Welcome to the Sexual Health Education Professional Development!

If you have not done so already, please complete the brief online survey that was emailed to you prior to attending this Professional Development.

Thank you
Media Policy

Training participants are not allowed to film, record, or photograph training presentations, other participants, PowerPoint slides, and training materials without prior written permission from Resource Teacher Rachel Miller.
Introduction Activity

Please share with us:

• Name
• School Site
• Comfort Level
• Share a fear or concern *(optional)*

1 = Terrified!  
10 = Confident!
Zones of Comfort

- Panic Zone
- Stretch Zone (ZPD)
- Comfort Zone
Objectives

• Become aware of **Personal Beliefs**.
• Focus on **Functional Knowledge**.
• Explain **Gender, Sex, and Sexual Orientation**.
• Create an **Inclusive Classroom**.
• Increase **Comfort, Competence, and Confidence**.
Group Agreements

- Respect
- Take risks
- Knowledge does not equal experience
- Experience does not equal knowledge
- Respect confidentiality
- You have the right to pass
- ELMO – enough, let’s move on 😊
- Have fun!!
It Was Dusk ...
Setting the Stage…

What Is Your Role As a Sexuality Educator?
What the Heck Are They Doing?
What Do YOU Believe?

What do you believe to be true about the health behaviors of students in our district?

• This is an anonymous survey.
• Read each statement carefully.
• Select Myth or Fact based on what you believe to be FACT of our students.
Youth Risk Behavior Survey (YRBS)

The YRBS is an anonymous survey, managed by the Centers for Disease Control and Prevention (CDC), and administered every other year in SDUSD high schools.

- Focuses on priority health risk behaviors among youth.
- Trend data can be used to assess the effectiveness of programs.
- Survey administration procedures are designed to protect students’ and schools’ anonymity and privacy.
- Internal reliability checks are performed by the CDC to identify the small percentage of students who falsify answers.
SDUSD 9th–12th graders in 2019:

1. **MYTH** 29.6% have had sex (ranging from 15% in 9th grade to 48% in 12th grade).
2. **MYTH** Of these students, 19.8% had sex during the last 3 months.
3. **MYTH** 32.7% had oral sex (ranging from 19.5% in 9th grade to 45.3% in 12th grade).
4. **MYTH** 20.2% are under the influence of alcohol or drugs during sex.
5. **MYTH** 54.3% used a condom during last intercourse.
6. **MYTH** 12% reported having had sex between 11-14 years old.
7. **FACT** Only 9.1% have been tested for HIV (7.2% tested for other STIs).
8. **MYTH** 10.9% describe themselves as Lesbian, Gay, or Bisexual. (4.5% identify as Not Sure, and 1.1% identify as Transgender.)
9. **FACT** 13.3% have been harassed due to being perceived as being lesbian, gay, or bisexual.
Key Messages

If you believe some of these MYTHs to be FACT, how could that impact what and how you’re teaching in your classroom?
What Works

- Family communication about sexual health
- Confidential, free, or low cost access to birth control and sexual protection
- Comprehensive sexual health education
- Public health policies based on research

Rights, Respect, Responsibility
Inclusive Sexual Health Education

inclusive [in-kloo-siv] - including a great deal, or encompassing everything concerned; comprehensive
Personal Comfort Assessment Tool
## Sex vs. Gender

<table>
<thead>
<tr>
<th>What Is Sex?</th>
<th>What Is Gender?</th>
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<tbody>
<tr>
<td>Biological sex includes hormonal, chromosomal and anatomical factors that make one male, female or intersex.</td>
<td>Gender is a broad category that includes characteristics, identity, expression and roles.</td>
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</tbody>
</table>
Gender Terminology

- **Gender Identity** – Innate sense of being male, female or neither, and may not correspond to biological sex

- **Gender Role** – Characteristics attached to culturally defined notions of masculinity or femininity

- **Gender Expression** – Outward expression of gender, such as clothing, grooming, or behavior

- **Gender Norms** – Socially constructed standards for specific genders, can often result in unrealistic expectations
Transgender Youth

Transgender is an umbrella term:

• Youth whose gender identity is different from their biological sex
• Youth who transition from one gender to the other (may or may not use medical assistance)
• Does not indicate sexual orientation
• SDUSD policy protects transgender students, their right to express their gender, and to choose school facilities and activities according to their expressed gender (AP 0114).

(NOTE – Cisgender refers to individuals whose gender identity matches the biological sex they were assigned at birth.)
Sexual Orientation

- An individual's physical and/or emotional attraction to gender(s)
- A person's sexual orientation is different from a person's gender identity.
**LGBTQIA+ Definitions**

- **L = Lesbian** Preferred term for women romantically and sexually attracted to women.
- **G = Gay** Preferred term for men romantically and sexually attracted to men.
- **B = Bisexual** Someone who is romantically and sexually attracted to people of both genders.
- **T = Transgender or “Trans”** When a person’s gender identity or gender expression does not match the person’s biological sex assigned at birth. Independent of sexual orientation.
- **NB=Non-Binary** Refers to a range of gender identities that are not strictly male or strictly female. Similar terms are “genderqueer,” “gender fluid” or “gender non-conforming”.
- **Q = Queer or Questioning**
  - Queer is historically a derogatory term, and is now being reclaimed by LGBT and gender non-conforming people as a self-affirming term.
  - Questioning refers to someone who is questioning or exploring their sexual orientation, gender, or gender expression.
- **I = Intersex** General term used to describe individuals who have a different composition of female and male hormones, chromosomes, and/or internal/external reproductive organs.
- **P = Pansexual** Preferred term for people who are attracted romantically and sexually to people of all genders, gender identities, and sexual orientations.
- **A = Asexual or Ally**
  - An asexual person is someone who does not experience sexual attraction.
  - An ally is someone supportive of LGBTQIAP individuals and their equal rights and treatment.
COMPONENTS OF SEXUALITY

Identity

Attraction

Behavior
Safe Campuses?

*Of those students who identified as lesbian, gay, or bisexual:*

- 10.0% did not attend school because they felt unsafe (7.0%*)
- 24.3% have been bullied at school (12.3%*)
- 62.8% felt sad/hopeless and stopped doing regular activities (31.0%*)
- 38.9% considered attempting suicide (14.1%*)
- 17.2% attempted suicide (6.5%*)
- Higher rates of eating disorders, alcohol, nicotine, and other drug use, and sexual activity and intimate partner violence

*Rate of heterosexual-identified students*
Being LGBTQ Is Not an Inherent Risk Factor

Social Stigma
Discrimination
Unsafe Schools
Ineffective Providers
Non-Accepting/Rejecting Family

Behavior Risks
Protective Laws and Policies for LGBTQ Youth

All students have the right to feel safe on our campuses.

- Federal Title IX law prohibits discrimination on basis of gender, gender expression, and sexual orientation.
- Sexual orientation, gender identity, and gender expression included in anti-bullying and non-discrimination laws and policies (AB 537 and AP 6381).
- Pupils are allowed to participate at school according to their expressed gender identity (AB 1266 and AP 0114).
- Schools are required to allow GSA Clubs on campus if they allow clubs.
- A student’s gender identity, gender expression and/or sexual orientation must remain confidential unless the student explicitly states otherwise (AP 0114).
Protective Laws and Policies for Gender Nonbinary Youth

*All gender identities are legally recognized in California.*

- California will legally recognizes “nonbinary” as a third gender option ([SB 179](https://leginfo.legislature.ca.gov/faces/billSynopsisHome.cfm?billType=S%20B%20&year=2019&billNo=179), effective January 1, 2019).
- Law makes it easier for people to change gender on state identification and birth certificates, and establishes a “nonbinary” designation on legal documents such as birth certificates, driver’s licenses, and state identification.
- Gender markers on state-issued documents are M, F, or X.
- SDUSD is working on changing student information systems and forms to accommodate a gender nonbinary option.
Online Bullying Reporting Form

www.sandiegounified.org/ReportBullying

• School personnel are required to intervene when they witness acts of bullying (AB 9 “Seth’s Law”).

• For students, parents, community members to easily report student bullying.

• Email sent to school Principal, Office of Youth Advocacy, and Quality Assurance.

• Link is on every school’s website on the bottom of the left navigation.
How can you be inclusive in your classrooms?

Brainstorm 3 things that you can do to make your classroom more inclusive!
Time for a BREAK
PROTECTIVE LAWS AND POLICIES FOR SEXUAL HEALTH EDUCATION

Sexual Health Education Program
ASB, Athletics, Physical Education, and Sexual Health
SAN DIEGO UNIFIED SCHOOL DISTRICT’S
SEXUAL HEALTH EDUCATION PROGRAM

- Implements Sexual Health Education in all schools grades 6, 8, and 10/Biology.

- Facilitates students seeking Sexual Health Services in the community.

- Supports Safe and Supportive Environments for all students.
# Sexual Health Education Requirements

## CA State Requirements

- Required once in middle school and once in high school
- Promote sexuality as normal part of human development
- Age appropriate and medically accurate
- Inclusive and free of bias
- Communication with parents
- Instructors trained

## SDUSD Requirements

- **Grade 6** – 10 lessons
- **Grade 8** – 10 lessons
- **Grade 10/Biology** – 10 lessons
- **Grades 9, 11, 12** – 1 lesson
  - Gender and Sexual Orientation
  - STI and HIV Prevention
  - Consent and Relationship Rights

(AB 329, CA Ed Code 51930)
KEY MESSAGES

- Emphasis on abstinence and delayed onset
- Healthy, committed, monogamous relationships

- If/when sexually active:
  - Condom use
  - Contraception
  - Regular STI/HIV testing
Parents must be notified of instruction and chance to preview materials:

- Letter included in enrollment packet and communication blast
- Notify again at least 14 days prior to instruction
- Suggest holding the Parent Preview at Open House
- Hosted by staff who will be implementing the curriculum
- Preview materials on website

(Site Ops 1006, CA Ed Code 51938)
PASSIVE CONSENT ("OPT OUT")

❖ Parent/guardian has right to excuse child from the comprehensive sexual health instruction.

❖ Parent/guardian provides written note to teacher.

❖ Consent is assumed if parent was properly notified and does not request exemption in writing to school.

❖ Instructions for parents and staff on website.

(CA Ed Code 51938)
CONFIDENTIAL HEALTH SERVICES FOR MINORS IN CALIFORNIA

Minors of any age may consent to:
- Reproductive care: pregnancy testing, birth control, condoms, and abortion
- Medical care related to pregnancy

Minors 12 years or older may consent to:
- Testing and treatment for STIs and HIV, including PrEP and HPV vaccine
- Outpatient mental health or ATOD services

Students may be released from school to seek confidential care without parent notification or consent.
- Ed Code 46010.1, 48205.a.3
- SDUSD Administrative Procedure 6156
- Guidelines for Releasing Students for Confidential Medical Care

(Adolescent Health Working Group)
**Availability of Condoms Policy**

- **Condoms distributed:**
  - By trained School Nurses only
  - To secondary students only (grades 6-12)

- **Parents:**
  - Will be notified of the policy via Facts for Parents
  - Can opt their student out of the program by writing a letter to their School Health Office

- **CA law allows people of any age to obtain condoms confidentially.**

- **Information included in all sexual health units.**

(BP 5141.25(a))
CONFIDENTIALITY IN SCHOOLS

- Adults not normally in classroom are not allowed to observe during sexual health instruction (i.e., parents, administrators).

- HIV status is confidential for staff and students.

- Pregnancy reported directly to nurse or counselor is confidential.

- Other staff may only report pregnancy to nurse or counselor unless there is a medical emergency (AP 4255).

- A student’s gender identity, gender expression and/or sexual orientation should remain confidential unless the student explicitly states otherwise (AP 0114).
Sexual activity alone, including pregnancy, does not necessarily imply sexual or child abuse.

“Unlawful Sexual Intercourse” (a person under 18 years having consensual sex) will typically not be prosecuted.

Child abuse must be reported:
- Any sexual intercourse involving a minor (under the age of 18 years) that was coerced or involuntary.
- Follow district’s Mandated Reporter protocol.
- When in doubt, report the incident.
SEXUALLY TRANSMITTED DISEASES
TIME FOR LUNCH
SUPPORTING HEALTHY RELATIONSHIPS
Our Student’s Experiences …

• 20% said that their partner had purposely tried to control them or emotionally hurt them within the year. (*38.7%)

• 10.4% were forced by their partner to do sexual things that they did not want to do within the year. (*22.6%)

• 6.1% were physically hurt on purpose by their partner within the year.

• LGB identified students are experiencing more sexual and emotional dating violence than their heterosexual peers.

*Rate of Gay, Lesbian, or Bisexual identified students

2019 YRBS SDUSD Grades 9-12
Trauma Informed Instruction

- Be aware of the impact of trauma and a person’s individualized response.
- Recognize that all responses to trauma are normal.
- Work to create a sense of safety by being mindful of the environment, language, policies, and approaches to working with people in trauma.

Trauma explains behavior.
Trauma does not excuse behavior.
Relationship Violence

Types

- Emotional, verbal
- Physical violence
- Sexual assault, rape
- Human trafficking
# Relationship Violence

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Warning Signs</th>
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<tbody>
<tr>
<td>• Culture of acceptance</td>
<td>• School performance</td>
</tr>
<tr>
<td>• Age</td>
<td>• Change in behavior</td>
</tr>
<tr>
<td>• Family life</td>
<td>• Change in appearance</td>
</tr>
<tr>
<td>• Wants and needs</td>
<td>• Substance abuse</td>
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</table>
Sexual Harassment

*Unwanted:*  
- Sexual comments or innuendos  
- Sexual gestures  
- Discussions of sexual activity  
- Pornography in texts/notes/emails/posts  
- Repeated requests for dates or sexual activity

*The recipient determines if the behavior is unwanted!*
Consent

Affirmative Consent – “Yes means Yes”

• Voluntarily Agrees
• Given Every Time
• Continuous
• Can Be Withdrawn
• Consent Cannot Be Given.....
  - Under the influence
  - Passed Out/Unconscious/Sleeping
  - Under Direct or Implied Threat
  - Disability May Impact Understanding
What Is a Healthy Relationship?

A healthy relationship is based on:

- **Communication** – Talking to partners without fear.
- **Respect** – Partners’ values, wishes and feelings are important.
- **Compromise** – Disagreements happen even in healthy relationships, and it is important to communicate and come to a mutual agreement.
- **Support** – Relationships are about building each other up, not putting each other down.

*Office of Adolescent Health, Healthy Relationships, 2013*
BRAINSTORM:

What Can You Do To Promote Healthy Relationships in Your Classroom?
# What Can You Do?

## Immediately
- Stop behavior every time
- Private conversation with student(s)
- Group discussion
- Contact administration
- Contact parent/guardian (if appropriate and safe)

## Referrals
- Refer to School Nurse, Counselor, Psychologist, Administrator
- *Student Support* website
- Guest speakers and videos (pre-approved by our program)

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*Report student-generated sexual harassment and relationship violence suspicions to School Principal immediately!*
Community Resources

• CSEC
  • Community Awareness Events (district) Childcare and translation provided
    • Marshall Middle Jan 22, 2020 4-6pm
    • Mann Middle Jan 22, 2020 4-6pm
  • Educator training Nov 19, 2019 or March 24, 2020
  • Watch newsletter for other training opportunities!

• Trauma-Informed Instruction
  • Teacher/School toolkits (link posted on Google Classroom)
REPRODUCTIVE ANATOMY REVIEW
RATIONALE

• Medically accurate knowledge of reproductive anatomy and physiology is important for the discussion of:
  – Sexuality as a normal part of human development
  – STI/HIV and pregnancy prevention

• Use inclusive language as much as possible when referring to body parts.

• Anatomy refers to body parts.

• Physiology refers to how the parts function.
REPRODUCTIVE ANATOMY OF PEOPLE WITH A PENIS

“Male Reproductive Anatomy”
REPRODUCTIVE ANATOMY OF PEOPLE WITH A VULVA

“Female Reproductive Anatomy”
Front View

1. Ova / Egg
2. Ovary
3. Fallopian Tube
4. Uterus
5. Cervix
6. Vagina
7. Vulva
8. Labia
External View

Mons Pubis

Labia majora

Labia minora

Clitoral hood

Clitoris

Urethral opening

Vaginal opening

Anus
FERTILIZATION

Egg

Zona pellucida

Follicle cells

Sperm

Only one sperm reaches the egg
IMPLANTATION

- Embryo divides
- Moves towards uterus
- Blastocyst stage
- Blastocyst hatches
- Fertilization
- Implantation
- UTERUS
Keeping It Real
Realities of the classroom

How can you keep it real?

- Never enough time to teach everything
- Focus on what students really need to know
- Want to guide students to making independent decisions
Answering Student Questions

Types of Questions:
1) Requests for Information
2) Am I Normal/Permission
3) Shock

Be aware of red flags!
Guidelines for Answering Questions

• Provide opportunity for anonymous questions.
  ➢ Use anonymous question box or envelope.

• Read questions prior to answering.

• Answer all questions, if possible.

• Use simple, accurate, inclusive language.

• Values questions should be referred to parents/trusted adults.

• Decline to answer personal questions.
Focus on Functional Knowledge

1. Use **simple** language.
2. Provide **only what they need** to make healthy choices.
3. Keep information **relevant** to them.
4. Understand the youth’s language and **intent**.
5. Know when to make **referrals to others** (i.e., counselors, nurses, community agencies).
Is it okay to masturbate?

• What might be the intent of the question?
• What knowledge do they need to make healthy choices?
• How could you make your response inclusive of all students?

How would you respond?
What does semen taste like?

- What might be the **intent** of the question?
- What **knowledge** do they need to make healthy choices?
- How could you make your response **inclusive** of all students?

**How would you respond?**
How do gay people have sex?

• What might be the intent of the question?
• What knowledge do they need to make healthy choices?
• How could you make your response inclusive of all students?

How would you respond?
What is porn?

- What might be the intent of the question?
- What knowledge do they need to make healthy choices?
- How could you make your response inclusive of all students?

How would you respond?
Let’s Practice!

• Work within your table group.
• Read and practice answering questions out loud in their small group.
• As a group, select one challenging question to share with the larger group.
Your Sample Question?

• What might be the intent of the question?

• What knowledge do they need to make healthy choices?

• How could you make your response inclusive of all students?

*How would you respond?*
Sexual Health Education Summary

- Functional Knowledge
- Focus on what’s probable and not possible
- Be inclusive
- Be aware of your “stuff”
- Look out for red flags:
  - Warning signs
  - Mandated reporting
  - Confidentiality
  - Referring
## Contact Information

### Resource Teacher

- Summer Hellewell
- Sexual Health Curriculum and Training
- Teacher Supports
- (619) 725-5583
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### Resource Teacher

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- Program Coordinator
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