiness.**

While the next phase of the WISE method includes an in-depth readiness assessment, some sites have found a light-touch preliminary taxation valuable to provide an early gauge of whether or not a school district shows promise. The **preliminary assessment** can include questions to ascertain the level of school district administration buy-in, frequency and quality of communication and identified community champions to get a snapshot of the current readiness and supports that are likely to be needed for a successful engagement.

Look out for warning signs that a school district may not be ready or have the capacity to dedicate time and support to sex education. The current educational change climate is crowded with competing priorities. School districts may be over-committed and unable to attend to sex education institutionalization work. Further, if key leadership roles are newly filled (e.g., a first-year superintendent) it is unlikely that there will be sufficient leadership capacity within the district to effectively move sex education institutionalization forward. Therefore, it is important to assess the likelihood of school district leadership to earnestly move the sex education work forward. Similarly, if there are early warning signs of staunch opponents or fear of controversy, it is important to understand how those may impede the work.
The Four Phases

**SCAN**
current efforts and policies
The purpose of this phase is to gain an understanding of the sex education landscape to inform an action plan for sex education institutionalization.

**DESIGN**
rollout plan
The purpose of this phase is to create the systems, processes, policies, and guidelines that will be the backbone of long-term, sustainable sex education.

**IMPLEMENT**
sex education
The purpose of this phase is to prepare for, and actually deliver, a sex education program.

2. **ENGAGE**
school districts
The purpose of this phase is to assess school readiness and ensure ownership and active participation among key school district stakeholders.
About This Phase

A readiness assessment is critical to determining whether and how to move ahead with sex education implementation. Ensuring there is commitment from administrators – such as school principals, district superintendents, school board members – is essential to success. Without support from key administrators in the district, sex education efforts will be stalled or stopped altogether and teachers will not have the support they need for implementation.

Steps to Engage School Districts

<table>
<thead>
<tr>
<th>STEP</th>
<th>RESULTS</th>
</tr>
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</table>
| 1. Assess School District Readiness and Capacity to Implement Sex Education | • Completed assessment of sex education, including current practices, goals, and readiness to implement  
• Decision regarding school district readiness to make meaningful progress on sex education implementation. |
| 2. Secure Commitment from Key School District Stakeholders | • Established team comprised of people with policy and program decision-making authority engaged in reviewing and reflecting on the current status of sex education in the district and goals for moving forward  
• A documented action plan to improve sex education  
• A signed agreement is in place (e.g., Memorandum of Understanding or letter of engagement; this is only necessary if you’re working from outside an educational system) |

Sustainability

The long-term sustainability of gains made during this phase of work is supported by:
• Key administrators and teachers speaking publicly about their commitment to sex education and its value to students.  
• An interdisciplinary team supporting ongoing sex education implementation.  
• A document, such as an MOU, that articulates the school district sex education goals and path toward attaining and sustaining sex education.
Step 1: Assess School District Readiness and Capacity to Implement Sex Education

**RESULTS**

- Completed assessment of sex education, including current practices, goals, and readiness to implement
- Decision regarding school district readiness to make meaningful progress on sex education implementation

In order to commit to working with a school district, it is important to have a strong level of confidence that the school district truly wants to work on sex education institutionalization, including the ability for the superintendent to support the vision for the project. It is not sufficient to have teacher-level champions without the prospect of support from school district leadership, including the school board. It is critical to ensure that there is a specific commitment of time to engage in the work (e.g., key personnel to champion the work internally, ability for teachers to get release time to attend professional development). A formal assessment of the school district establishes the readiness of a school district. The assessment phase focuses on capturing the: 1) status of current sex education offerings; 2) school district stakeholders’ familiarity with state sex education governance and school-district policy; 3) strength of existing sex education policies and procedures; 4) commitment of key stakeholders to sex education; 5) barriers that are currently interrupting effective sex education; and 6) school district’s goal for sex education.

**TIPS**

A. **Use a consistent tool to assess readiness.**

The assessment process is a structured conversation, or series of conversations, that maps out the sex education strengths, opportunities, and current state of affairs in the school district. This assessment will inform the final “go” / “no go” decision and will determine the action plan in school districts that meet a basic readiness threshold that indicates that sex education success is possible and likely. The [Capacity Assessment and Planning Tool](https://wisetoolkit.org) (CAPT) was developed by WISE Initiative leadership, based on the work of Cardea Services, aids in determining how ready a school district is to engage in sex education efforts.

Districts that are not ready for sex education implementation should not be targeted for participation. Doing an assessment of districts’ readiness is important to predict the likelihood for meaningful impact. It is okay to determine that a school district isn’t ready for partnership.
Step 2: Secure Commitment from Key School District Stakeholders

RESULTS

• Established team comprised of people with policy and program decision-making authority engaged in reviewing and reflecting on the current status of sex education in the district and goals for moving forward
• A documented action plan to improve sex education
• A signed agreement is in place (e.g., Memorandum of Understanding or letter of engagement; this is only necessary if you’re working from outside an educational system)

Now that you’ve determined a school district is ready and willing to achieve their sex education goals, it is time to establish which school district stakeholders will have ownership and accountability for the sex education efforts. You’ll need a “sex education team” within the school district and this team should include at least one administrator that has policymaking authority (e.g., assistant superintendent, curriculum director, and/or principal) as well as a health coordinator, teacher, and/or other school health staff that can make informed programmatic decisions.

TIPS

A. **Ensure foundational support from school district leadership.**

The support from superintendents and leaders (e.g., principals and curriculum directors) is critical for sex education change and sustainability. Clear commitment from these stakeholders and the buy-in from teachers is necessary for successful classroom-level implementation. Without this level of support from school district administration and school building leaders, teachers may become fearful and/or hesitant to move forward.
**TIPS**

**B. Choose the right champions.**

Engaging the right champions can mean the difference between the smooth execution of an implementation plan and being bogged down in process and/or indecision. Each school district is unique in terms of the power structures and decision-making channels, so do your homework to find the right committees, processes, and decision-makers to engage.

Do not rely on one person to "carry the water." Changes in staffing in public education systems are common, and so institutionalization requires a group of champions, not just one individual teacher, to ensure success over time. Being thoughtful and inclusive regarding sex education team membership in the beginning of the project will pay dividends down the road. If you only have one key champion and that person leaves you are back to square one. Cultivating foundational support for sex education may require different messages for different stakeholder groups. For example, school district administrators will likely need to connect to the school’s mission and vision, whereas teachers may need to see how sex education connects to education standards. Check out the Sample School District Message Development Tool for more.

**C. Create and document a plan.**

One successful way to establish a plan is through a Memorandum of Understanding (MOU). MOUs provide an opportunity to articulate project outcomes and expectations, including roles and responsibilities. These MOUs help to set clear goals and are an important planning document. Including details such as articulating the primary steps and including timelines and key activities ensures that all stakeholders can share not only a vision of what will change in the school district, but also when those changes – and the steps along the way – will be realized. MOUs can be especially helpful during times of turnover so that if there is a new school district liaison, they can quickly understand the project scope and have the confidence of school district buy-in that MOUs help document. Here's a [template for a MOU](#) to get you started.
### TIPS

#### D. Cultivate effective relationships with school district stakeholders.

Once the work ensues, relationship building and maintenance continue to be of paramount importance. Schools are very relational and often rely on in-person meetings to commit and engage in the work. Email and phone calls can keep some momentum going, but meeting and spending time at the school and district office are often a necessity to maintain the relationship.

#### E. Manage the fear of controversy.

Many school districts fear that community stakeholders, especially parents, will react strongly against school-based sex education. However, in practice, the fear of backlash is much greater than what actually transpires. School districts may simply need support to understand that sex education efforts are unlikely to be as controversial as they fear when planning is done well. One of the easiest ways to mitigate this fear is to conduct a short and simple parent poll to gauge the actual level of support for sex education. Despite national, state, and regional polls consistently showing broad approval for sex education, school district stakeholders often want to see those supportive responses holding true for their specific communities.

#### F. Family engagement approaches and intensity will vary by school district.

Family engagement in sex education is critical, however it is important to be thoughtful about the best way to engage parents and guardians. Before you begin, you should answer the questions “How could engaging families further our sex education efforts?” “What information would be helpful?” “When we decide to engage families, what is the best way to involve parents and guardians?” Check out these Best Practices for Family Engagement and consider what you can do before, during and after implementation of sex education efforts.
3. DESIGN

rollout plan

The purpose of this phase is to create the systems, processes, policies, and guidelines that will be the backbone of long-term, sustainable sex education.

The Four Phases

**SCAN**
current efforts and policies
The purpose of this phase is to gain an understanding of the sex education landscape to inform an action plan for sex education institutionalization.

**ENGAGE**
school districts
The purpose of this phase is to assess school readiness and ensure ownership and active participation among key school district stakeholders.

**IMPLEMENT**
sex education
The purpose of this phase is to prepare for, and actually deliver, a sex education program!
About This Phase

While the previous phase, “Engage School Districts,” creates an action plan to improve sex education (e.g., MOU with the school district), this phase results in a clear articulation of the school district’s vision and commitments for sex education, including “in the weeds” details to guide sex education implementation now and in the future. This phase of the work relies heavily on the input of the “sex education team” – the interdisciplinary team created during the Engage Phase. At the end of this phase of the work the key documents that formalize how the school district will reach and sustain its sex education goals are in place (e.g., curriculum, policy, procedures, and curriculum scope and sequence) and all key school district stakeholders are clear about the school district’s commitment and approach to sex education.

Steps to Design a Rollout Plan

<table>
<thead>
<tr>
<th>STEP</th>
<th>RESULTS</th>
</tr>
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</table>
| 1. Create the Sex Education Rollout Plan | • Sex education implementation goals and objectives defined  
• Sex education curriculum selected, procured, adapted and adopted |
| 2. Ensure Policies and Procedures are in Place to Guide and Sustain Sex Education | • School district leadership and sex education implementers review and understand existing policies and procedures that govern the teaching of sex education  
• Formal policies are in place that support sex education institutionalization  
• Procedures and regulations articulate the school district’s plan and support for sex education institutionalization |
| 3. Communicate the Sex Education Institutionalization Plan | • School district leadership are aware of and promote sex education institutionalization  
• Teachers understand their roles and responsibilities for sex education institutionalization |
Sustainability

The long-term sustainability of gains made during this phase of work is supported by:

• Clear, written documentation that are go-to resources to inform sex education instruction (e.g., via the established policies, procedures, guidance documents, and frameworks).
• Sex education responsibilities embedded into key job descriptions, establishing a basis of accountability.
• Ongoing investment and leadership support – a one-time communication strategy will not sustain the work. Be sure to keep communications consistent over time so that sex education gains don’t “fall off the radar.”
**Step 1: Create the Sex Education Rollout Plan**

**RESULTS**

- Sex education implementation goals and objectives defined
- Sex education curriculum selected, procured, adapted and adopted

The sex education rollout plan sets the vision and provides the details for sex education implementation and sustainability. The final plan may be a collection of documents including, but not limited to, sex education curriculum, policy, procedures, curriculum scope and sequence, implementation timeline, staff responsibilities, professional development requirements and annual budget. The sex education rollout plan should be easily understood by school district stakeholders to ensure there is a shared understanding of sex education at the school district among current and future staff.

**TIPS**

**A. Get a grasp of current sex education implementation and determine the school district’s sex education goals and intentions.**

Work with your sex education team to envision and then define what sex education will look like in the school district as a result of your work together. This includes determining what grade levels will receive sex education, how sex education will be built into the school day (e.g., via a PE course? health course?) and who will be responsible for teaching sex education.

Be sure that your sex education team is set up for successful participation. Bolster your team’s ability to understand, participate in, and support CSE institutionalization planning. Consider offering training to school district administrators, and others involved, so that they can contribute to planning with a strong understanding of the value of sex education and how sex education ties into academic goals.
WISEtoolkit – DESIGN STEP 1

TIPS

B. Review applicable education standards; map and align potential curricula to standards.

Involve an interdisciplinary team to choose potential sex education curricula and then conduct mapping and alignment of potential curricula to applicable standards and policies to identify the degree to which sex education curricula meet local, state, and federal guidance. Include a plan for the timing of sex education delivery and its placement within the school day and school year.

C. Integrate sex education with educational standards.

Educational standards are commonplace in public education. They provide clear expectations about what students should know and be able to do at the conclusion of specific grade levels. Consider using the Health Education Curriculum Analysis Tool or the National Sexuality Education Standards mapping and alignment tool along with your individual state standards, if applicable.

D. Select, procure, adapt, and adopt curriculum.

Based on the mapping and alignment exercise, select a curriculum that is appropriate for the student population and grade levels, and that meets the requirements and needs of the district. Be sure to consider the costs of the materials and any training requirements the curriculum provider has in place. This curriculum assessment tool can help.

Make sure you engage the right stakeholders before you commit to curricula. Curriculum adoption is a significant decision point and it is worth engaging a larger group of stakeholders beyond the core sex education team to vet and approve curricula adoption. Having the support of teachers and parents for sex education curricula adoption will facilitate the use of these instructional materials in classrooms. Be aware of and responsive to any school district instructional materials adoption requirements such as board approval. Avoid selecting curricula that are not feasible to implement due to such factors as cost, training requirements and accessibility, number of lessons and program intensity.
WISEtoolkit – DESIGN STEP 2

Step 2: Ensure Policies and Procedures are in Place to Guide and Sustain Sex Education

RESULTS

• School district leadership and sex education implementers review and understand existing policies and procedures that govern the teaching of sex education
• Formal policies are in place that support sex education institutionalization
• Procedures and regulations articulate the school district’s plan and support for sex education institutionalization

With a clear institutionalization plan in place, it is time to ensure that the school district’s guiding documents align and uphold the sex education institutionalization plan. Both the formal policies, such as those passed by a school board, and the informal processes that guide instruction, are important aspects of sex education institutionalization. Without embedding sex education into guidance documents, there are significant risks to initial buy-in and long-term sustainability. For example, teachers may not feel they have sufficient assurances that they are allowed to teach sex education, or after staff turnover the historical knowledge about how and when to implement sex education may be lost. Establishing district policies and guidelines that mandate and support sex education can have an enduring impact.

TIPS

A. Review school district policy to assess compliance with state law and school district goals.

Ideally districts have a policy in place that supports, and even mandates, the institutionalization of sex education. First, review existing school district policy to determine if the policy needs updating to comply with state-level policy or to better align with the school district’s sex education goals. Questions to ask include: “Does it comply with state policy or regulations?” “What content does the policy specify?” “When was the policy last revised?” “Does it mandate or allow for sex education?” “Is there an opt-out policy?” “Does the policy specify the grade levels in which sex education should be taught?”

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WISEtoolkit – DESIGN STEP 2

TIPS

B. Affirm or update school district policy to comply with state law and/or bolster sex education institutionalization.

After the review and assessment phase, update district policy in favor of sex education, where needed. While 21 states plus Washington D.C. require sex education to be taught, many states have state-level policies that allow, but don’t mandate, sex education. That means there’s an opportunity to require sex education at the school district level. Some states provide little guidance whatsoever, placing greater responsibility on individual districts to determine their policies for sex education in schools. There are opportunities to further strengthen sex education through the policy phase. For example, consider including sex education as a graduation requirement (or a required component of a health education requirement) to position sex education as an important academic component. Graduation requirements are often decided at the state level but it may be possible to provide tailored, localized graduation requirements.

There may be a strong, model policy to adopt. Using model school district policies that have already been developed and implemented can save time, ensure compliance with state mandates, and make the policy development process less daunting to school districts. For example, in favorable policy environments, statewide associations or departments of education may promulgate model policies, making approval relatively easy and ensuring consistency in sex education policy across districts.

C. Develop a strategy for policy adoption.

If a new or revised policy is needed, be sure to understand the process for policy change and make a plan accordingly. Identify and engage key district and community stakeholders as champions and develop a communication strategy. Ensure that partners are aware of their roles, responsibilities, available resources, and the pathway to policy approval. Involving district superintendents or other key district-level decision makers lends powerful support and brings an important internal perspective to sex education policy adoption. Some school districts may not want to tackle policy change and that might be an indicator of insufficient support for sex education. It is important to demonstrate the link between strong school district policy and long-term institutionalization. Some school districts may not be ready to enhance or create a supportive policy because they want to pilot sex education implementation first. While this might be a strategic path for some districts, it is critical that school district stakeholders understand the long-term sustainability gains that district policies foment.
D. Determine the key guidance documents and frameworks that inform school district instruction and embed sex education within them.

School districts have a wide variety of guidance documents and policies that articulate instructional expectations. For example, there might be a “scope and sequence” or pacing guide template that classes such as English or Math use to document how and when instructional units will be taught. Developing these documents with sex education-specific instructional content puts sex education documentation on par with other courses and creates an instructional map to guide sex education teaching that ensures all sex education lesson plans will be covered. Consider embedding sex education within job descriptions to ensure it is seen as a key responsibility for the role (e.g., PE teacher job description; curriculum director job description). It is also important to look to school frameworks. School frameworks include district-level or school-level improvement plans and/or strategic plans as well as state and local educational standards. Sex education must be nested within these frameworks which specify the key priorities for a particular school districts (e.g., school improvement plans) as well as what students should know and be able to do at the end of a grade (e.g., standards). Also consider including provisions for minimum ongoing professional development requirements.

Establish dedicated time in the school year to incorporate sex education. In order to ensure the sustained provision of sex education, specific time needs to be allocated for it. This way, sex education is not viewed as something that is optional or extra, but rather a planned and required activity built into the academic calendar. For some districts, this may mean including sex education as part of an existing Health or PE class (a common way to integrate sex education) while for others more creativity may be needed.
WISEtoolkit – DESIGN STEP 3

Step 3: Communicate the Sex Education Institutionalization Plan

RESULTS

- School district leadership are aware of and promote sex education institutionalization
- Teachers understand their roles and responsibilities for sex education institutionalization

Now it is time to promote and communicate the school district’s sex education plan to all stakeholders affected by sex education. This ensures they are clear regarding the district’s sex education goals, the institutionalization plan, and the supporting documents (e.g., policies and regulations), as well as their roles and responsibilities. There is often a lot of misconception about what is (and is not) allowed in terms of sex education instruction and the purpose of this step is to provide a refresher on information that hasn’t changed as well as an update on how sex education is changing in the school district and the implications at the classroom-, school-, and school district-level.

TIPS

A. Create clear, tailored communications to key stakeholders.

School district leadership and teachers may harbor fear or confusion about what sex education policies allow. Ultimately, confusion about sex education policy may result in teachers being overly cautious and opting out of critical elements of curricula. Formal policies and procedures need to be translated into practical messages, otherwise they can be ignored or forgotten. Once stakeholders understand the rationale, policy, and procedures, their comfort with and dedication to sex education implementation will increase.

Parents are an important constituent group to keep in the loop. Don’t forget to determine how best to engage parents to update them on the school district’s commitment to sex education and give them a “heads up” about what sex education students will be receiving at school.

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4. IMPLEMENT

sex education

The purpose of this phase is to prepare for, and actually deliver, a sex education program!

The Four Phases

**SCAN**
current efforts and policies

The purpose of this phase is to gain an understanding of the sex education landscape to inform an action plan for sex education institutionalization.

**ENGAGE**
school districts

The purpose of this phase is to assess school readiness and ensure ownership and active participation among key school district stakeholders.

**DESIGN**
rollout plan

The purpose of this phase is to create the systems, processes, policies, and guidelines that will be the backbone of long-term, sustainable sex education.

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About This Phase

All of the important foundational work achieved in previous phases finally leads to classroom instruction of the selected curriculum. There are also the practical, logistical challenges of coordinating staffing, scheduling instruction, and allocating sufficient time for professional development. Check out the Implementation Planning Worksheet, which can help you think through who will be delivering sex education and when.

Steps to Implement Sex Education

<table>
<thead>
<tr>
<th>STEP</th>
<th>RESULTS</th>
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| 1. Train Teachers to Provide Sex Education | • Teachers receive sex ed instruction and can access ongoing training, resources, and/or professional development  
• Teachers are ready and excited to teach sex education |
| 2. Implement Sex Education in Classrooms | • Students receive high quality sex education in classrooms |
| 3. Monitor and Review Sex Education Implementation | • There is a systematic approach to ensuring sex education is being implemented and that the sex education curriculum is a strong fit for students’ needs |

Sustainability

The long-term sustainability of gains made during this phase of work is supported by:
• A plan for new teacher and ongoing teacher training to mitigate the impact of teacher turnover and to support teachers in the long-term.
• A monitoring or accountability plan to ensure sex education implementation and that the school district maintains compliance with state and school district policy.

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Step 1: Train Teachers to Provide Sex Education

RESULTS

- Teachers receive sex education instruction and can access ongoing training, resources, and/or professional development
- Teachers are ready and excited to teach sex education

Teacher trainings will assist teachers in preparing to teach sex education, including increasing their content/curriculum knowledge, skills, and comfort level. Financial resources should be allocated, as needed, to provide trainings and to facilitate teachers’ attendance and to cover related costs such as transportation and substitute teachers. Training offerings should be ongoing and accessible to new and existing teachers. Teacher training should review relevant state and district policies and emphasize teacher comfort and skills in delivering the curriculum.

TIPS

A. Demonstrate school district leadership support.

Principals and teachers must see and feel that their administrators (e.g., superintendents and assistant superintendents) support sex education implementation. This high-level administrative support can assuage any concerns and increase teachers’ confidence in sex education delivery. One way to demonstrate this support is to have a school district leader make a guest appearance at a training to emphasize the importance of the work; another way to demonstrate the support is to have an email from an administrator that shows their support for sex education teacher training and classroom implementation.
**B. Engage teachers as partners.**

Teacher trainings are most successful when they are designed using **adult learning theory** and attend to the comfort, knowledge and skills of the group. Trainings that are highly interactive and increase teachers’ abilities to implement sexuality education by acknowledging the importance of comfort, knowledge and skill will help implementation be more successful which in turn fosters sustainability. Trainers should also keep in mind that teachers bring a rich skillset with them – they’re accustomed to adopting and implementing new curriculum and getting up to speed on new content. They often need the most support in the development of core skills (how to answer difficult questions; how to comfortably discuss sex education; how to teach lessons in a way that is inclusive of diverse students; etc.) Outstanding advice on how to best develop effective professional development is provided by Deb Christopher, Director of Professional Learning Systems at ETR can be found [here](https://www.wisetooolkit.org).

Make a plan for training new teachers. Teacher turnover or shifts of assignment are quite common. Sex education training needs to plan for both the current and future needs of teachers. This means planning to train the current cohort of teachers, as well as anticipating the training needs of future teachers who will be new to sex education or existing teachers who may need supplemental training. Solutions to the ongoing training needs of sex education teachers include: 1) creating a cadre of expert teachers who can “train up” new staff; 2) using on-line resources that cover the basic sex education information so that new teachers can access training resources as-needed; and 3) finding a local organization that can provide core skills teacher training on an as-needed basis. Don’t assume that “if you build it, they will come.” Recruitment of teachers for participation in training and professional development opportunities may require ongoing efforts and visible support of key district leaders. Create a smooth experience for attendees by making sure teachers understand the purpose and rationale for the training ahead of time so that there aren’t any surprises on the day of the training. School districts also may need to plan for teacher time out of the class, including lining up substitute teachers.
Step 2: Create the Sex Education Rollout Plan

RESULTS

- Students receive high quality sex education in classrooms

Ready, set, go! It is time to get high-quality sex education into classrooms. All the groundwork has been laid: policies and procedures are in place, the curriculum is clear, and teachers have received training. Now it’s time to deliver sex education to students in classrooms.

TIPS

A. Plan to support teachers during implementation.

Teachers must be comfortable with and confident in the curriculum they implement to ensure that sex education continues to be taught in future years. Providing an opportunity to revisit the curriculum and/or provide additional training supports teachers’ ongoing support for sex education.

Create a mechanism to monitor sex education implementation. Determine who will oversee implementation. Having a sex education accountability point person will help the school district maintain compliance with state and school district policy. Do not sever ties with teachers after training. Having access to real-time support and sustained relationships during sex education implementation allows teachers to ask questions and problem solve as unforeseen challenges arise.
WISEtoolkit — IMPLEMENT STEP 3

Step 3: Monitor and Review Sex Education Implementation

RESULTS

• There is a systematic approach to ensuring sex education is being implemented and that the sex education curriculum is a strong fit for students’ needs

Once a sex education program is in place, efforts to monitor implementation can provide accountability and ensure program continuity and quality. Monitoring could take a variety of forms including a simple worksheet teachers complete and submit to document sex education lessons taught; regular assessments of student learning related to the standards/objectives; teacher or principal evaluations; and/or structured department meetings of sex education teachers to facilitate sharing lesson plans, challenges, strategies, etc. The level of monitoring will depend on the context, capacity, and compliance measures of each site.

TIPS

A. Confirm curriculum is a good fit after implementation.

Teachers must be comfortable with and confident in the curriculum they implement to ensure that sex ed continues to be taught in future years. Providing an opportunity to revisit the curriculum and/or provide additional training supports teachers’ ongoing buy-in and support for CSE.

Create a mechanism to monitor sex education implementation. Determine who will oversee sex education implementation. Having an accountability point person will help the school district maintain compliance with state and school district policy.

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