

Vista School Board Meeting

February 22, 2024 Agenda

Location: 585 East Center, Ivins, UT 84738

Webex Link: <https://www.vistautah.com/board/board-meeting-live-stream/>

Board members present:

Others present:

CALL TO ORDER: Welcome and Introductions - Michelle Walter

APPROVAL OF MINUTES

PUBLIC COMMENTS

BOARD CALENDAR

Next Board Meeting - March 28th @ 6 pm, training at 5:30

REPORTS

Director's Report - Justin Blasko

100 Day Plan

Enrollment and Lottery Update

Academic Progress

Faculty/Staff Changes

Upcoming and Past Events

Financial Report - Troy Bradshaw

Committee Reports (Finance, Audit, Governance)

DISCUSSION/ACTION ITEMS

Carnegie Learning Math Presentation by Andrew Roberts

2024-2025 Academic Calendar

LEA Specific-Christi Smith

Grievance Policy

School Land Trust Annual Report for 2023

COMMENTS FROM THE ADMINISTRATION TEAM

CLOSED SESSION for reasons stated in Utah Code 54-4-204 to review the competency or character of an individual.

	Enrolled February 2024	Number of returning for 24-2025	Number of accepted invitations from Feb. 5 lottery for 22-2025	Total returning + accepted invitations	October 1st Target 2024-2025	Number on waiting list and/or waiting to be lottered
Kindergarten	93		71		100	17
1st Grade	104	80	8	88	100	4
2nd Grade	103	95	4	99	100	12
3rd Grade	113	107	5	112	100	9
4th Grade	116	103	5	108	112	14
5th Grade	116	115	3	118	112	15
6th Grade	138	116	22	138	145	4
7th Grade	136	136	4	140	145	0
8th Grade	116	120	3	123	128	2
9th Grade	70	83	0	83	80	0
Total	1105	955	125	1009	1122	77

Vista School

Profit & Loss Budget Overview

July 2023 through January 2024

	<u>Jul '23 - Jan 24</u>	<u>Budget</u>	<u>\$ Over Budget</u>	<u>% of Budget</u>
Ordinary Income/Expense				
Income				
1000 · Local Revenue	752,365.25	584,934.22	167,431.03	128.62%
3000 · State Revenue	6,670,306.96	11,223,793.45	-4,553,486.49	59.43%
4000 · Federal Revenue	239,656.64	1,356,730.90	-1,117,074.26	17.66%
Total Income	<u>7,662,328.85</u>	<u>13,165,458.57</u>	<u>-5,503,129.72</u>	<u>0.58</u>
Gross Profit	7,662,328.85	13,165,458.57	-5,503,129.72	58.2%
Expense				
10 · INSTRUCTION	3,759,378.46	6,728,585.86	-2,969,207.40	55.87%
21 · STUDENT SUPPORT SERVICES	205,074.08	397,814.79	-192,740.71	51.55%
22 · SUPPORT SERV. INSTR. STAFF	106,275.04	251,768.40	-145,493.36	42.21%
23 · SUPPORT SERVICES-BOARD	9,185.00	10,000.00	-815.00	91.85%
24 · SUPPORT SERV. ADMINISTRATION	380,251.85	800,381.94	-420,130.09	47.51%
25 · SUPPORT SERV. CENTRAL	281,005.50	540,998.07	-259,992.57	51.94%
26 · SUPPORT SERV. OPER. & MAINT.	305,370.77	607,055.82	-301,685.05	50.3%
27 · STUDENT TRANSPORTATION	70,010.60	91,416.46	-21,405.86	76.58%
31 · FOOD SERVICES LUNCH	199,042.70	469,330.95	-270,288.25	42.41%
33 · After School Program	72,324.38	62,835.34	9,489.04	115.1%
45 · BLDG AQUISITION & CONSTRUCTION	837,884.25	1,211,616.58	-373,732.33	69.15%
51 · Debt Service	1,235,994.58	1,678,246.66	-442,252.08	73.65%
Total Expense	<u>7,461,797.21</u>	<u>12,850,050.87</u>	<u>-5,388,253.66</u>	<u>58.07%</u>
Net Ordinary Income	<u>200,531.64</u>	<u>315,407.70</u>	<u>-114,876.06</u>	<u>63.58%</u>
Net Income	<u><u>200,531.64</u></u>	<u><u>315,407.70</u></u>	<u><u>-114,876.06</u></u>	<u><u>63.58%</u></u>

2024-2025 Calendar

Membership Days 180

Copy From Track

Save

July 2024

S	M	T	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August 2024

S	M	T	W	Th	F	Sa
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4	5	6	7	8	9	10
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18	19	20	21	22	23	24
25	26	27	28	29	30	31

September 2024

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22	23	24	25	26	27	28
29	30					

October 2024

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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November 2024

S	M	T	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December 2024

S	M	T	W	Th	F	Sa
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

January 2025

S	M	T	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
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26	27	28	29	30	31	

February 2025

S	M	T	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

March 2025

S	M	T	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April 2025

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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

May 2025

S	M	T	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

June 2025

S	M	T	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Terms **Events** Cycle Periods Show All

Always Show

Click a date on the calendar to add an event.

- Legal Holiday** 4
- Staff In-Service** 5
- Minimum Day** 41
- Pupil Holiday** 21
- Teacher Work Day

A M N N N

Health I – Strand 6 Human Development

Table of Contents (Click to skip to the standard)

[Standard 1- Describe the physical, social, cognitive, and emotional changes of adolescence and recognize the individual differences in growth and development, physical appearance, self-identity, and attraction.](#)

[Standard 2-Describe the anatomy, physiology, and ways to care for the reproductive system. **Includes Standard 5*](#)

[*Female*](#)

[*Male*](#)

[Standard 3-Define and describe the mental, emotional, physical, and social benefits of practicing sexual abstinence.](#)

[Standard 4-Understand the process of pregnancy, practices for a healthy pregnancy, and pregnancy prevention.](#)

[Standard 5-Identify common reproductive conditions and diseases, including cancers. **Included in Standard 2*](#)

[*Female*](#)

[*Male*](#)

[Standard 6-Identify practices for prevention of common sexually transmitted diseases & infections \(STD/STI\) **With 4b**](#)

[Standard 7-Identify accurate and credible sources of information about sexual health, development, relationships, harassment, and abuse and identify who and where to turn to for help \(for example, parent, relative, clergy, health care provider, teacher, counselor\).](#)

[Standard 8-Recognize characteristics of healthy and unhealthy relationships.](#)

[Standard 9-Recognize harassment, abuse, discrimination, and relationship violence prevention and reporting strategies.](#)

Student Printable Resources

[Standard 1](#)

[**Standard 2**](#) [Female](#) [Male](#)

[Standard 3](#)

[**Standard 4a pregnancy**](#) [4c Safe haven](#)

[**Standard 5**](#) [Female](#) [Male](#)

[Standard 6 & 4b](#)

[Standard 7](#)

[Standard 8](#) [8a](#) [8b](#) [8c](#)

[Standard 9](#) [9b](#) [9c&d](#)

Even though it seems awkward, your body is maturing now and you will be making big decisions as you become an adult. The information you learn now will help you make good choices in your future to help you be healthy.

Ground rules for class participation

- ★ To minimize distractions, clear desks except any materials you have been asked to use.
- ★ Respect each other's point of view, even if it is different from yours.
- ★ Raise your hand.
- ★ Your thoughts are important and we don't want to miss anyone's ideas by having several people talk at once.
- ★ Confidentiality. Do not use names or other identifying information when speaking about unhealthy relationships involving friends or family members.
- ★ Share all the educational information with your parents.

Standard 1

Describe the physical, social, cognitive, and emotional changes of adolescence and recognize the individual differences in growth and development, physical appearance, self-identity, and attraction.

Concepts and Skills to Master

- Identify and compare changes occurring to teenagers physically, cognitively, emotionally, & socially.
- Growth & development charts and explain the genetic influence involved.
- List changes that occur during puberty with relationships, abilities, emotions, and responses.

Before we begin

Standard 1, please fill out the true or false section on the front of your brochure with what you think the answers are.

True or False? What do you think?

- 1) Cognitive Growth is a person's ability to reason and think beyond that of concrete thinking towards logical operations.
- 2) The adolescent growth spurt usually lasts five or six years.
- 3) Adolescents develop at the same rate and this is completely normal.
- 4) Adolescence begins with puberty, which refers to specific developmental changes that lead to the ability to reproduce.
- 5) The front part of the brain, the prefrontal cortex, is the first to change as a teen matures.





You are going to change a lot during your teenage years. These changes will be physically, cognitively, emotionally and socially.

It's important to know that adolescents develop at different rates and these differences are normal.

In general, girls start at age 10 or 11. Boys start at age 12 or 13.

- Identify and compare changes occurring to teenagers physically, cognitively, emotionally, & socially.



Physical Growth Marker: Body changes that occur because of changes in hormones.

Social Growth Marker: Changes in personality and the capacity to interact with others in socially-appropriate and culturally-sensitive ways.

Cognitive Growth Marker: Adolescence marks a person's ability to reason and think beyond that of concrete thinking towards logical operations.

Emotional Growth Marker: The feelings a person has that are associated with physical, social and cognitive changes.

These aspects of development can occur at different stages of the lifespan. People go through various growth spurts in each area often at different times. The combination of the physical, social, cognitive and emotional changes makes an individual unique and different from others.



Physical Changes

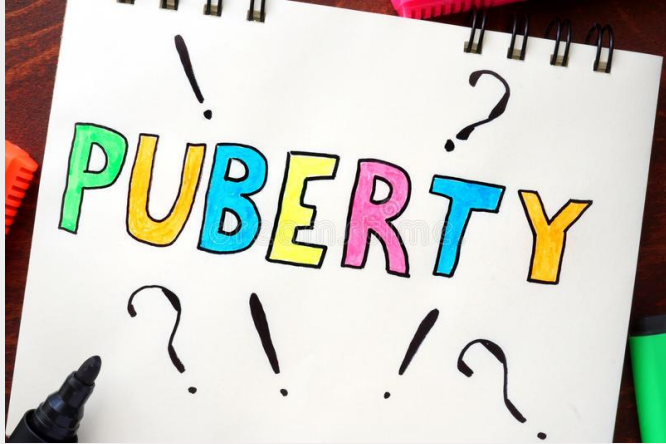
The adolescent growth spurt usually lasts two or three years.

During this time, most adolescents grow 8 to 12 inches in height.



Among students in the same grade level, height differences of a foot or more are not unusual.

Physical Changes



Adolescence begins with puberty, which refers to specific developmental changes that lead to the ability to reproduce.

During puberty, adolescents develop primary sex characteristics (directly involved in reproduction) and secondary sex characteristics (not directly involved in reproduction).

We will learn more about these changes in a later lesson.

Cognitive Changes



What is Cognitive Development?

Cognitive development means the development of the ability to think and reason.

Children ages 6 to 12, usually think in concrete ways (concrete operations). This can include things like how to combine, separate, order, and transform objects and actions.

Adolescence marks the beginning development of more complex thinking processes (also called formal logical operations). This time can include abstract thinking the ability to form their own new ideas or questions. It can also include the ability to consider many points of view and compare or debate ideas or opinions. It can also include the ability to consider the process of thinking.

Cognitive Changes

Typical Cognitive Changes During Adolescence

During adolescence (between 12 and 18 years of age), the developing teenager gains the ability to think systematically about all logical relationships within a problem. The transition from concrete thinking to formal logical operations happens over time.

Every adolescent progresses at their own rate in developing their ability to think in more complex ways. Each adolescent develops their own view of the world. Some adolescents may be able to apply logical operations to school work before they are able to apply them to personal problems.

When emotional issues come up, they can add an additional level of complexity for an adolescent's cognitive reasoning. The ability to consider possibilities, emotions, and facts, may impact decision making, in positive or negative ways.

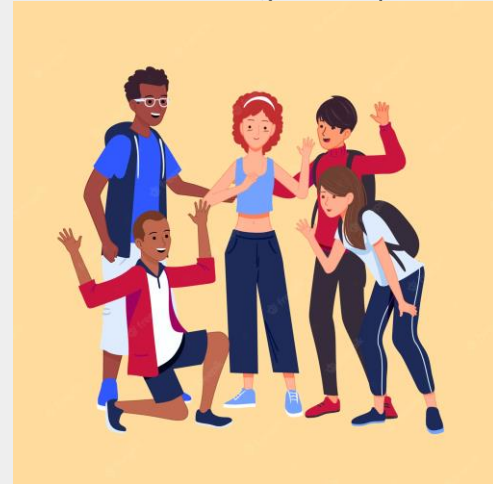


Cognitive Changes

Early Adolescence

During early adolescence, the use of more complex thinking is focused on personal decision making in school and home environments. This can include:

- Begins to demonstrate use of formal logical operations in schoolwork.
- Begins to question authority and society standards.
- Begins to form and verbalize their own thoughts and views on a variety of topics. These are usually more related to their own life, such as:
 - Which sports are better to play
 - Which groups are better to be included in
 - What personal looks are desirable or attractive
 - What parental rules should be changed



Cognitive Changes



Middle Adolescence

The focus of middle adolescence often includes more philosophical and futuristic concerns.

Examples may include:

- Often questions and analyzes more extensively
- Thinks about and begins to form their own code of ethics (such as, What do I think is right?)
- Thinks about different possibilities and begins to develop own identity (such as, Who am I?)
- Thinks about and begins to consider possible future goals (such as, What do I want?)
- Thinks about and begins to make their own plans
- Begins to think long term
- Begins to consider how to influence relationships with others

Cognitive Changes

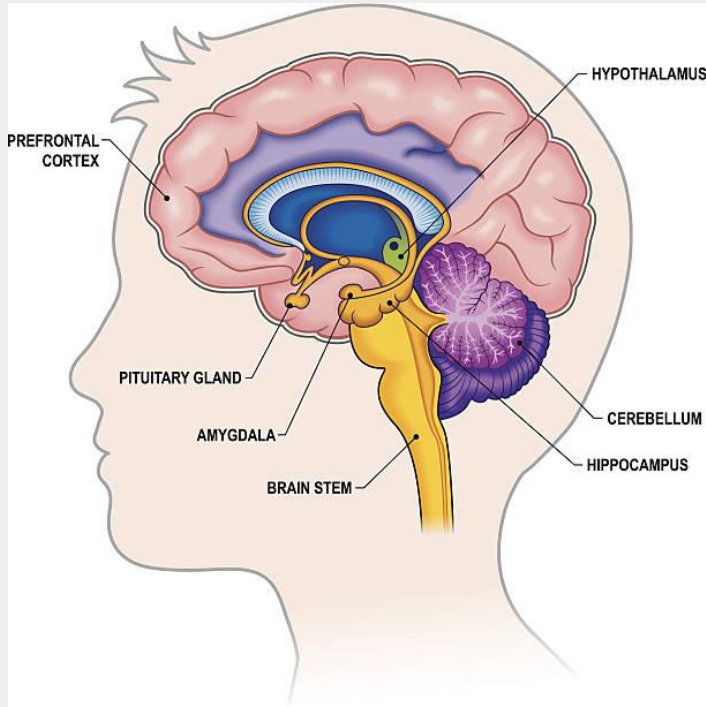
Late Adolescence

During late adolescence, complex thinking processes are used to focus on less self-centered concepts and personal decision making. Examples may include:

- Increased thoughts about more global concepts such as justice, history and politics
- Develops idealistic views on specific topics or concerns
- Debates and develops intolerance of opposing views
- Begins to focus thinking on making career decisions
- Begins to focus thinking on emerging role in adult society



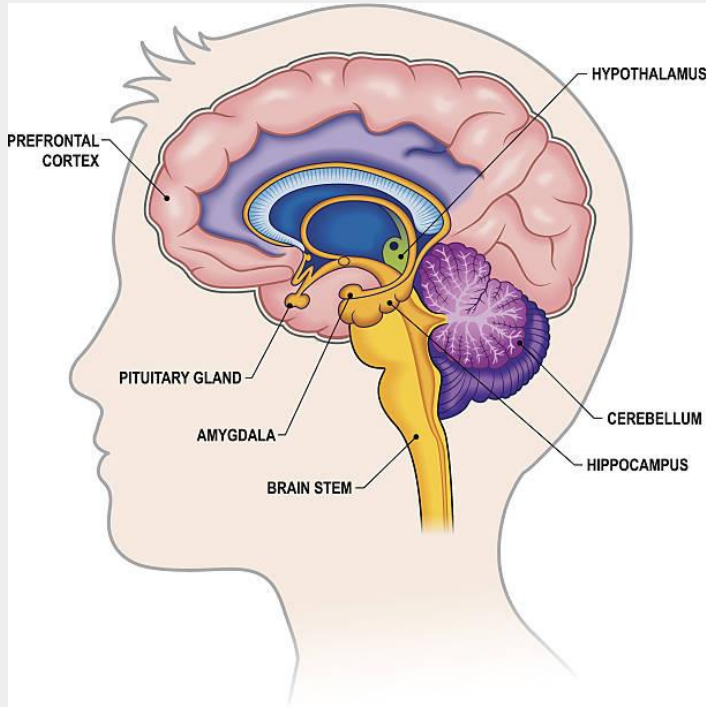
Emotional Changes



As children grow into teenagers, their brains develop. Although a 6-year-old will have a brain that is almost the size of an adult's brain, it is not yet fully formed and doesn't function like an adult brain. A process of brain remodelling happens throughout childhood, but most of it occurs during the teenage years and into the mid-20s. Brain remodelling doesn't always correspond with when a child experiences puberty, so you may notice changes in mood before you see physical changes, or vice versa.

The main change that occurs in a teen's brain is that some neural connections are strengthened, while others weaken. This means the processing section of your brain (also known as 'grey matter') is becoming more efficient in the way it manages information.

Emotional Changes



The process of remodelling connections begins at the back of the brain. The front part of the brain, the prefrontal cortex, is the last to change. The prefrontal cortex is the part of the brain that regulates decision making. It is responsible for your child's ability to plan and think about the consequences of their actions or impulses, and to solve problems.

Since this part of the brain is the last to change, teen behaviour often comes across as impulsive and uncontrolled. Sometimes it can even come across as aggressive.

Social Changes

Social world becomes extremely important to teens. This will include new friends, coaches, teachers, boyfriends, girlfriends, and a taste of what adult life looks like.



What does social development impact?



Brainstorm examples of changes that occur during puberty with relationships, abilities, emotions, and responses

True or False? What did you learn?

- 1) Cognitive Growth is a person's ability to reason and think beyond that of concrete thinking towards logical operations.
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- 5) The front part of the brain, the prefrontal cortex, is the first to change as a teen matures.



Standard 2

Describe the anatomy, physiology, and ways to care for the reproductive system.

Concepts and Skills to Master

- Label and give functions of the reproductive system.
- Include common problems which happen to these body systems.

Female Reproductive System

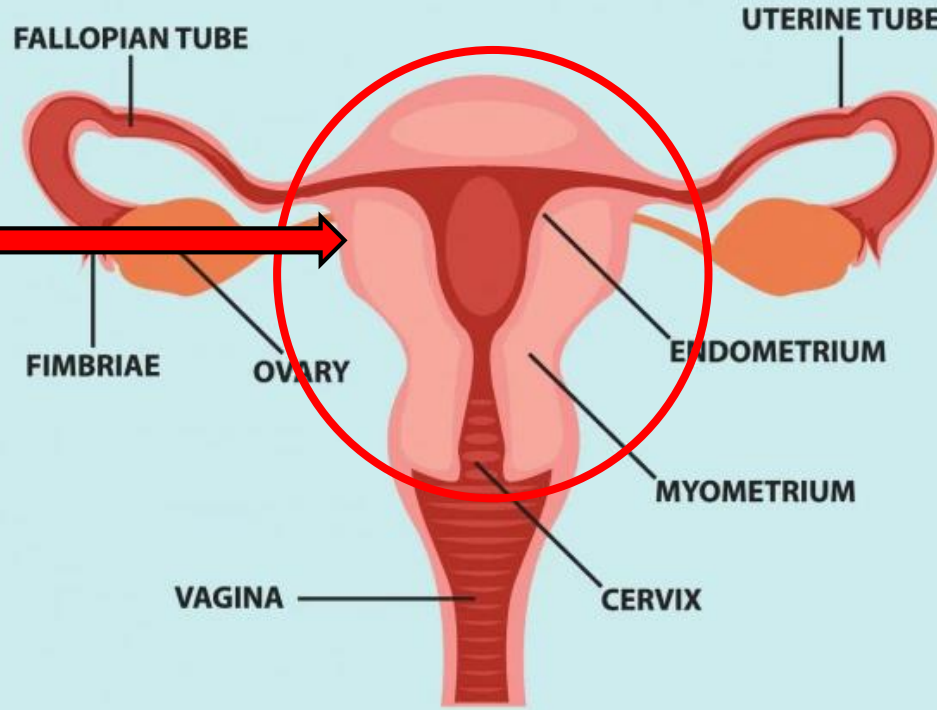
The female reproductive system consists of internal and external organs. It creates hormones and is responsible for fertility, menstruation and sexual activity.

What is the female reproductive system?

The female reproductive system is comprised of the body parts that help women:

- Have sexual intercourse.
- Reproduce.
- Menstruate.

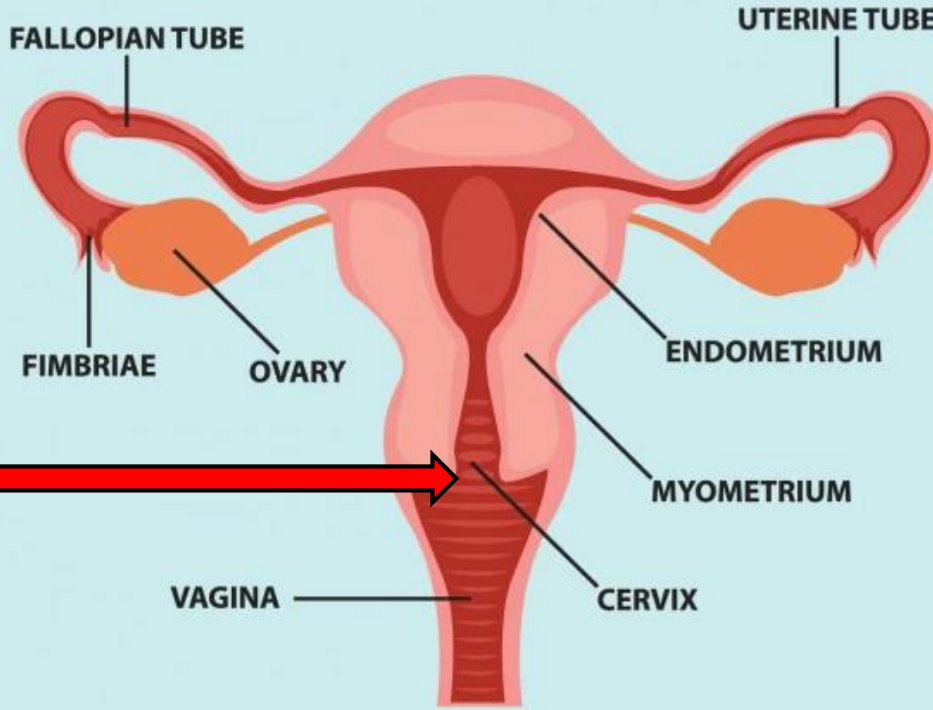
FEMALE REPRODUCTIVE SYSTEM



Uterus

The uterus is a pear-shaped organ in the reproductive system. It's where a fertilized egg implants during pregnancy and where the baby develops until birth. It's also responsible for the menstrual cycle. It is composed of three layers: endometrium, myometrium, and perimetrium.

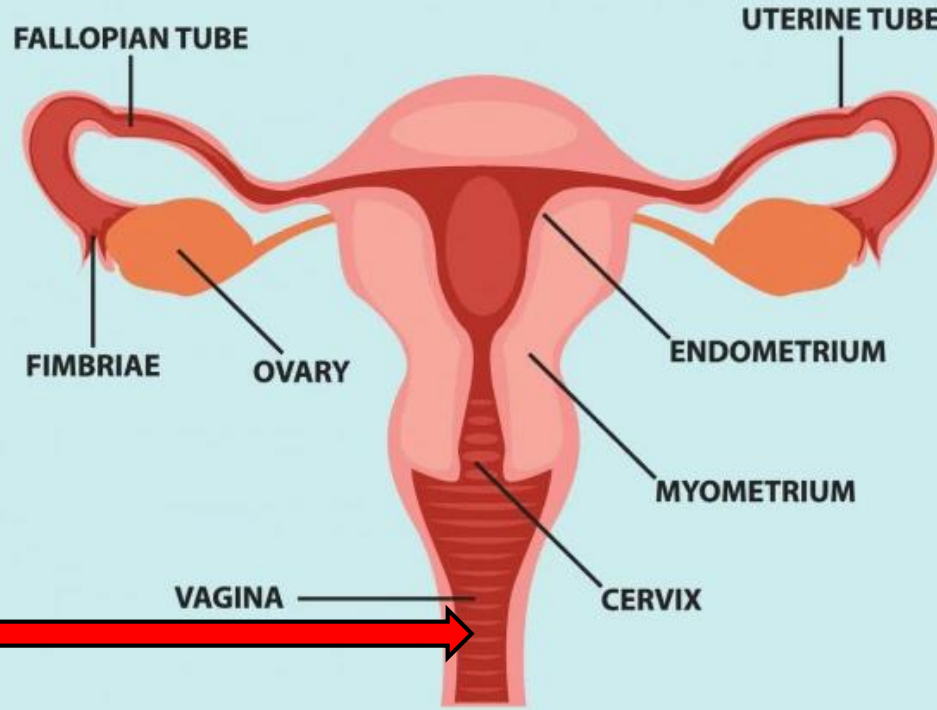
FEMALE REPRODUCTIVE SYSTEM



Cervix

Lowest part of your uterus. A hole in the middle allows sperm to enter and menstrual blood to exit. Your cervix opens (dilates) to allow a baby to come out during a vaginal childbirth. Your cervix is what prevents things like tampons from getting lost inside your body.

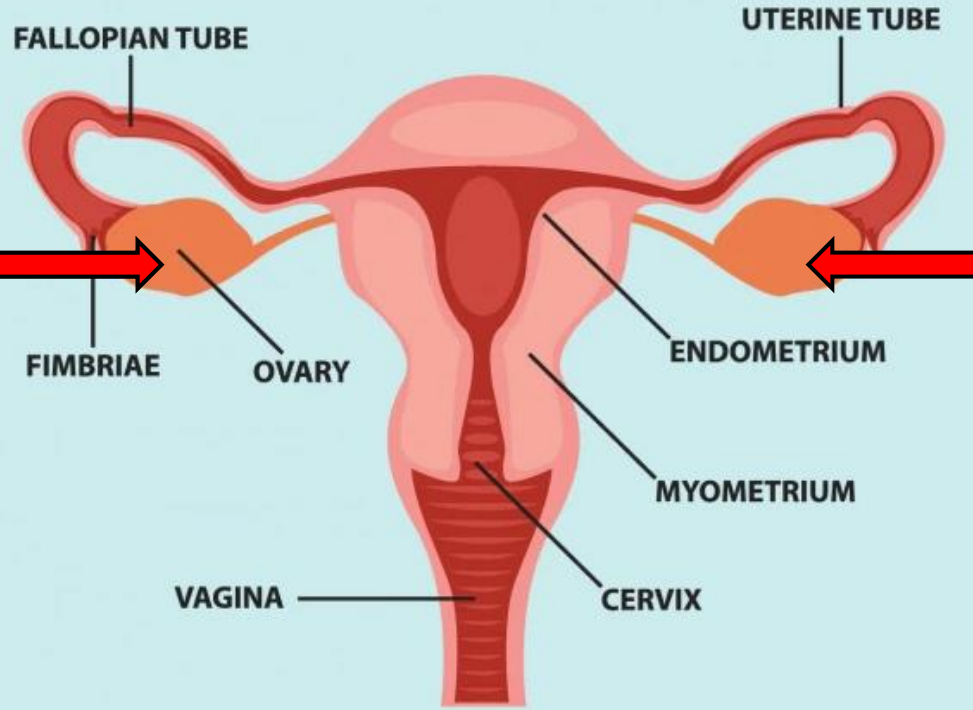
FEMALE REPRODUCTIVE SYSTEM



Vagina

Muscular canal that joins the cervix (the lower part of uterus) to the outside of the body. It can widen to accommodate a baby during delivery and then shrink back to hold something narrow like a tampon. It's lined with mucous membranes that help keep it moist.

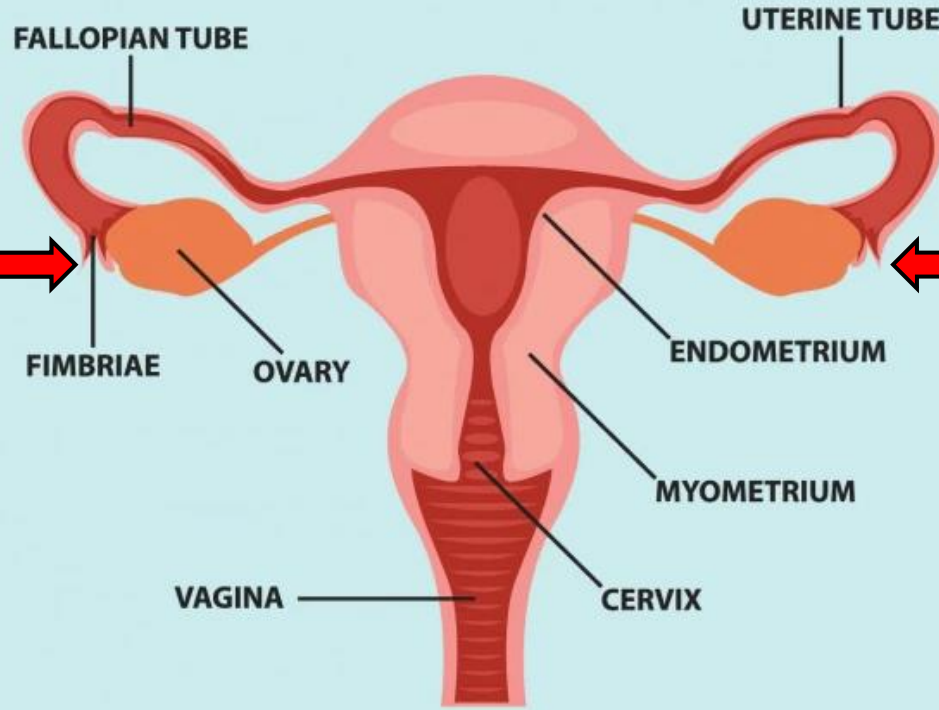
FEMALE REPRODUCTIVE SYSTEM



Ovaries

Small, oval-shaped glands that are located on either side of your uterus. Your ovaries produce eggs and hormones

FEMALE REPRODUCTIVE SYSTEM



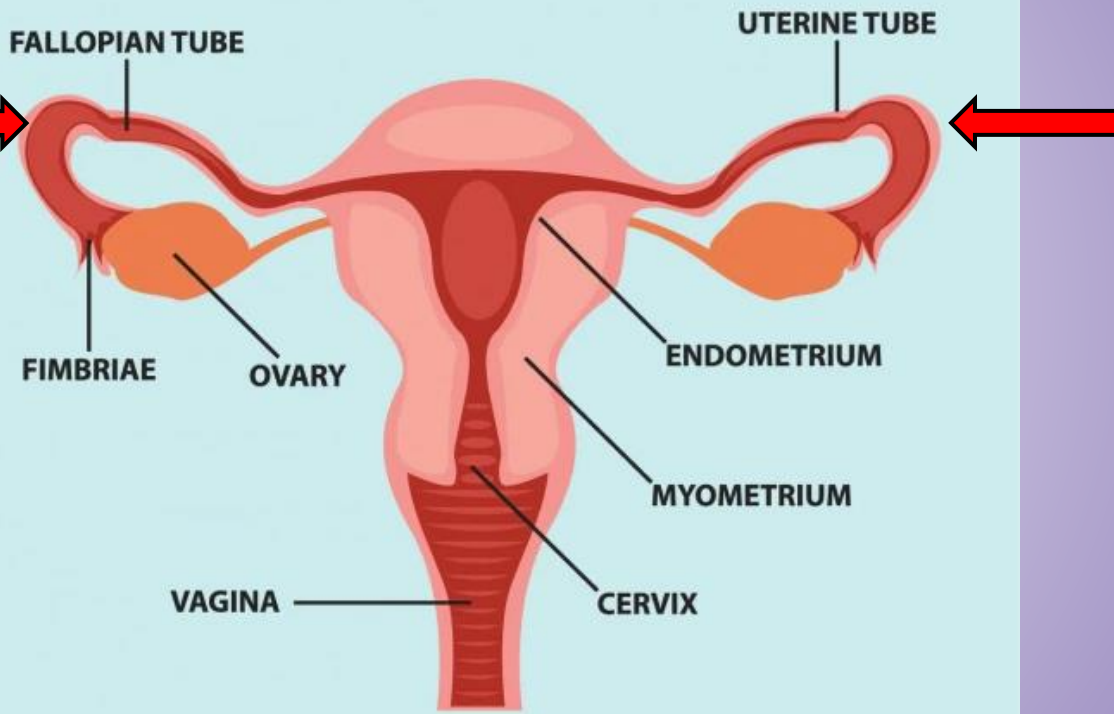
Fimbriae

Fimbriae are finger-like projections on the ends of your fallopian tubes closest to your ovaries. Each month, your fimbriae catch the egg that one of your ovaries releases during ovulation. Your fimbriae then sweep the egg (ovum) into the fallopian tube where the egg can be fertilized.

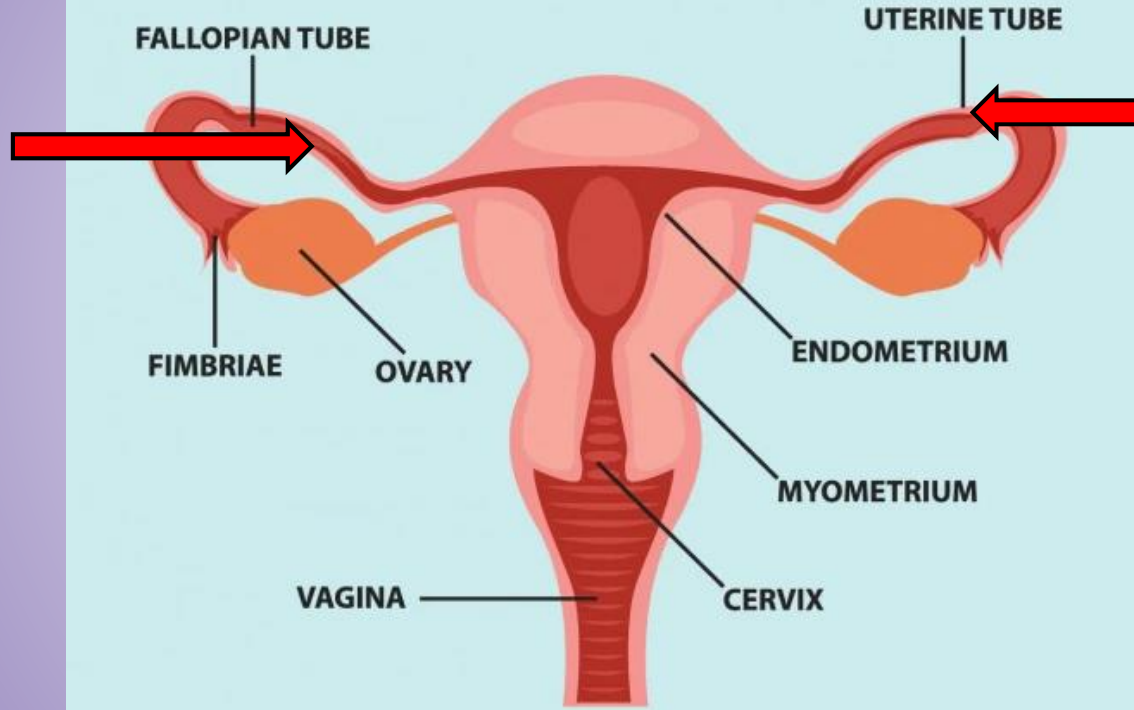
FEMALE REPRODUCTIVE SYSTEM

Fallopian Tubes

These are narrow tubes that are attached to the upper part of your uterus and serve as pathways for your egg (ovum) to travel from your ovaries to your uterus. Fertilization of an egg by sperm normally occurs in the fallopian tubes. The fertilized egg then moves to the uterus, where it implants into your uterine lining.



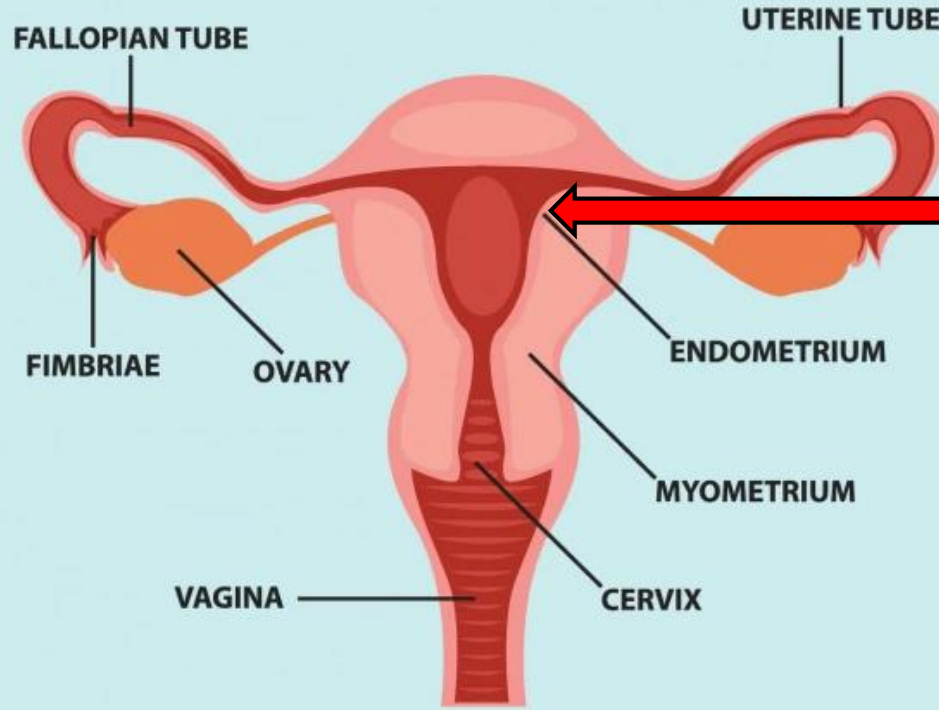
FEMALE REPRODUCTIVE SYSTEM



Uterine Tubes

Also known as Fallopian Tubes or Oviducts

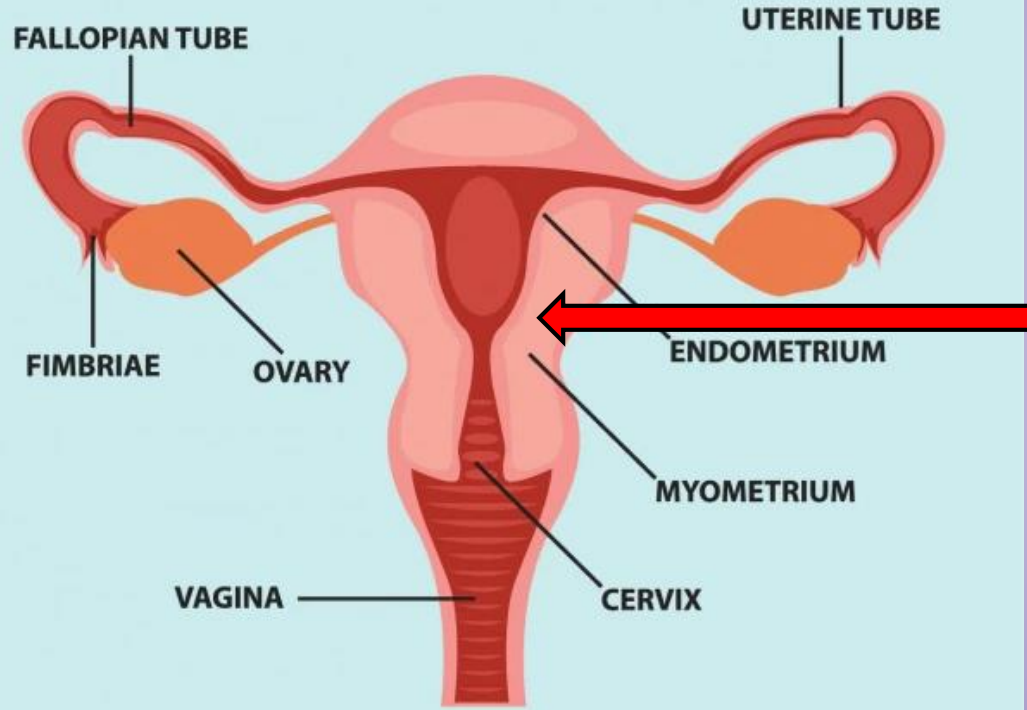
FEMALE REPRODUCTIVE SYSTEM



Endometrium

Innermost layer of the uterus. The thickness of this layer changes during the menstrual cycle (under the influence of estrogen and progesterone) in order to prepare the endometrium to host an [embryo](#). If this doesn't happen, the functional layer sheds during menstruation.

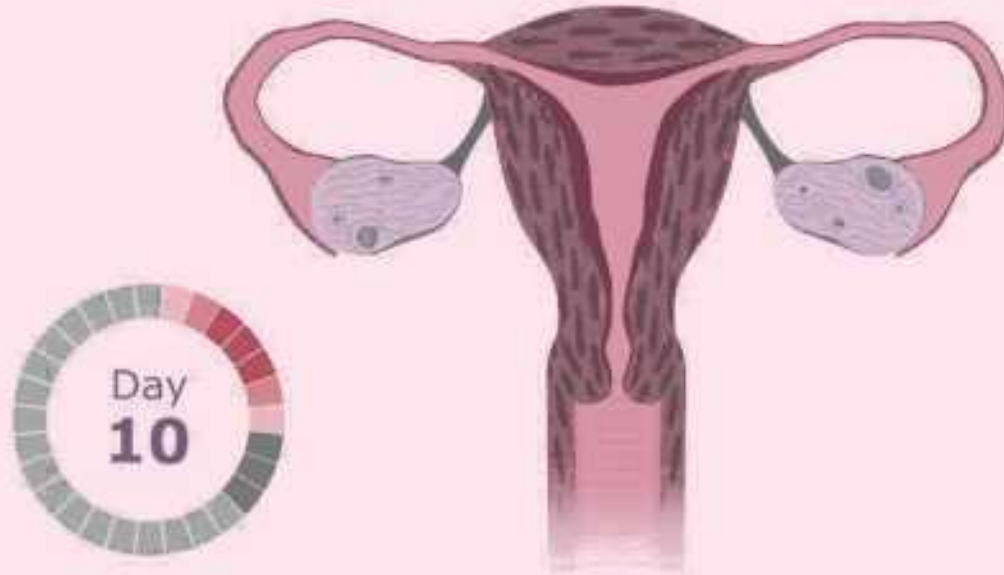
FEMALE REPRODUCTIVE SYSTEM



Myometrium

Thick middle muscle layer of the corpus or fundus. It expands during pregnancy to hold the growing baby. It contracts during labor to push the baby out.

What is a period and how do they work?



Keeping the Reproductive System Healthy

There are ways to keep your reproductive system healthy. What can you do to keep your reproductive system healthy? You can start by making the right choices for overall good health. To be as healthy as you can be, you should:

- Eat a balanced diet that is high in fiber and low in fat.
- Drink plenty of water.
- Get regular exercise.
- Maintain a healthy weight.
- Get enough sleep.
- Avoid using tobacco, alcohol, or other drugs.
- Manage stress in healthy ways.
- Bath regularly.
- Get regular checkups with your healthcare provider.

Other Health Information

- Keeping your genitals clean is also very important. A daily shower or bath is all that it takes.
- Females do not need to use special feminine hygiene products. In fact, using them may do more harm than good because they can irritate the vagina or other reproductive structures.
- Talk with your parents and healthcare provider about what is best for your health.

Standard 5

Identify common reproductive conditions and diseases, including cancers.

Concepts and Skills to master

- Describe reproductive conditions and diseases. Create charts, organizers or other document on common reproductive diseases (e.g., endometriosis, PMS, vaginitis, dysmenorrhea, UTI, PCOS, yeast infection, amenorrhea) and cancers (e.g., ovarian, uterine, cervical, breast).

Common Problems of Female Reproductive System

Common Problems of Female Reproductive System

The female reproductive system is very delicate; even a little hormonal imbalance can have a great impact on its functioning and health. It is very important for women to take care of the health of their reproductive system and not to ignore the minor signs and symptoms of abnormality early on.

Making healthy choices when it comes to lifestyle in today's busy lives has become all the more important, along with that getting screened for any possible issues with the reproductive system also should not be ignored. This applies to even those women that are not experiencing any abnormalities with their reproductive system, getting a yearly screening or a pap smear test is imperative to ensure a long and healthy life devoid of any diseases related to the reproductive system.

Endometriosis

Endometriosis is a problem affecting a woman's uterus—the place where a baby grows when a woman is pregnant. Endometriosis is when the kind of tissue that normally lines the uterus grows somewhere else. It can grow on the ovaries, behind the uterus, on the bowels, or on the bladder. Rarely, it grows in other parts of the body.

This “misplaced” tissue can cause pain, infertility, and very heavy periods. The pain is usually in the abdomen, lower back, or pelvic areas. Some women have no symptoms at all, and having trouble getting pregnant may be the first sign they have endometriosis.

How to treat: Treatment for endometriosis usually involves medication or surgery. The approach you and your doctor choose will depend on how severe your signs and symptoms are and whether you hope to become pregnant.

Doctors typically recommend trying conservative treatment approaches first, opting for surgery if initial treatment fails.

Gynecologic Cancer

CDC provides information and educational materials for women and health care providers to raise awareness about the five main gynecologic cancers. Gynecologic cancer is any cancer that starts in a woman's reproductive organs. Gynecologic cancers begin in different places within a woman's pelvis, which is the area below the stomach and in between the hip bones.

Treatment will depend on the type of cancer.

Cervical cancer

- Cervical cancer begins in the cervix, which is the lower, narrow end of the uterus.
- Cervical cancer is a type of cancer that occurs in the cells of the cervix — the lower part of the uterus that connects to the vagina.
- Various strains of the human papillomavirus (HPV), a sexually transmitted infection, play a role in causing most cervical cancer.
- When exposed to HPV, the body's immune system typically prevents the virus from doing harm. In a small percentage of people, however, the virus survives for years, contributing to the process that causes some cervical cells to become cancer cells.
- You can reduce your risk of developing cervical cancer by having screening tests and receiving a vaccine that protects against HPV infection.

Early-stage cervical cancer generally produces no signs or symptoms.

Signs and symptoms of more-advanced cervical cancer include:

- Vaginal bleeding after intercourse, between periods or after menopause
- Watery, bloody vaginal discharge that may be heavy and have a foul odor
- Pelvic pain or pain during intercourse

Treatment: Depending on the type and stage of your cancer, you may need more than one type of treatment. For the earliest stages of cervical cancer, either surgery or radiation combined with chemo may be used. For later stages, radiation combined with chemo is usually the main treatment. Chemo (by itself) is often used to treat advanced cervical cancer.

Ovarian cancer

- Ovarian cancer begins in the ovaries, which are located on each side of the uterus.
- Ovarian cancer is a growth of cells that forms in the ovaries. The cells multiply quickly and can invade and destroy healthy body tissue.
- The female reproductive system contains two ovaries, one on each side of the uterus. The ovaries — each about the size of an almond — produce eggs (ova) as well as the hormones estrogen and progesterone.
- Ovarian cancer treatment usually involves surgery and chemotherapy.

When ovarian cancer first develops, it might not cause any noticeable symptoms. When ovarian cancer symptoms happen, they're usually attributed to other, more common conditions.

Signs and symptoms of ovarian cancer may include:

- Abdominal bloating or swelling
- Quickly feeling full when eating
- Weight loss
- Discomfort in the pelvic area
- Fatigue
- Back pain
- Changes in bowel habits, such as constipation
- A frequent need to urinate

Treatment: Treatment for ovarian cancer usually involves a combination of surgery and chemotherapy.

Uterine cancer

Uterine cancer begins in the uterus, the pear-shaped organ in a woman's pelvis where the baby grows when a woman is pregnant.

Uterine cancer is a general term that describes cancers of your uterus:

- Endometrial cancer develops in the endometrium, the inner lining of your uterus. It's one of the most common gynecologic cancers – cancers affecting your [reproductive system](#).
- Uterine sarcoma develops in the myometrium, the muscle wall of your uterus. [Uterine sarcomas](#) are very rare.

Signs of uterine cancer can resemble those of many conditions. That's especially true of other conditions affecting reproductive organs. If you notice unusual pain, leaking or bleeding, talk to your healthcare provider. An accurate diagnosis is important so you can get the proper treatment.

Symptoms of endometrial cancer or uterine sarcoma include:

- [Vaginal bleeding](#) between periods before menopause.
- Vaginal bleeding or spotting [postmenopause](#), even a slight amount.
- [Lower abdominal pain](#) or cramping in your pelvis, just below your belly.
- Thin white or clear [vaginal discharge](#) if you're postmenopausal.
- Extremely prolonged, heavy or frequent vaginal bleeding if you're older than 40.

Treatment: For uterine cancer, hysterectomy, or the surgical removal of the uterus, is the most commonly used treatment. Depending on the type of hysterectomy performed, in addition to the uterus, this procedure may involve the removal of the cervix, ovaries, fallopian tubes, and nearby lymph nodes.

Vaginal cancer

Vaginal cancer begins in the vagina, which is the hollow, tube-like channel between the bottom of the uterus and the outside of the body. Vaginal cancer is a rare cancer that occurs in your vagina — the muscular tube that connects your uterus with your outer genitals. Vaginal cancer most commonly occurs in the cells that line the surface of your vagina, which is sometimes called the birth canal. While several types of cancer can spread to your vagina from other places in your body, cancer that begins in your vagina (primary vaginal cancer) is rare.

A diagnosis of early-stage vaginal cancer has the best chance for a cure. Vaginal cancer that spreads beyond the vagina is much more difficult to treat.

Early vaginal cancer may not cause any signs and symptoms. As it progresses, vaginal cancer may cause signs and symptoms such as:

- Unusual vaginal bleeding, for example, after intercourse or after menopause
- Watery vaginal discharge
- A lump or mass in your vagina
- Painful urination
- Frequent urination
- Constipation
- Pelvic pain

Treatment: Vaginal cancer is often treated with 1 treatment or a combination of treatments: surgery, radiation therapy, and/or chemotherapy.

Polycystic Ovary Syndrome (PCOS)

Polycystic ovary syndrome happens when a woman's ovaries or adrenal glands produce more male hormones than normal. One result is that cysts (fluid-filled sacs) develop on the ovaries. Women who are obese are more likely to have PCOS. Women with PCOS are at increased risk of developing diabetes and heart disease. Symptoms may include

- Infertility.
- Pelvic pain.
- Excess hair growth on the face, chest, stomach, thumbs, or toes.
- Baldness or thinning hair.
- Acne, oily skin, or dandruff.
- Patches of thickened dark brown or black skin.

Treatments can help you manage the symptoms of [polycystic ovary syndrome](#) (PCOS) and lower your odds for long-term health problems such as [diabetes](#) and [heart disease](#). They may include a lifestyle change (such as diet and exercise) and medication.

Toxic Shock Syndrome

Toxic shock syndrome (TSS) is a rare but potentially life-threatening condition caused by certain strains of bacteria that produce poisons (toxins). These toxins get into your bloodstream and can affect organs such as your heart, liver or kidneys. It's often associated with using tampons during [menstruation](#). However, TSS can affect anyone of any age. Skin wounds, surgical incisions, nasal packing, scrapes, burns or other areas of injured skin can increase the risk of the condition. Half of all cases are unrelated to menstruation.

The symptoms of TSS happen suddenly and worsen quickly. However, most people recover if TSS is diagnosed and treated quickly.

What are the symptoms of toxic shock syndrome (TSS)?

Symptoms of toxic shock syndrome may vary depending on the type of bacteria producing the toxins. They may include:

- Sudden high [fever](#), chills, body aches and other flu-like symptoms.
- [Nausea or vomiting](#).
- Watery [diarrhea](#).
- [Rash](#) resembling a bad sunburn or red dots on your skin.
- [Dizziness](#), lightheadedness or fainting.
- Low blood pressure ([hypotension](#)).
- Redness in your eyes ([conjunctivitis](#)) and throat.
- Peeling of the skin on the soles of your feet or palms of your hands.

Toxic Shock Syndrome cont

Treatment for TSS may involve:

- **Antibiotics** to treat the infection.
- Purified antibodies taken from donated blood (known as **pooled immunoglobulin**) to help your body fight the infection.
- Oxygen to help with breathing.
- Fluids to prevent dehydration and organ damage.
- Medicine to help control blood pressure.
- **Dialysis** if your kidneys stop functioning.
- Surgery to remove dead tissue. Rarely, it may be necessary to amputate the affected area.

Premenstrual syndrome (PMS)

Premenstrual syndrome (PMS) has a wide variety of signs and symptoms, including mood swings, tender breasts, food cravings, fatigue, irritability and depression. It's estimated that as many as 3 of every 4 menstruating women have experienced some form of premenstrual syndrome.

Symptoms tend to recur in a predictable pattern. But the physical and emotional changes you experience with premenstrual syndrome may vary from just slightly noticeable all the way to intense.

Still, you don't have to let these problems control your life.

Can PMS be treated?

Treatments: Lifestyle changes and sometimes medicines can help manage PMS symptoms. Medicines include: Water pills (diuretics) before symptoms start to reduce fluid buildup. Nonsteroidal anti-inflammatory medicines, or NSAIDs, such as aspirin and ibuprofen, to reduce pain.

Vaginitis

Vaginitis is an inflammation of the vagina that can result in discharge, itching and pain. The cause is usually a change in the balance of vaginal bacteria or an infection. Reduced estrogen levels after menopause and some skin disorders also can cause vaginitis.

The most common types of vaginitis are:

- **Bacterial vaginosis.** This results from an overgrowth of the bacteria naturally found in your vagina, which upsets the natural balance.
- **Yeast infections.** These are usually caused by a naturally occurring fungus called *Candida albicans*.
- **Trichomoniasis.** This is caused by a parasite and is often sexually transmitted.

Treatment depends on the type of vaginitis you have. There are some over-the-counter medications, however, they will not treat all kinds of vaginitis. It is best to see your doctor for treatment.

Dysmenorrhea

Menstrual cramps (dysmenorrhea) are throbbing or cramping pains in the lower abdomen. Many women have menstrual cramps just before and during their menstrual periods. For some women, the discomfort is merely annoying. For others, menstrual cramps can be severe enough to interfere with everyday activities for a few days every month.

Conditions such as endometriosis or uterine fibroids can cause menstrual cramps. Treating the cause is key to reducing the pain. Menstrual cramps that aren't caused by another condition tend to lessen with age and often improve after giving birth.

Symptoms of menstrual cramps include:

- Throbbing or cramping pain in your lower abdomen that can be intense
- Pain that starts 1 to 3 days before your period, peaks 24 hours after the onset of your period and subsides in 2 to 3 days
- Dull, continuous ache
- Pain that radiates to your lower back and thighs

Some women also have:

- Nausea
- Loose stools
- Headache
- Dizziness

Dysmenorrhea cont.

Treatment: To ease your menstrual cramps, your health care provider might recommend:

Pain relievers. Over-the-counter pain relievers, such as ibuprofen (Advil, Motrin IB, others) or naproxen sodium (Aleve), at regular doses starting the day before you expect your period to begin can help control the pain of cramps. Prescription nonsteroidal anti-inflammatory drugs also are available.

Start taking the pain reliever at the beginning of your period, or as soon as you feel symptoms, and continue taking the medicine as directed for two to three days, or until your symptoms are gone.

Hormonal birth control. Oral birth control pills contain hormones that prevent ovulation and reduce the severity of menstrual cramps. These hormones can also be delivered in several other forms: an injection, a skin patch, an implant placed under the skin of your arm, a flexible ring that you insert into your vagina, or an intrauterine device (IUD).

Surgery. If your menstrual cramps are caused by a disorder such as endometriosis or fibroids, surgery to correct the problem might help your symptoms. Surgical removal of the uterus also might be an option if other approaches fail to ease your symptoms and if you're not planning to have children.

Urinary Tract Infection (UTI)

What is a urinary tract infection (UTI)?

UTIs are common infections that happen when bacteria, often from the skin or rectum, enter the urethra, and infect the urinary tract. The infections can affect several parts of the urinary tract, but the most common type is a bladder infection (cystitis).

Kidney infection (pyelonephritis) is another type of UTI. They're less common, but more serious than bladder infections.

Some people are at higher risk of getting a UTI. UTIs are more common in females because their urethras are shorter and closer to the rectum. This makes it easier for bacteria to enter the urinary tract.

Other factors that can increase the risk of UTIs:

- A previous UTI
- Sexual activity
- Changes in the bacteria that live inside the vagina, or vaginal flora. Pregnancy
- Age (older adults and young children are more likely to get UTIs)
- Structural problems in the urinary tract, such as enlarged prostate in males.
- Poor hygiene, for example, in children who are potty-training

Urinary Tract Infection (UTI) cont...

Symptoms

Symptoms of a bladder infection can include:

- Pain or burning while urinating
- Frequent urination
- Feeling the need to urinate despite having an empty bladder
- Bloody urine
- Pressure or cramping in the groin or lower abdomen

Symptoms of a kidney infection can include:

- Fever
- Chills
- Lower back pain or pain in the side of your back
- Nausea or vomiting

Treatment Antibiotics are typically used to treat urinary tract infections. Your healthcare provider will pick a drug that best treats the particular bacteria that's causing your infection.

Vaginal Yeast Infection

A vaginal yeast infection is a fungal infection that causes irritation, discharge and intense itchiness of the vagina and the vulva — the tissues at the vaginal opening.

Also called vaginal candidiasis, vaginal yeast infection affects up to 3 out of 4 women at some point in their lifetimes. Many women experience at least two episodes.

A vaginal yeast infection isn't considered a sexually transmitted infection. But, there's an increased risk of vaginal yeast infection with sexual activity.

Treatment: Medications can effectively treat vaginal yeast infections. If you have recurrent yeast infections — four or more within a year — you may need a longer treatment course and a maintenance plan.

Amenorrhea

Amenorrhea is the absence of menstruation, often defined as missing one or more menstrual periods.

Primary amenorrhea refers to the absence of menstruation in someone who has not had a period by age 15. The most common causes of primary amenorrhea relate to hormone levels, although anatomical problems also can cause amenorrhea.

Secondary amenorrhea refers to the absence of three or more periods in a row by someone who has had periods in the past. Pregnancy is the most common cause of secondary amenorrhea, although problems with hormones also can cause secondary amenorrhea.

Treatment of amenorrhea depends on the underlying cause.

Breast cancer

Breast cancer is cancer that forms in the cells of the breasts.

After skin cancer, breast cancer is the most common cancer diagnosed in women in the United States.

Breast cancer can occur in both men and women, but it's far more common in women.

Substantial support for breast cancer awareness and research funding has helped create advances in the diagnosis and treatment of breast cancer. Breast cancer survival rates have increased, and the number of deaths associated with this disease is steadily declining, largely due to factors such as earlier detection, a new personalized approach to treatment and a better understanding of the disease.

Treatment: Breast cancer is treated in several ways. It depends on the kind of breast cancer and how far it has spread. People with breast cancer often get more than one kind of treatment including surgery, chemotherapy, hormonal therapy, biological therapy, radiation therapy.

Male Reproductive System

The male reproductive system is mostly located outside of the body. These external organs include the penis, scrotum and testicles. Internal organs include the vas deferens, prostate and urethra. The male reproductive system is responsible for sexual function, as well as urination.

What's the male reproductive system?

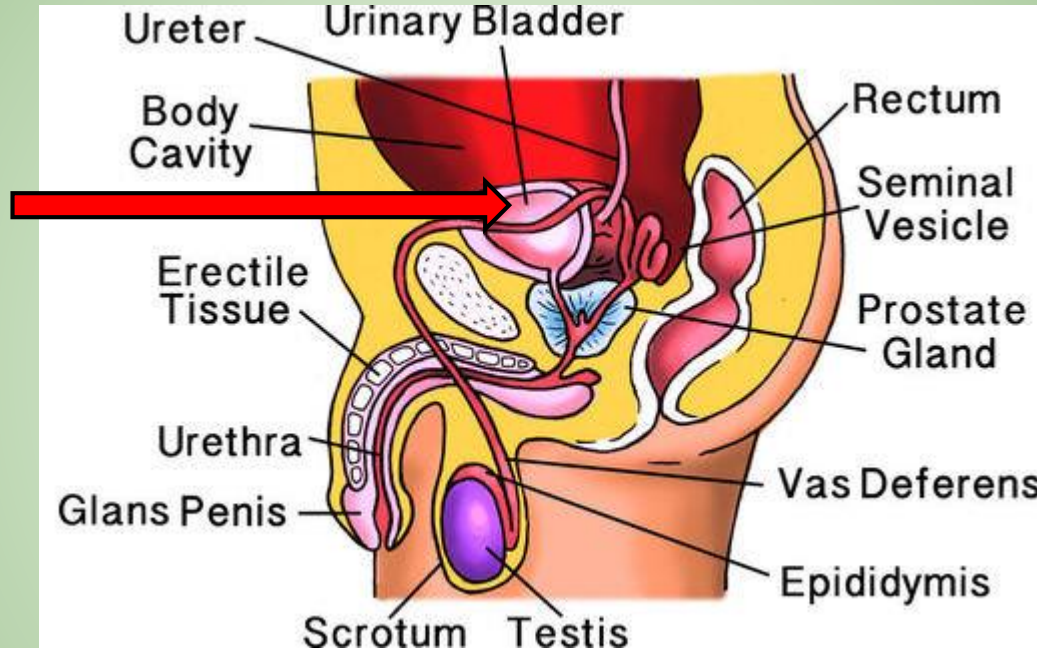
The male reproductive system includes a group of organs that make up a man's reproductive and urinary system. These organs do the following jobs within your body:

- They produce, maintain and transport sperm (the male reproductive cells) and semen (the protective fluid around sperm).
- They discharge sperm into the female reproductive tract.
- They produce and secrete male sex hormones.

The male reproductive system is made up of internal (inside your body) and external (outside your body) parts. Together, these organs help you urinate (rid your body of liquid waste materials), have sexual intercourse and make children.

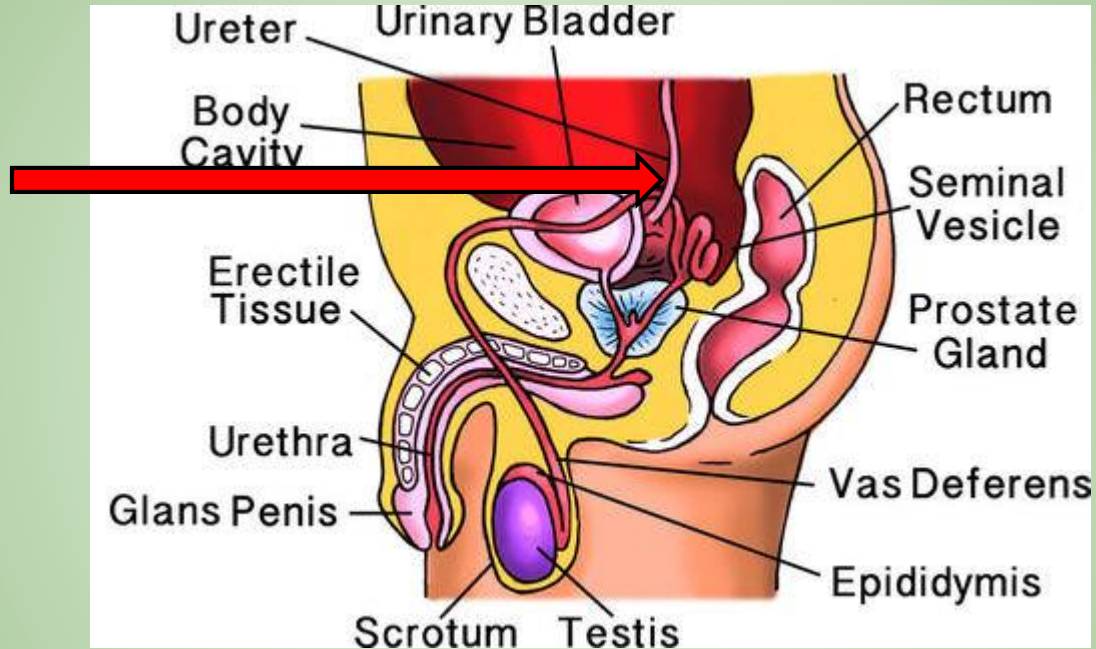
Urinary Bladder

The urinary bladder is a temporary storage reservoir for urine.



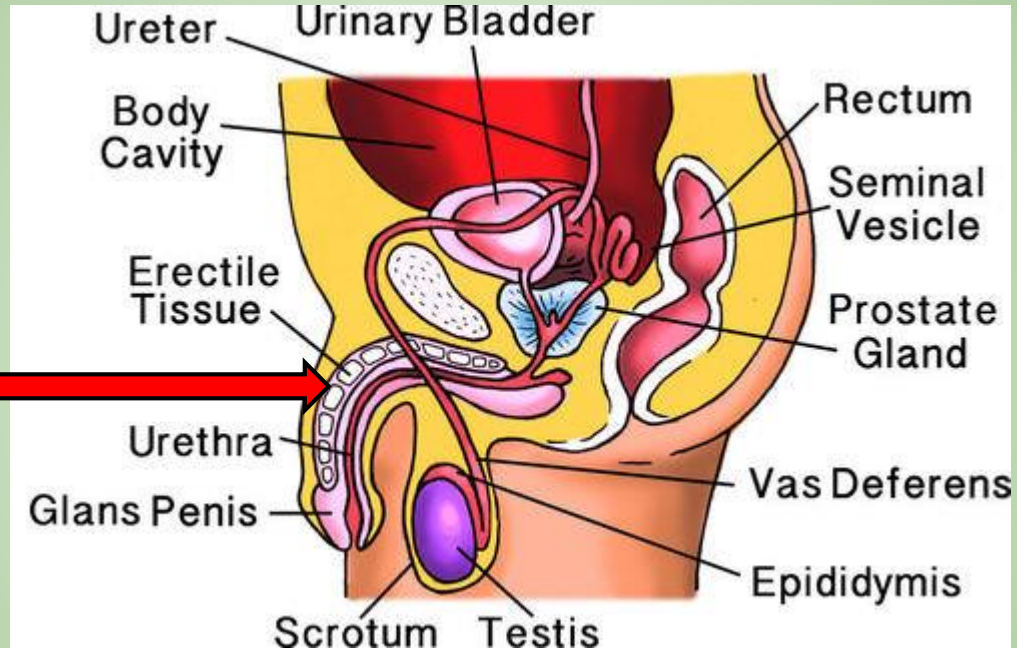
Ureter

The ureters carry the urine away from kidneys to the urinary bladder, which is a temporary reservoir for the urine. The urethra is a tubular structure that carries the urine from the urinary bladder to the outside.



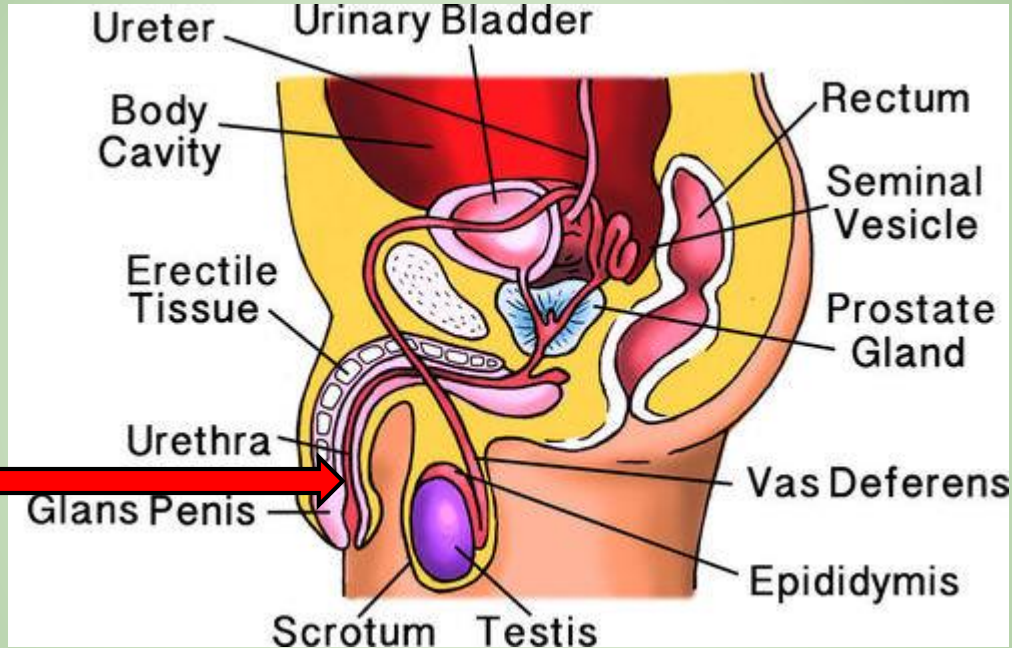
Erectile Tissue

tissue in the body with numerous vascular spaces, or **cavernous tissue**, that may become engorged with **blood**.



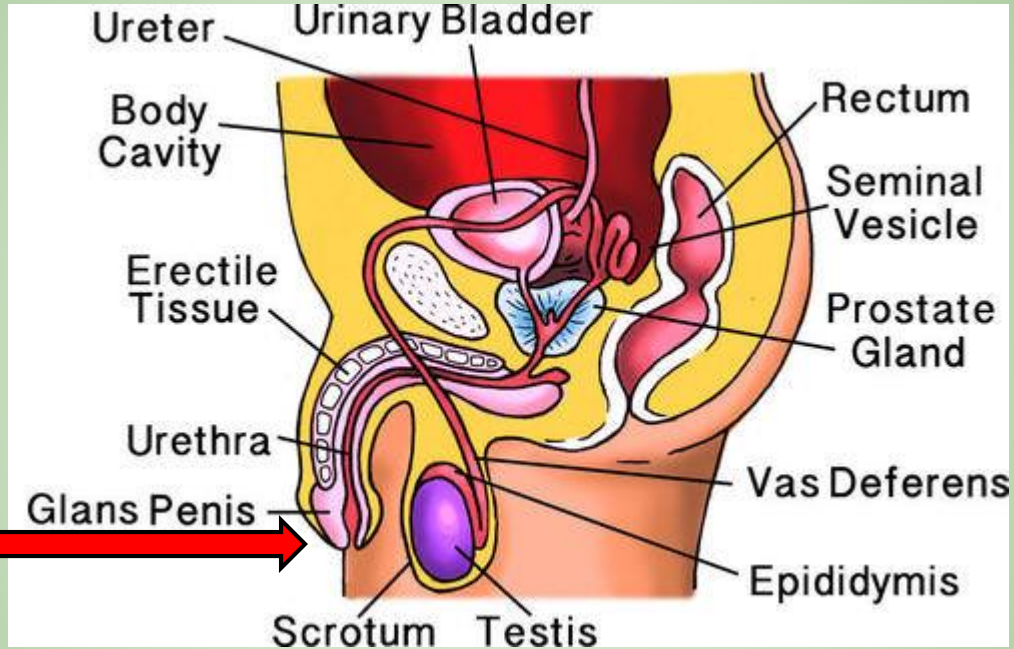
Urethra

Tube that carries urine from the bladder to outside of your body. It has the additional function of expelling (ejaculating) semen. When the penis is erect during sex, the flow of urine is blocked from the urethra, allowing only semen to be ejaculated.



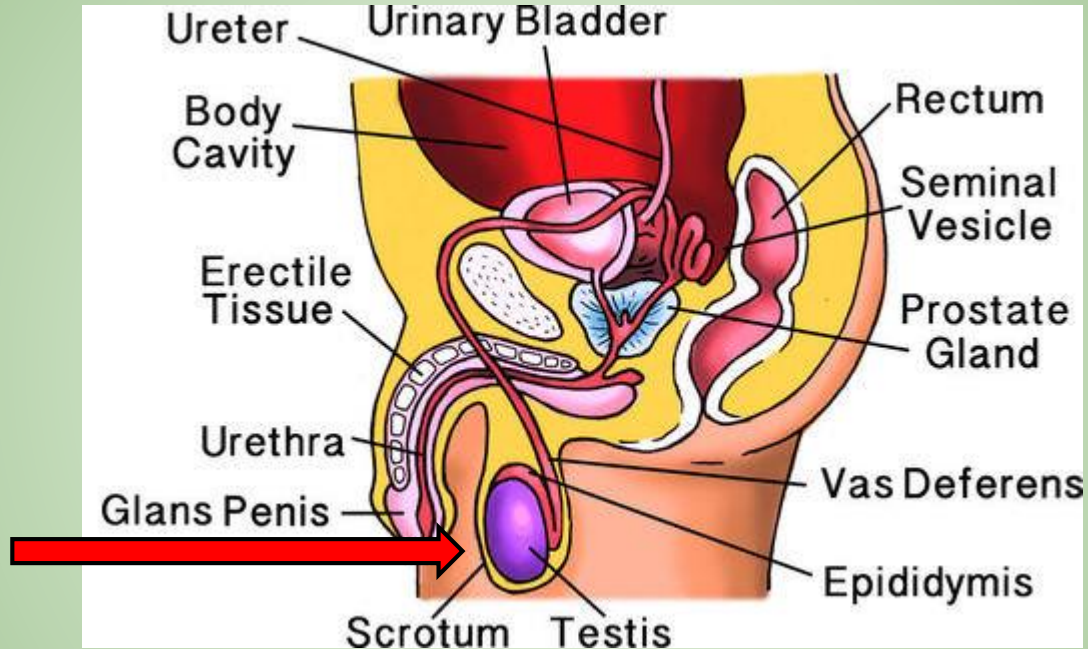
Glans Penis

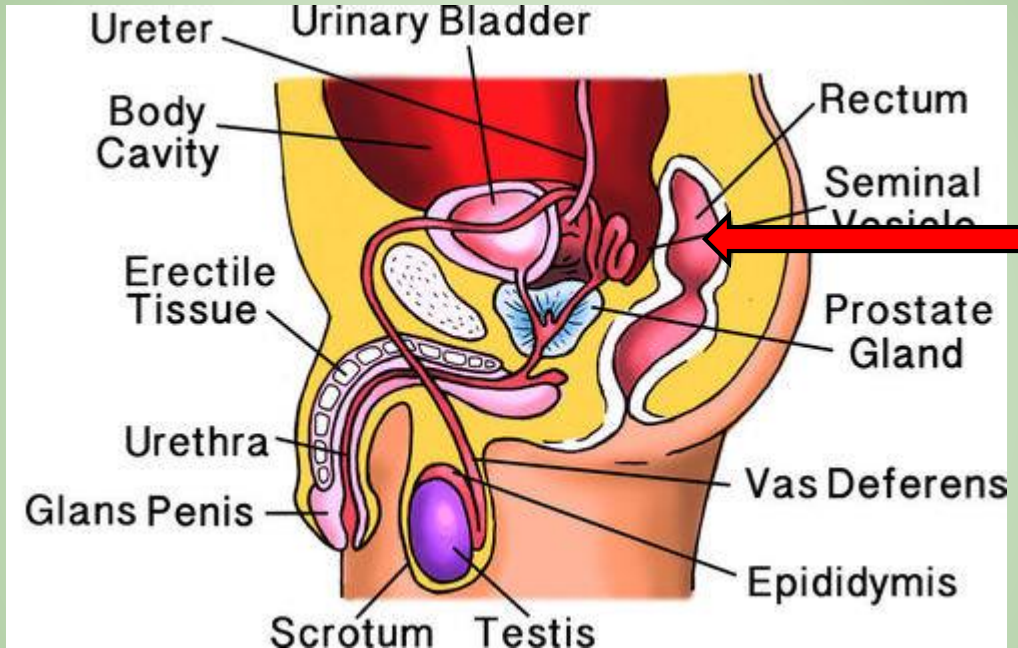
The penis is the male organ for urinating and sexual intercourse.



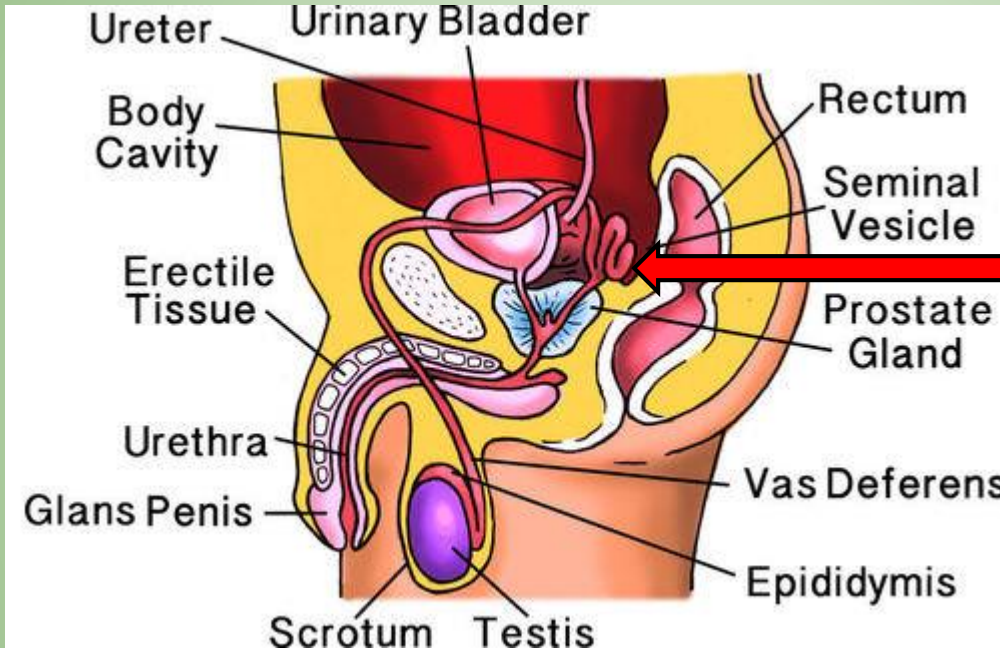
Scrotum

The bag of skin that holds and helps to protect the testicles. The testicles make sperm and, to do this, the temperature of the testicles needs to be cooler than the inside of the body. This is why the scrotum is located outside of the body.



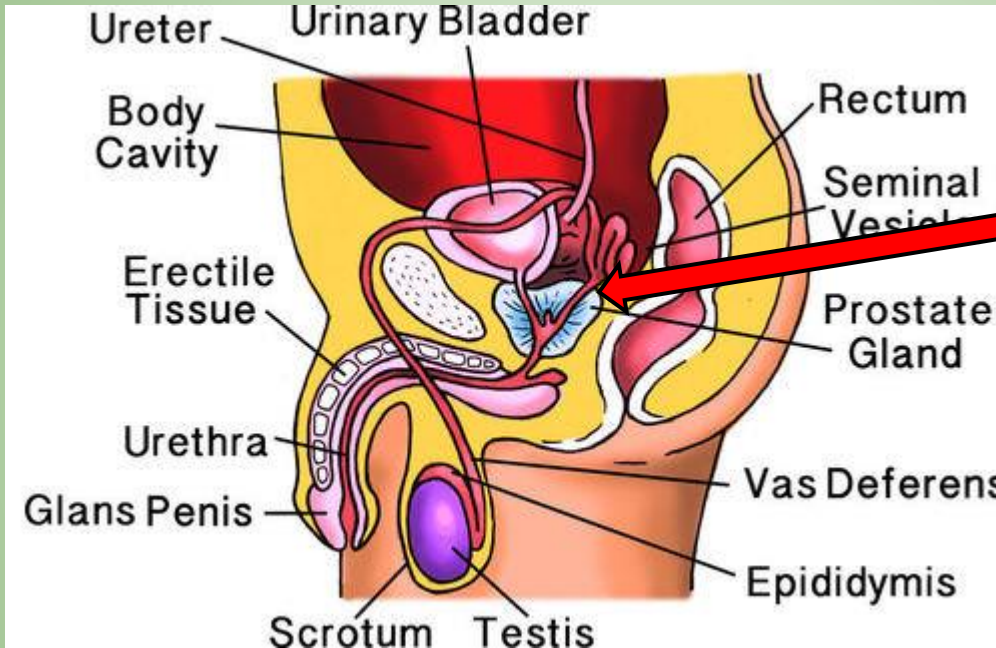


Rectum
is the final straight
portion of the large
intestine



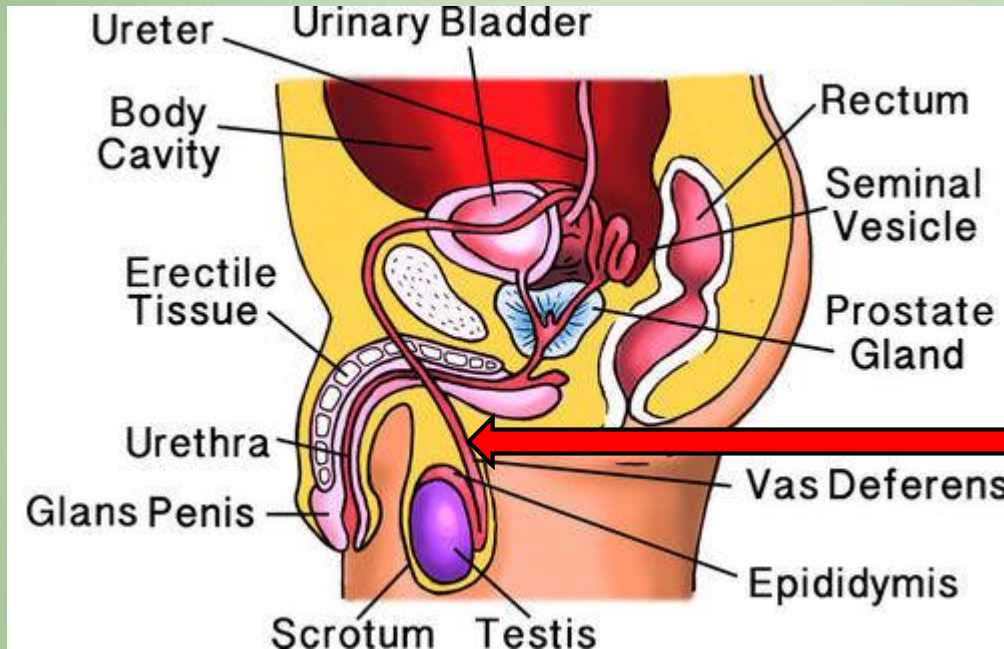
Seminal vesicle

Sac-like pouches that attach to the vas deferens near the base of the bladder. The seminal vesicles make a sugar-rich fluid that provides sperm with a source of energy and helps with the sperms' ability to move.



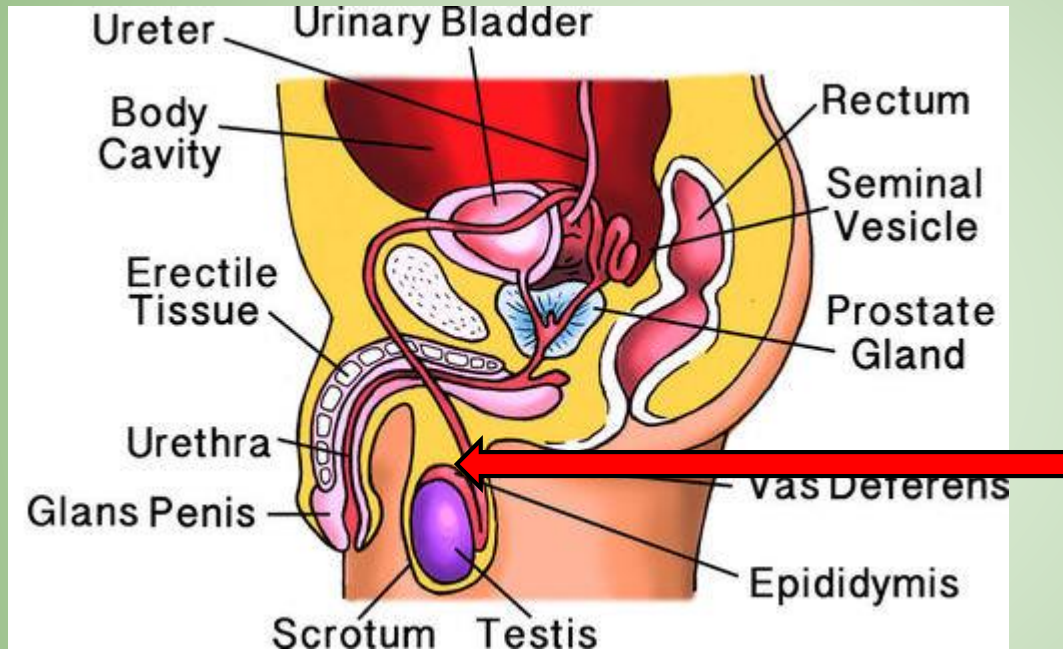
Prostate gland

Walnut-sized structure that's located below the urinary bladder in front of the rectum. The prostate gland contributes additional fluid to the ejaculate. Prostate fluids also help to nourish the sperm. The urethra runs through the center of the prostate gland.



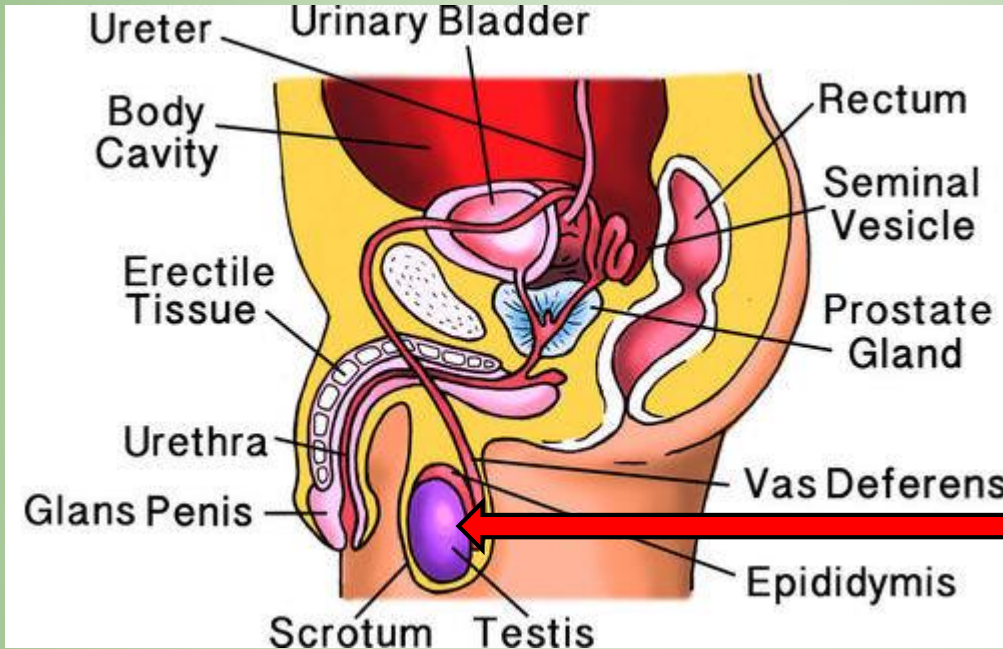
Vas Deferens

The vas deferens is a long, muscular tube that travels from the epididymis into the pelvic cavity, to just behind the bladder. The vas deferens transports mature sperm to the urethra in preparation for ejaculation.



Epididymis

Long, coiled tube that rests on the backside of each testicle. It carries and stores sperm cells that are created in the testes. It's also the job of the epididymis to bring the sperm to maturity – the sperm that emerge from the testes are immature and incapable of fertilization.



Testicle/Testis

Oval organs about the size of very large olives that lie in the scrotum, secured at either end by a structure called the spermatic cord. Most men have two testes.

The testes are responsible for making testosterone, the primary male sex hormone, and for producing sperm. Within the testes are coiled masses of tubes called seminiferous tubules that are responsible for producing the sperm cells.

Keeping the Reproductive System Healthy

Our **reproductive health** is as important as our overall health. The food we eat, the things we do, the way we think – they all have an effect on the body. It is important that we always practice proper hygiene. When it comes to our reproductive health, knowledge is everything to stay clean and healthy.

- . Eat a balanced diet that is high in fiber and low in fat.
- . Drink plenty of water.
- . Get regular exercise.
- . Maintain a healthy weight.
- . Get enough sleep.
- . Avoid using tobacco, alcohol, or other drugs.
- . Manage stress in healthy ways.
- . Bath regularly.
- . Wear a protective cup when playing contact sports.
- . Talk with your parents and healthcare provider about what is best for your health.

Standard 5

Identify common reproductive conditions and diseases, including cancers.

Concepts and Skills to master

- Describe reproductive conditions and diseases. Create charts, organizers or other document on common reproductive diseases (e.g., jock itch, testicular torsion, hernia) and cancers (e.g., prostate, testicular).

Common Problems of Male Reproductive System

Common problems with male reproductive system

Male genital problems and injuries can occur fairly easily since the scrotum and penis are not protected by bones. Genital problems and injuries most commonly occur during:

- Sports or recreational activities, such as mountain biking, soccer, or baseball.
- Work-related tasks, such as exposure to irritating chemicals.
- Falls.

A genital injury often causes severe pain that usually goes away quickly without causing permanent damage. Home treatment is usually all that is needed for minor problems or injuries. Pain, swelling, bruising, or rashes that are present with other symptoms may be a cause for concern.

Testicular cancer

Testicular cancer is a growth of cells that starts in the testicles. The testicles, which are also called testes, are in the scrotum. The scrotum is a loose bag of skin underneath the penis. The testicles make sperm and the hormone testosterone.

Testicular cancer isn't a common type of cancer. It can happen at any age, but it happens most often between the ages of 15 and 45.

The first sign of testicular cancer often is a bump or lump on a testicle. The cancer cells can grow quickly. They often spread outside the testicle to other parts of the body.

Testicular cancer is highly treatable, even when it spreads to other parts of the body. Treatments depend on the type of testicular cancer that you have and how far it has spread. Common treatments include surgery and chemotherapy.

Testicular Torsion

Testicular torsion occurs when a testicle rotates, twisting the spermatic cord that brings blood to the scrotum. The reduced blood flow causes sudden and often severe pain and swelling.

Testicular torsion is most common between ages 12 and 18, but it can occur at any age, even before birth.

Testicular torsion usually requires emergency surgery. If treated quickly, the testicle can usually be saved. But when blood flow has been cut off for too long, a testicle might become so badly damaged that it has to be removed.

Testicular Torsion cont...

Signs and symptoms of testicular torsion include:

- Sudden, severe pain in the scrotum – the loose bag of skin under your penis that contains the testicles
- Swelling of the scrotum
- Abdominal pain
- Nausea and vomiting
- A testicle that's positioned higher than normal or at an unusual angle
- Frequent urination
- Fever

Young boys who have testicular torsion typically wake up due to scrotal pain in the middle of the night or early in the morning.

Seek emergency care for sudden or severe testicle pain. Prompt treatment can prevent severe damage or loss of your testicle if you have testicular torsion.

You also need to seek prompt medical help if you've had sudden testicle pain that goes away without treatment. This can occur when a testicle twists and then untwists on its own (intermittent torsion and detorsion). Surgery is frequently needed to prevent the problem from happening again.

Scrotal problems

Scrotal problems. These problems may include a painless buildup of fluid around one or both testicles or an enlarged vein in the scrotum. Usually these are minor problems but may need to be evaluated by your doctor.

There are a few different lumps and bumps that can appear in or on your scrotum.

Just like for any other part of your body, if you experience testicular pain or you notice anything unusual about the appearance of your scrotum or what's inside it, you should make an appointment to see your doctor.

Treatment will depend on what the diagnosis is.

Inguinal Hernia

An inguinal hernia occurs when tissue, such as part of the intestine, protrudes through a weak spot in the abdominal muscles. The resulting bulge can be painful, especially when you cough, bend over or lift a heavy object. However, many hernias do not cause pain.

An inguinal hernia isn't necessarily dangerous. It doesn't improve on its own, however, and can lead to life-threatening complications. Your doctor is likely to recommend surgery to fix an inguinal hernia that's painful or enlarging.

Treatment: Inguinal hernia repair is a common surgical procedure.

Kidney Stone

Kidney stones are hard deposits made of minerals and salts that form inside your kidneys.

Diet, excess body weight, some medical conditions, and certain supplements and medications are among the many causes of kidney stones. Kidney stones can affect any part of your urinary tract – from your kidneys to your bladder. Often, stones form when the urine becomes concentrated, allowing minerals to crystallize and stick together.

Passing kidney stones can be quite painful, but the stones usually cause no permanent damage if they're recognized in a timely fashion. Depending on your situation, you may need nothing more than to take pain medication and drink lots of water to pass a kidney stone. In other instances – for example, if stones become lodged in the urinary tract, are associated with a urinary infection or cause complications – surgery may be needed.

Your doctor may recommend preventive treatment to reduce your risk of recurrent kidney stones if you're at increased risk of developing them again.

Prostate Cancer

Prostate cancer is cancer that occurs in the prostate. The prostate is a small walnut-shaped gland in males that produces the seminal fluid that nourishes and transports sperm.

Prostate cancer is one of the most common types of cancer. Many prostate cancers grow slowly and are confined to the prostate gland, where they may not cause serious harm. However, while some types of prostate cancer grow slowly and may need minimal or even no treatment, other types are aggressive and can spread quickly.

Prostate cancer that's detected early – when it's still confined to the prostate gland – has the best chance for successful treatment

Prostate Cancer cont.

Prostate cancer that's more advanced may cause signs and symptoms such as:

- Trouble urinating
- Decreased force in the stream of urine
- Blood in the urine
- Blood in the semen
- Bone pain
- Losing weight without trying
- Erectile dysfunction

Treatment: prostate cancer treatment options depend on several factors, such as how fast your cancer is growing, whether it has spread and your overall health, as well as the potential benefits or side effects of the treatment. Treatment may include surgery, radiation. Freezing or heating prostate tissue, hormone therapy and chemotherapy.

Erection Problem

An erection problem. This may occur when blood vessels that supply the penis are injured. A man may not be able to have an erection (erectile dysfunction), or the erection may not go away naturally, which is a medical emergency.

Having erection trouble from time to time isn't necessarily a cause for concern. If erectile dysfunction is an ongoing issue, however, it can cause stress, affect your self-confidence and contribute to relationship problems. Problems getting or keeping an erection can also be a sign of an underlying health condition that needs treatment and a risk factor for heart disease.

If you're concerned about erectile dysfunction, talk to your doctor — even if you're embarrassed.

Sometimes, treating an underlying condition is enough to reverse erectile dysfunction. In other cases, medications or other direct treatments might be needed.

Jock Itch

Jock itch is a fungal infection that causes a red and itchy rash in warm and moist areas of the body. The rash often affects the groin and inner thighs and may be shaped like a ring.

Jock itch gets its name because it's common in athletes. It's also common in people who sweat a lot or who are overweight.

Although often uncomfortable and bothersome, jock itch usually isn't serious. Treatment may involve keeping the groin area clean and dry and applying topical antifungal medications to the affected skin.

Symptoms: Jock itch usually begins with a reddened area of skin in the crease in the groin. It often spreads to the upper thigh in a half-moon shape. The rash may be ring-shaped and bordered with a line of small blisters. It may burn or feel itchy, and the skin may be flaky or scaly.

When to see a doctor: See your doctor if your rash is painful or you develop a fever. And see your doctor if the rash hasn't improved after a week of treatment or if it hasn't cleared up completely after three weeks of treatment.

Other diseases of the reproductive systems

What is an STI?

Sexually transmitted infections (STIs) are spread by sexual contact. Just as with other communicable diseases, bacteria, viruses and protozoa cause STIs. These microorganisms live in and on the surfaces of the reproductive organs. Some STIs can also be transmitted during pregnancy, childbirth and breastfeeding and through infected blood or blood products.

Sexually Transmitted Infections

STIs have a profound impact on health. If untreated, they can lead to serious consequences including neurological and cardiovascular disease, infertility, ectopic pregnancy, stillbirths, and increased risk of Human Immunodeficiency Virus (HIV). They are also associated with stigma, domestic violence, and affects quality of life.


The majority of STIs have no symptoms. When they are present common symptoms of STIs are vaginal or urethral discharge, genital ulcer and lower abdominal pain.

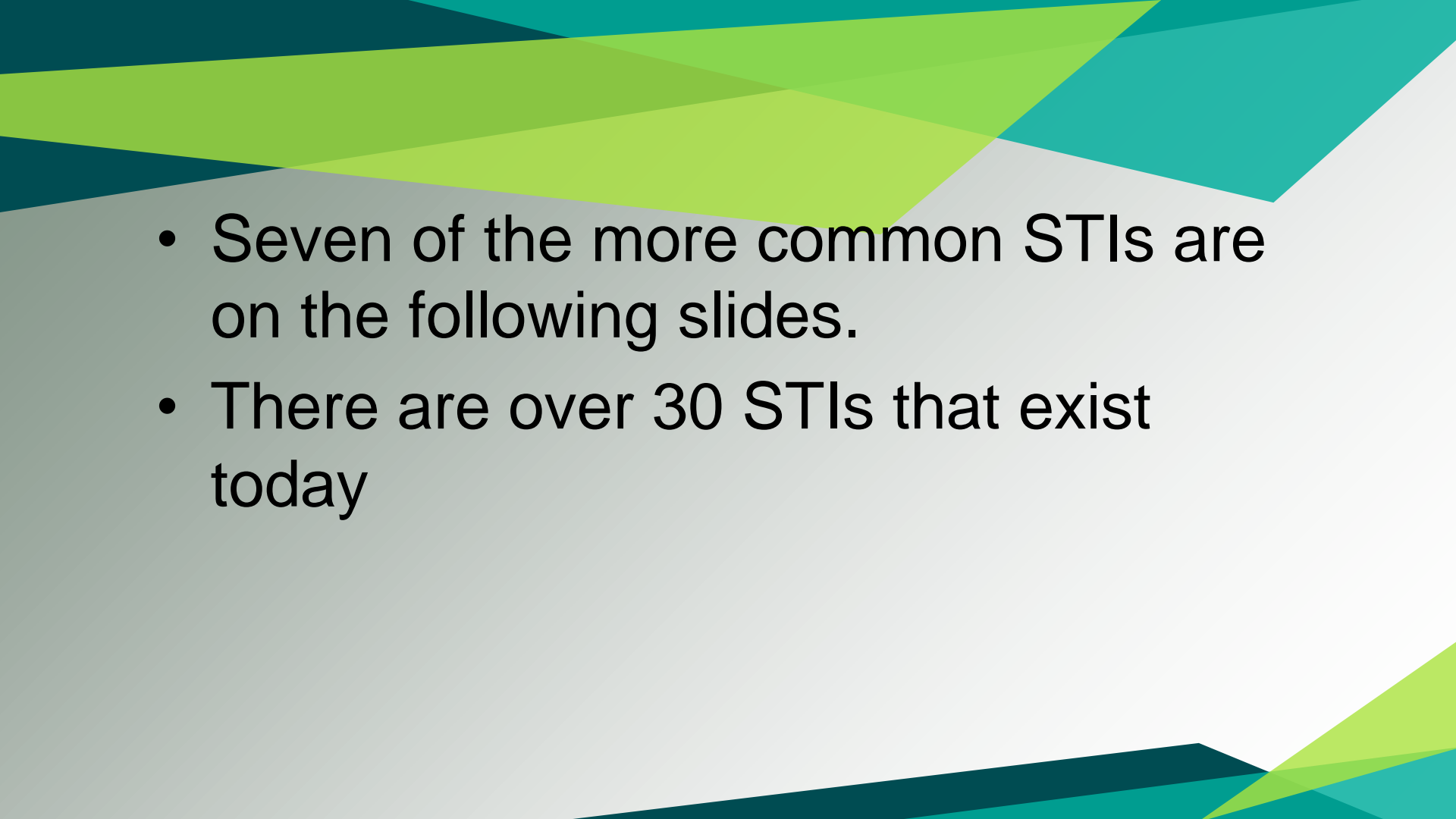


Many STI's are **NOT CURABLE**- once you get them, they are yours for life.

You can get an STI the **first time** you have sex, if the person is infected that you are with.

Getting help when necessary is a good way to promote overall health and well- being.



- 
- Seven of the more common STIs are on the following slides.
 - There are over 30 STIs that exist today

Chlamydia

- **Chlamydia**- is caused by bacteria, is a “silent” disease because it has few or no symptoms.
- **Symptoms:** Some people show no symptoms, especially women; others have a discharge from the genitals, painful urination and severe abdominal pain.
- **Treatment or cure:** Can be cured with antibiotics taken by mouth.
- **Long term consequences:** If left untreated it can cause sterility; damage to the prostate gland, seminal vesicles and testicles; complications during pregnancy.

Human papilloma-virus (HPV)

- HPV is a virus that infects cells in skin and membranes, causing them to grow abnormally.
- **Symptoms:** Some people show no symptoms, others have warts on the genital area, women have an abnormal Pap-smear test.
- **Treatment:** HPV can be treated but NOT cured. Sometimes the warts can be removed. Pap-smear tests can help identify precancerous conditions.
- **Long-term consequences:** HPV can cause cervical cancer in women.

Genital herpes

- Two kinds of herpes- simplex virus (HSV- type 1 and type 2.)
- Most common in the United States between the ages of 14-49 years.
- **Symptoms:** outbreaks of painful blisters or sores around the genital area (think cold sores on your private parts...) that recur, swelling in the genital area, and burning during urination.
- **Treatment:** Can NOT be cured. Treatment with antiviral medicines can decrease the length and frequency of outbreaks, and decrease the spread of herpes (notice it said decrease, NOT completely stop!)
- **Long-term:** May cause cervical cancer in women, can cause deformities in unborn babies.

Gonorrhoea

- **Gonorrhoea** is a bacterial infection that primarily affects the genitals, rectum and throat.
- **Symptoms:** Some people show no symptoms; others have a discharge from the genitals, painful urination, and severe abdominal pain.
- **Treatment:** can be cured with antibiotics, although a new strain of this bacteria has shown resistance to antibiotics.
- **Long-term:** If left untreated, it can cause sterility, liver disease and can spread to the blood and joints.

Syphilis

- **Syphilis** is a bacterial infection that causes extremely serious health problems and disabilities.
- Progresses through several stages. Most treatable during the early stages.
- **Symptoms:** If present, may include sores, fever, body rash, and swollen lymph nodes.
- **Treatment:** Cured with antibiotics.
- **Long-term:** if left untreated, syphilis can cause mental illness, heart and kidney damage, and death.

Trichomoniasis

- **Trichomoniasis** is caused by a one-celled protozoan, a type of tiny parasite called *Trichomonas vaginalis*.
- **Symptoms:** include itching, discharge from the genitals, and painful urination.
- **Treatment:** can be cured with medication.
- **Long-term:** has been linked to an increased risk to infection by HIV.

HIV and AIDS

- **What Is AIDS?** AIDS, or acquired immune deficiency syndrome, is a disease that is caused by HIV (human immunodeficiency virus), an infectious virus.
- **What Is HIV?** HIV is a virus that attacks the immune system. As HIV infects a person, it slowly destroys the person's ability to fight disease.

Treatment for HIV: HIV treatment (antiretroviral therapy or ART) involves taking medicine as prescribed by a health care provider. HIV treatment reduces the amount of HIV in your body and helps you stay healthy.

- There is no cure for HIV, but you can control it with HIV treatment.
- Most people can get the virus under control within six months.
- HIV treatment does not prevent transmission of other sexually transmitted diseases.

Long term: Access to better antiviral treatments has dramatically decreased deaths from AIDS worldwide, even in resource-poor countries. Thanks to these life-saving treatments, most people with HIV in the U.S. today don't develop AIDS. Untreated, HIV typically turns into AIDS in about 8 to 10 years.

When AIDS occurs, your immune system has been severely damaged. You'll be more likely to develop diseases that wouldn't usually cause illness in a person with a healthy immune system.

Immunodeficiency

Signs and symptoms of primary immunodeficiency can include:

- Frequent and recurrent pneumonia, bronchitis, sinus infections, ear infections, meningitis or skin infections
- Inflammation and infection of internal organs
- Blood disorders, such as low platelet counts or anemia
- Digestive problems, such as cramping, loss of appetite, nausea and diarrhea
- Delayed growth and development
- Autoimmune disorders, such as lupus, rheumatoid arthritis or type 1 diabetes

STI Myths

- Myth: I can tell whether someone has an STD.
- FACT: Many people don't have visible symptoms.

STI Myths

- Myth- Why should I stay abstinent before marriage if I can get an STD anyway?
- Fact- If neither of the spouses brings an STD into the marriage and **if all sexual activity stays within the marriage**, there is no other way to get one. The STD has to **ALREADY** be with the person to give it to someone else.

STI Myths

- Myth: You don't have to worry about STDs because they can be cured with antibiotics.
- FACT: only **some** STDs can be cured with antibiotics. Other STDs are not affected by antibiotics.

STI Myths

- Myth: You can get an STD from a toilet seat.
- FACT: You can get STDs only from sexual contact.

Standard 3

Define and describe the mental, emotional, physical, and social benefits of practicing sexual abstinence

Health Triangle



Health Triangle

You may remember earlier in the school year that you learned about the three parts of health and wellness: Mental, Social and Physical.

The health triangle, also known as the wellness triangle, is a measure of our body's overall wellbeing. It is a representation of your body's efficiency and balance.

The health triangle consists of three sides that contribute to your overall wellness. When you are at the optimal state, all three are in a balanced state and your body is at its most efficient.



Health Triangle

Physical Health deals with your body's ability to function normally and how well it is operating.

Mental Health focuses on your thoughts, feelings, and emotions.

Social Health encompasses our relationships with others.



Health Triangle

All three sides of the health triangle are interlinked. If one is out of balance, the other two will also be affected. The health triangle is also important when making decisions about your sexual health.

We are going to be discussing abstinence today and how it pertains to the health triangle.



What is abstinence?

Abstinence means **not having any kind of sexual intimacies with a partner until marriage**. This includes vaginal intercourse, oral sex, and anal sex.

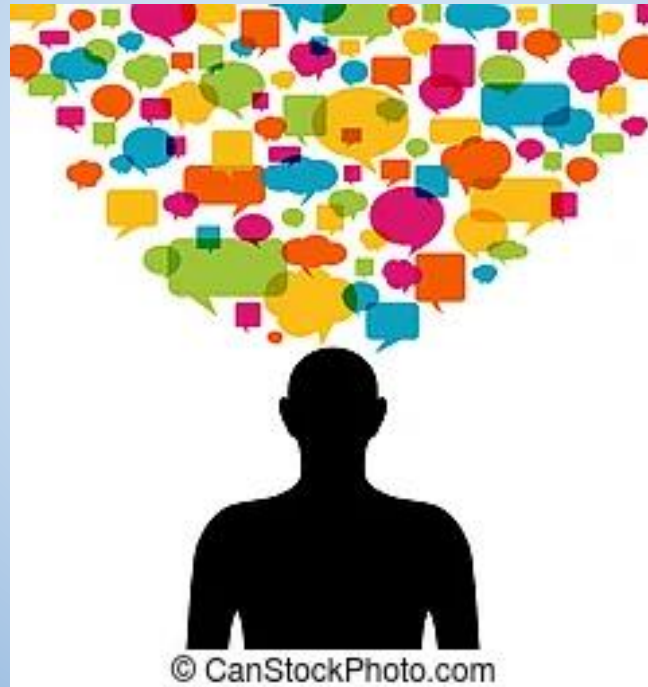
Abstinence is the best choice adolescents can make regarding sexual activity. It promotes adolescent health and helps a person grow socially and emotionally.

There are many advantages to choosing not to have, or postponing sexual activity.

You can have great, fulfilling relationships without having sex until you are married! Why? Consider the following:

- **Academic performance:** It is easier to concentrate on your studies.
- **Better health:** You'll probably have fewer physical and emotional concerns.
- **Certainty:** If the relationship lasts without sex, there is a good chance it will be a strong relationship.
- **Confidence:** You'll know that the other person likes you for you, and not just for sexual attraction.
- **Freedom from worry about pregnancy:** You'll have no concerns about unintended pregnancy
- **Good example:** You'll be setting one for your peers or younger siblings.
- **Less stress:** There will be time to learn more about yourself and your feelings.
- **Peace of mind:** You won't be risking your future for a few minutes of pleasure now.
- **Simplicity:** You won't have to worry about birth control.
- **Security:** It feels safer to know a person better, and wait until you think this is the person you may want to spend the rest of your life with.
- **Self-respect:** You'll know that you are able to stand up for what is right for you.
- **No worry about diseases:** and/or sexually transmitted infections.
- **Less confusion:** about relationships that become intense too fast.

WHAT are some OTHER reasons TO PRACTICE ABSTINENCE?



Self-control is the ability to follow rules that you set for yourself in order to succeed in life. Self control is a sign of maturity, responsibility, respect for yourself, and respect for others. Choosing sexual abstinence is about making wise, responsible decisions and exercising self control.

Do you think teens who control themselves sexually are better able to control themselves and make good decisions in other areas of their lives as well?

Why is abstinence important to you?

On your brochure, list 10 reasons why abstinence is best for you!



Standard 4

Understand the process of pregnancy, practices for a healthy pregnancy, and pregnancy prevention

Standard 4

- Describe the process for fertilization, fetal development (stages of growth), and birth process.
- Research healthy pregnancy practices: (e.g., planning, prenatal care, nutrition, physical activity; abstinence from alcohol, nicotine, drugs).

Standard 4a

- Describe fertilization, fetal development, and the birth process.

Concepts and Skills to Master • Describe the process for fertilization, fetal development (stages of growth), and birth process.

- Design a timeline for fetal development.

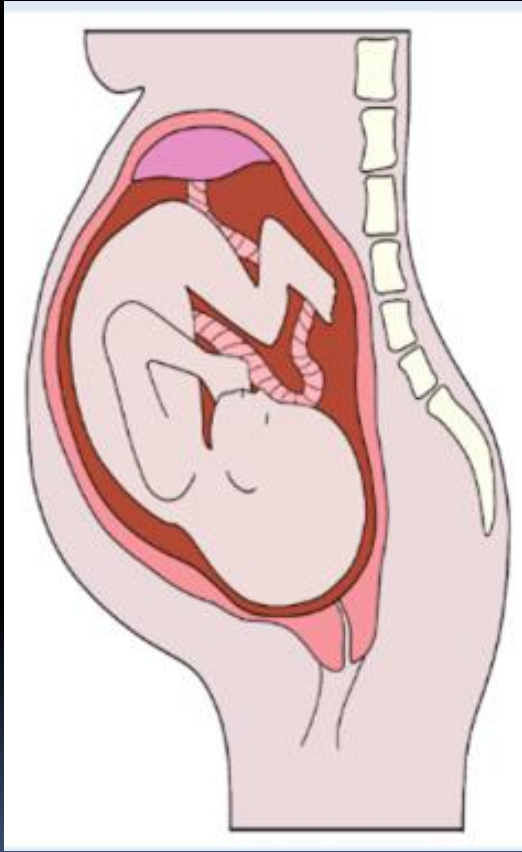
Life in the Womb- 9 months in 4 minutes

As you watch this short video, write down 3 things you noticed and 3 questions you have.





LIFE BEFORE BIRTH



Pregnancy is the condition between conception (fertilization of an egg by a sperm) and birth, during which the fertilized egg develops in the uterus.

During this time a fertilized egg grows into a baby. The time a mammal spends in the uterus is called gestation. Gestation in humans lasts about 288 days. on lasts from fertilization until birth.

During gestation the baby develops (gets bigger and grows new features). To do this they need plenty of nutrients to build new structures as well as glucose and oxygen for respiration.




Stages of Growth Month-by-Month in Pregnancy



What's the timeline for fetal development?

The fetus will change a lot throughout a typical pregnancy. This time is divided into three stages, called **trimesters**. Each trimester is a set of about three months.



Traditionally, we think of a pregnancy as a nine-month process. However, this isn't always the case. A full-term pregnancy is 40 weeks, or 280 days. Depending on what months you are pregnant during (some are shorter and some longer) and what week you deliver, you could be pregnant for either nine months or 10 months. This is completely normal and healthy.



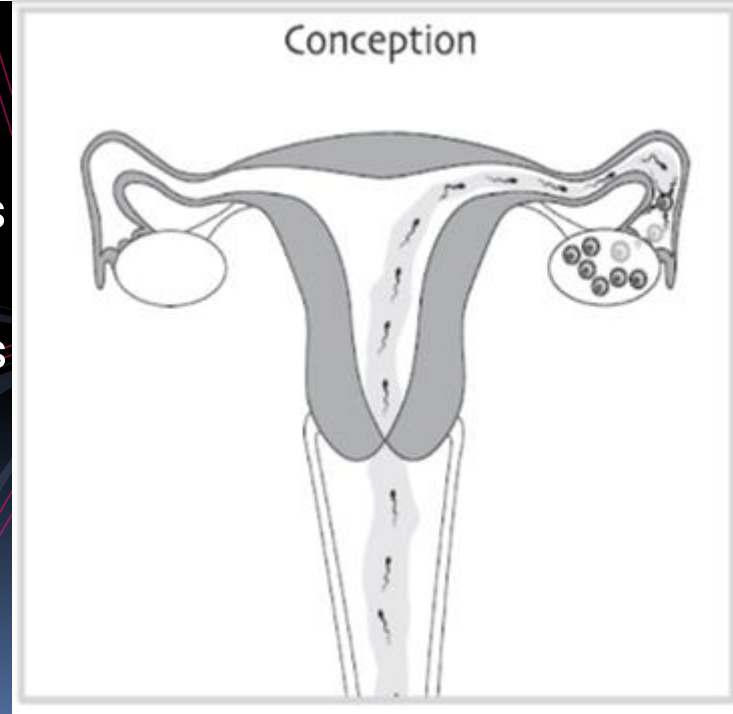
First trimester

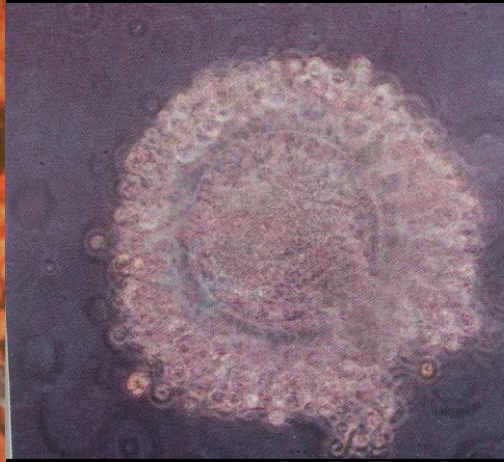
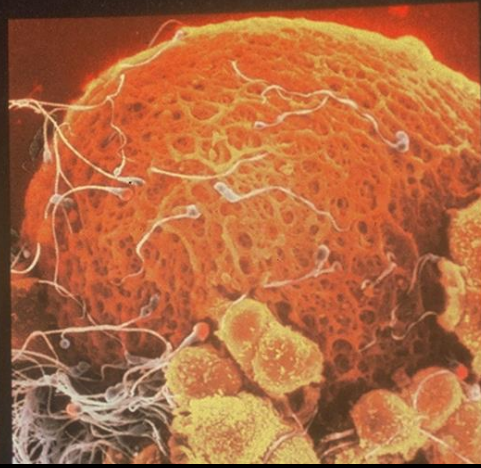
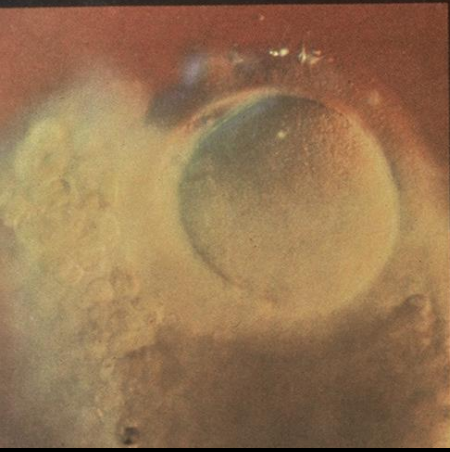
The first trimester will span from conception to 12 weeks. This is generally the first three months of pregnancy. During this trimester, the fertilized egg will change from a small grouping of cells to a fetus that is starting to have a baby's features.



Fertilization and Conception

Reproductive cells (or sex cells) are called gametes. These are the egg cells in females and the sperm cells in males. To create a new baby, the nucleus of each of these cells has to fuse together. This means that the baby will get half of its DNA from each parent. When egg and sperm fuse, this is called fertilization.





On average, fertilization happens about two weeks after a female's last menstrual period. When the sperm penetrates the egg, changes occur in the protein coating of the egg to prevent other sperm from entering.

At the moment of fertilization, your baby's genetic makeup is complete, including its sex.

The egg will contribute an X chromosome and the sperm will contribute either an X or Y chromosome.

Females have a genetic combination of XX and males have XY.



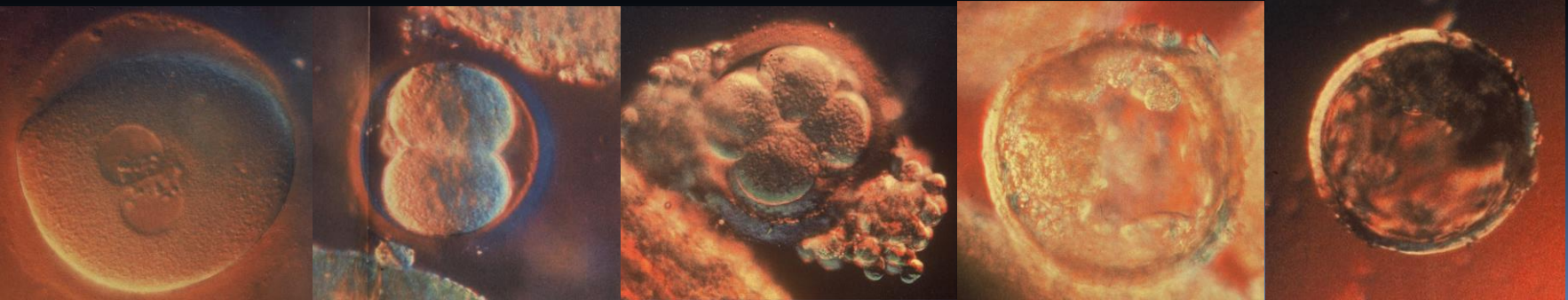
Month 1 (weeks 1 through 4)

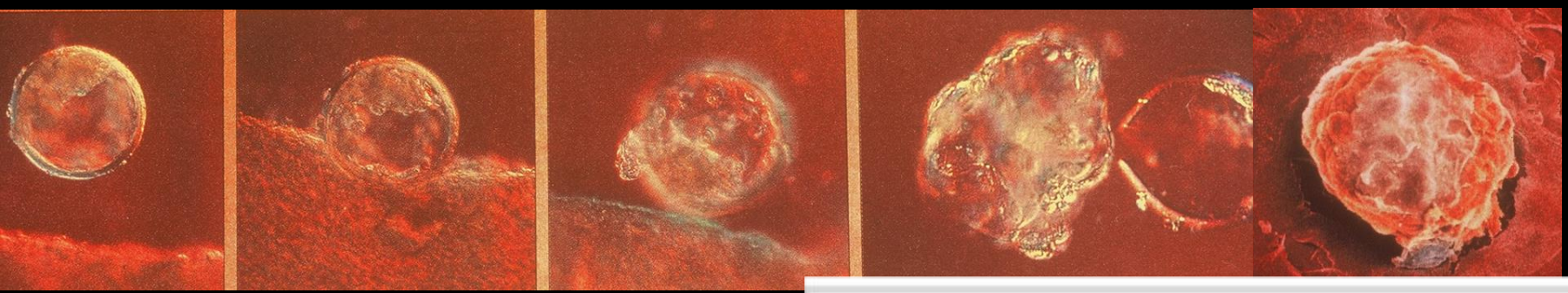
As the fertilized egg grows, a water-tight sac forms around it, gradually filling with fluid. This is called the amniotic sac, and it helps cushion the growing embryo.

During this time, the placenta also develops. The placenta is a round, flat organ that transfers nutrients from the mother to the fetus, and transfers wastes from the fetus. Think of the placenta as a food source for the fetus throughout pregnancy.



Within 24 hours after fertilization, the egg begins rapidly dividing into many cells. It remains in the fallopian tube for about three days after conception. Then the fertilized egg (now called a blastocyte) continues to divide as it passes slowly through the fallopian tube to the uterus.

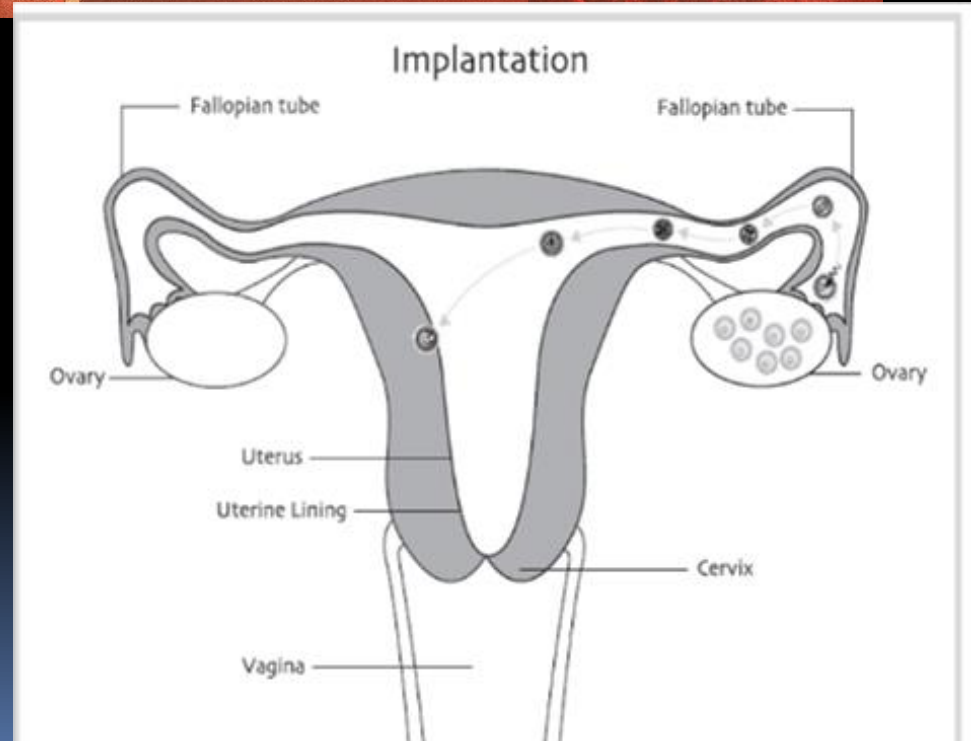




Fertilized egg travels down the fallopian tube into the uterus.

Fertilized egg attaches itself to the lining of the uterus

Fertilized egg uses lining of the uterus for nourishment



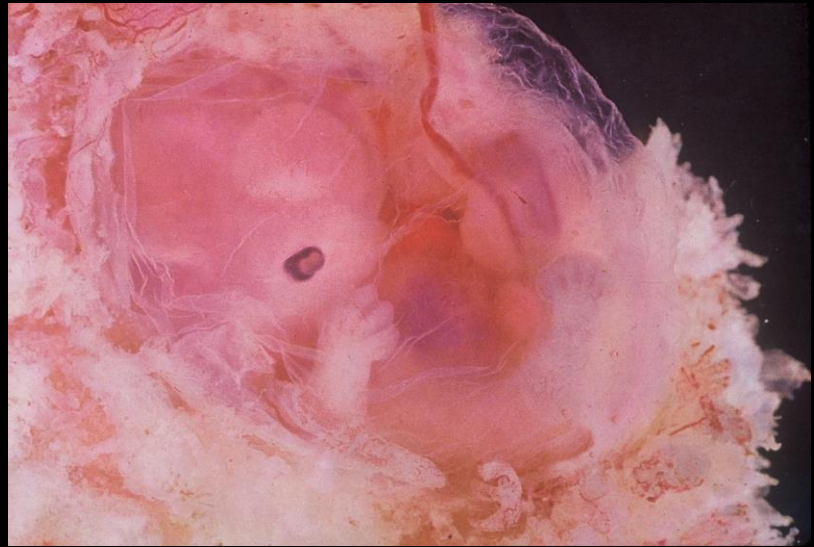
The developing fetus is called an embryo from conception until the eighth week of development. After the eighth week, it's called a fetus until it's born.

The beginning of the embryo's eyes, ears, nose, spine, digestive tract and nervous system are formed by 4 weeks.. The tube for the future heart starts beating.



2 weeks	
4 weeks	

In these first few weeks, a primitive face will take form with large dark circles for eyes. The mouth, lower jaw and throat are developing. Blood cells are taking shape, and circulation will begin. The tiny "heart" tube will beat 65 times a minute by the end of the fourth week.



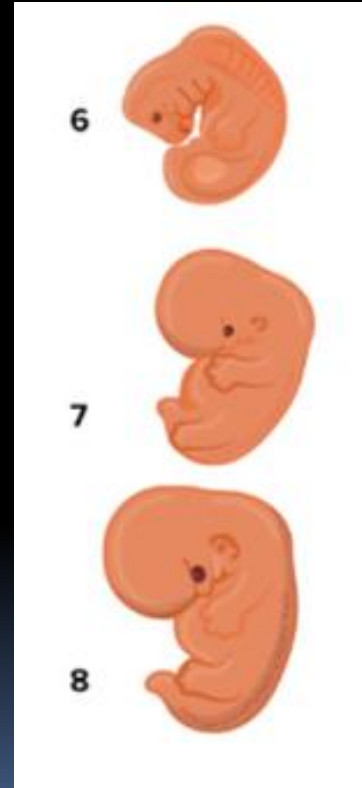
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By the end of the first month, the fetus is about 1/4 inch long – smaller than a grain of rice.

Month 2 (weeks 5 through 8)

At 8 weeks gestation the baby, called a fetus, now has all the organs that a full term baby will have. The heart is functioning. Bones begin to form.

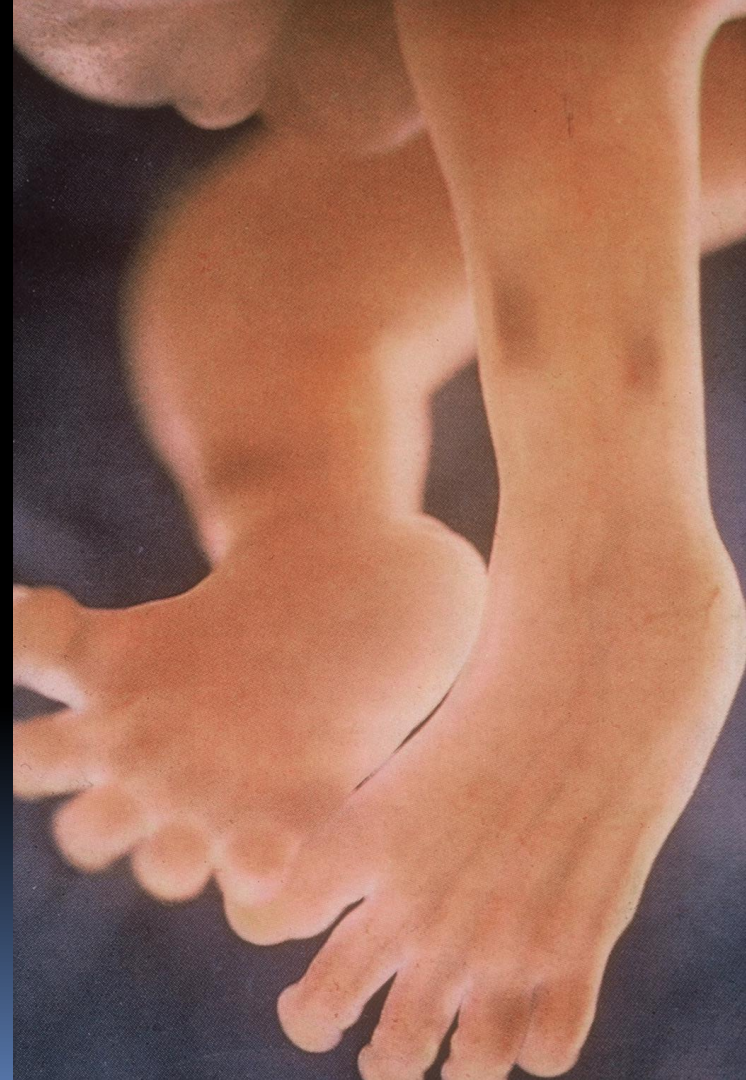


About the size of a walnut



Month 3 (weeks 9 through 12)

Tooth buds are present. Fingernails and toenails are forming. Immature kidneys secrete urine into the bladder. External genitalia are forming. The fetus can now move in the amniotic fluid, but these movements cannot be felt. The baby's heartbeat may be heard with an electronic listening device.





At the end of the third month, the fetus is about 4 inches long and weighs about 1 ounce.

Since the most critical development has taken place, your chance of **miscarriage** drops considerably after three months.

12 weeks



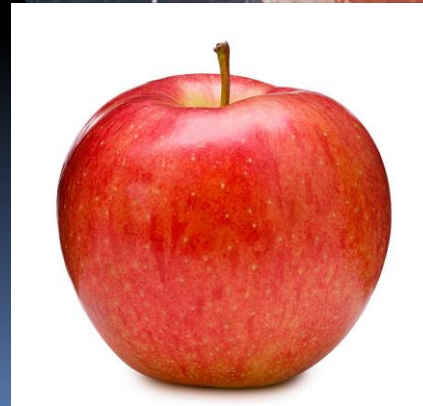
The baby is about the size of a lime at this time

Month 4 (weeks 13 through 16)

The fetal heartbeat may now be audible through an instrument called a doppler. The fingers and toes are well-defined. Eyelids, eyebrows, eyelashes, nails and hair are formed. Teeth and bones become denser. The fetus can even suck his or her thumb, yawn, stretch and make faces.

The nervous system is starting to function. The reproductive organs and genitalia are now fully developed, and your doctor can see on **ultrasound** if the fetus will be designated male or female at birth.

By the end of the fourth month, the fetus is about 6 inches long and weighs about 4 ounces. That is about the size of an apple.



Month 5 (weeks 17 through 20)

At this stage, you may begin to feel the fetus moving around. The fetus is developing muscles and exercising them. This first movement is called quickening and can feel like a flutter.

Hair begins to grow on the head. Eyebrows and eyelashes appear. The shoulders, back and temples are covered by a soft fine hair called lanugo. This hair protects the fetus and is usually shed at the end of your baby's first week of life.

The skin is covered with a whitish coating called vernix caseosa. This "cheesy" substance is thought to protect fetal skin from the long exposure to the amniotic fluid. This coating is shed just before birth.

By the end of the fifth month, the fetus is about 10 inches long and weighs from 1/2 to 1 pound, about the size of a



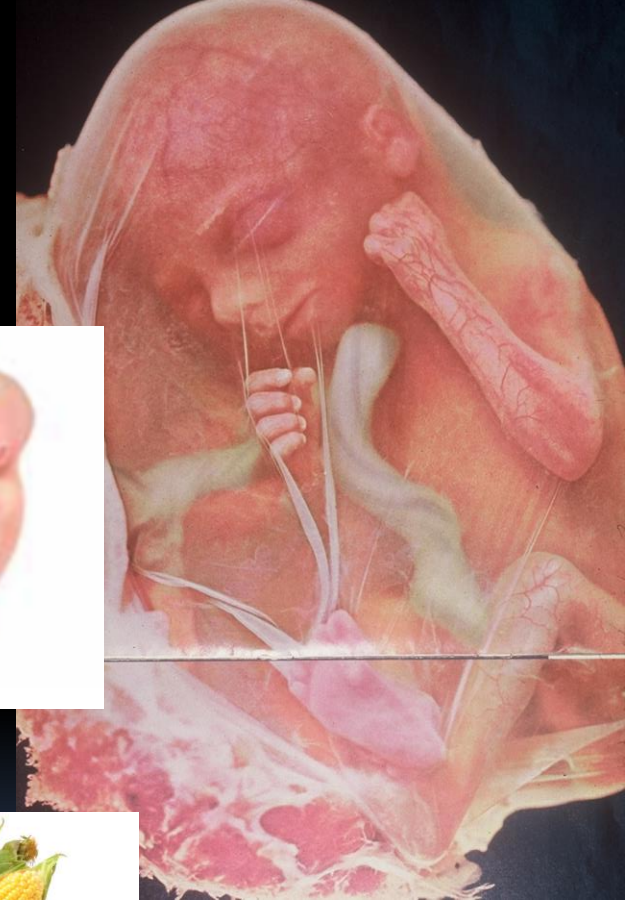
Month 6 (weeks 21 through 24)

If you could look inside the uterus right now, you would see that the fetus's skin is reddish in color, wrinkled and veins are visible through translucent skin. The finger and toe prints are visible. Sweat gland form. In this stage, the eyelids begin to part and the eyes open.

The fetus responds to sounds by moving or increasing the pulse. You may notice jerking motions if the fetus hiccups.

If **born prematurely**, the baby may survive after the 23rd week with intensive care.

By the end of the sixth month, the fetus is about 12 inches long and weighs about 2 pounds. This is about the size of an ear of corn





Third trimester

This is the final part of your pregnancy. Each week of this final stage of development helps the fetus prepare for birth. Throughout the third trimester, the fetus gains weight quickly, adding body fat that will help after birth.

Remember, even though popular culture only mentions nine months of pregnancy, you may actually be pregnant for 10 months. The typical, full-term pregnancy is 40 weeks, which can take you into a tenth month. It's also possible that you can go past your due date by a week or two (41 or 42 weeks). Your healthcare provider will monitor you closely as you approach your due date. If you pass your due date, and don't go into spontaneous labor, your provider may induce you. This means that medications will be used to make you go into labor and have the baby. Make sure to talk to your healthcare

Month 7 (weeks 25 through 28)

The fetus continues to mature and develop reserves of body fat. At this point, hearing is fully developed. The fetus changes position frequently and responds to stimuli, including sound, pain and light. The amniotic fluid begins to diminish.

If born prematurely, your baby would be likely to survive after the seventh month.

At the end of the seventh month, the fetus is about 14 inches long and weighs from 2 to 4 pounds, about the size of a squash.



Month 8 (weeks 29 through 32)

The fetus continues to mature and develop reserves of body fat. You may notice more kicking. The brain developing rapidly at this time, and the fetus can see and hear. Most internal systems are well developed, but the lungs may still be immature.

The fetus is about 18 inches long and weighs as much as 5 pounds. This is about the size of a cantaloupe.



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Month 9 (weeks 33 through 36)

During this stage, the fetus continues to grow and mature. The lungs are close to being fully developed at this point.

The fetus has coordinated reflexes and can blink, close the eyes, turn the head, grasp firmly, and respond to sounds, light and touch.

The fetus is about 17 to 19 inches long and weighs from 5 ½ pounds to 6 ½ pounds, About the size of a large pineapple.



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Month 10 (Weeks 37 through 40)

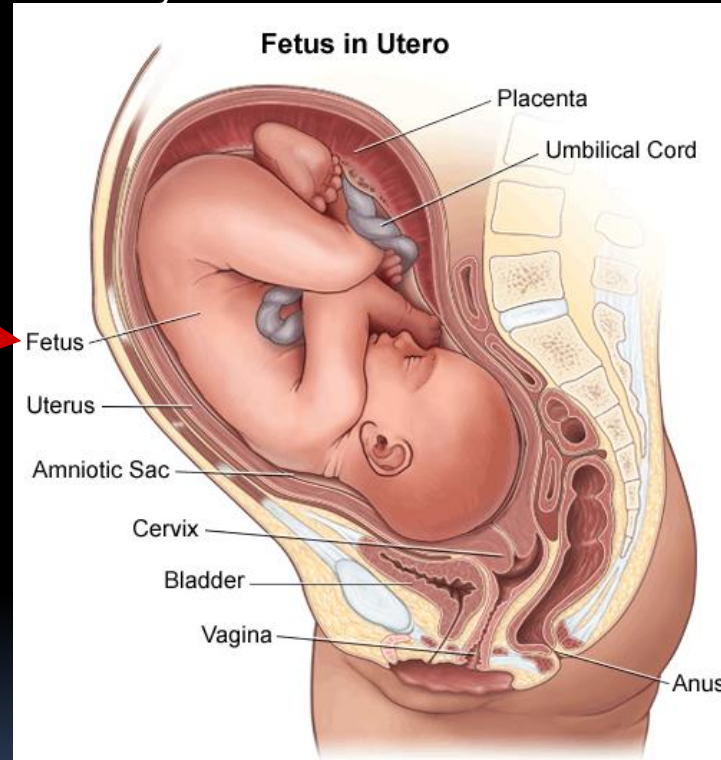
In this final month, you could go into **labor** at any time. You may notice that less movement because space is tight. At this point, The fetus's position may have changed to prepare for birth. Ideally, it's head down in your uterus. You may feel very uncomfortable in this final stretch of time as the fetus drops down into your pelvis and prepares for birth.

Your baby is ready to meet the world at this point. They are about 18 to 20 inches long and weigh about 7 pounds. This is about the size of a watermelon.



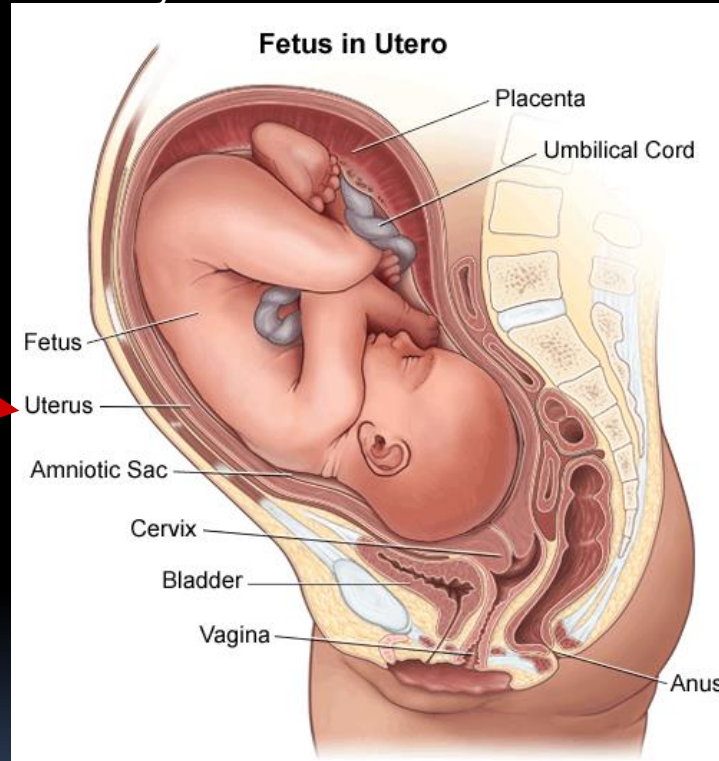
Anatomy of Woman and Fetus in Utero

Fetus. An unborn baby from the 8th week after fertilization until birth.



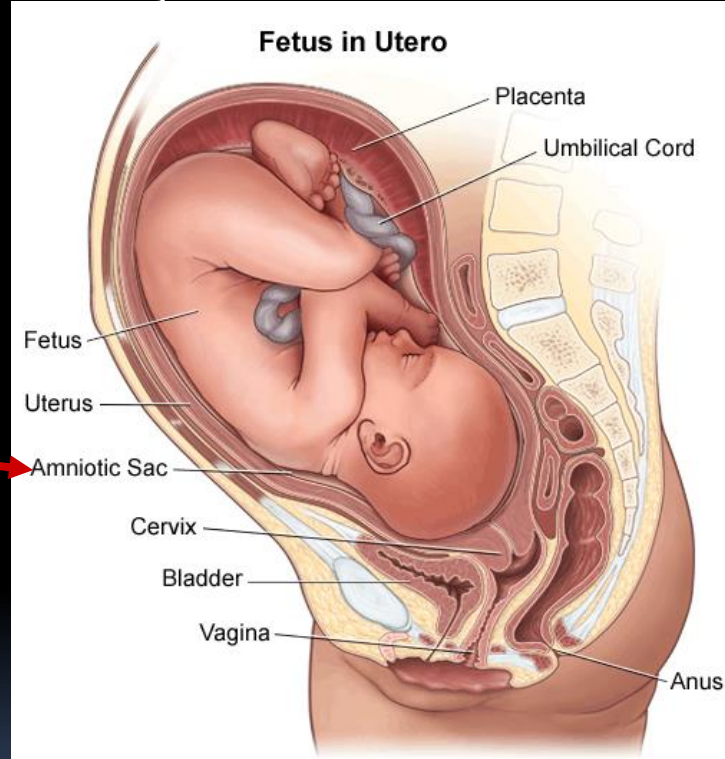
Anatomy of Woman and Fetus in Utero

Uterus. The uterus, or womb, is a hollow, pear-shaped organ in a woman's lower stomach between the bladder and the rectum. It sheds its lining each month during menstruation. A fertilized egg (ovum) becomes implanted in the uterus, and the fetus develops.



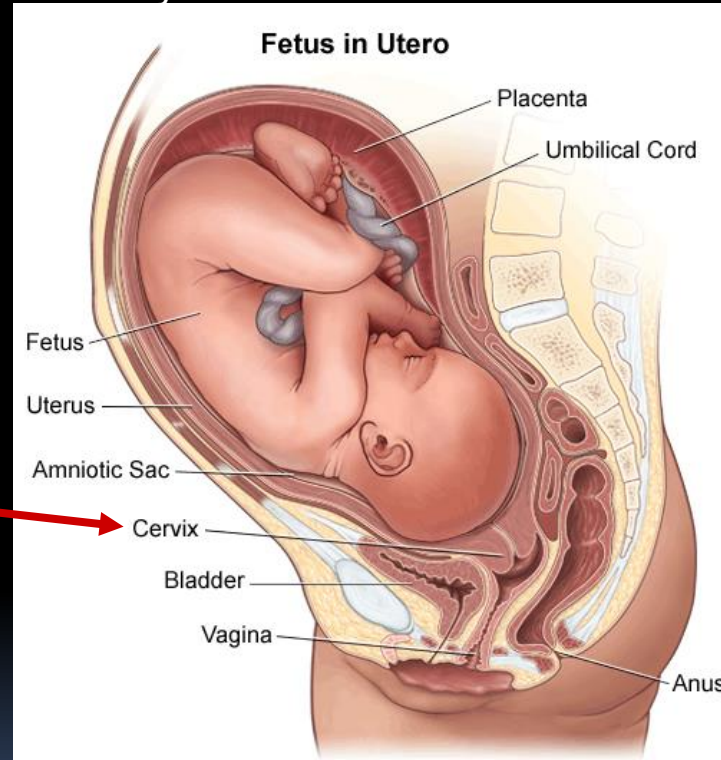
Anatomy of Woman and Fetus in Utero

Amniotic sac. A thin-walled sac that surrounds the fetus during pregnancy. The sac is filled with liquid made by the fetus (amniotic fluid) and the membrane that covers the fetal side of the placenta (amnion). This protects the fetus from injury. It also helps to regulate the temperature of the fetus.

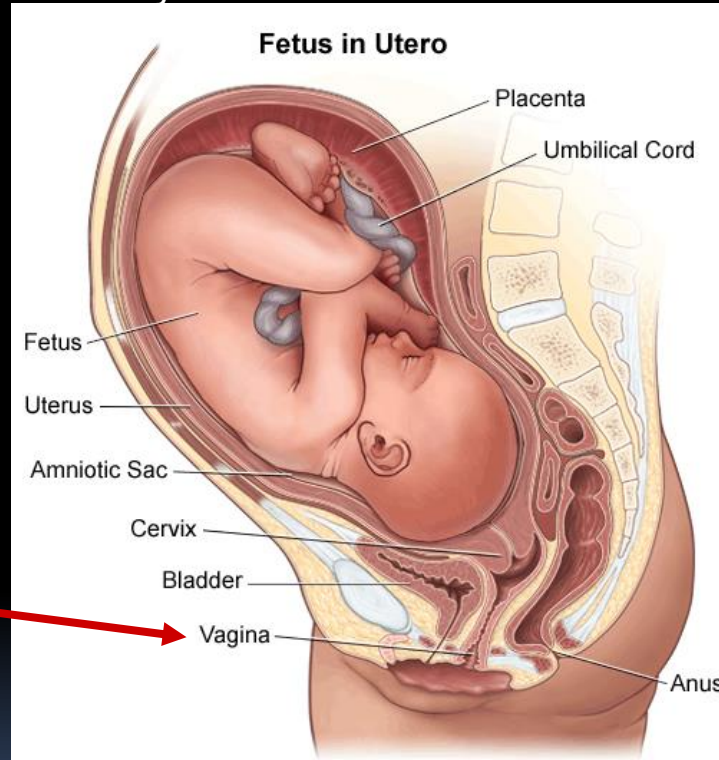


Anatomy of Woman and Fetus in Utero

Cervix. The lower part of the uterus that extends into the vagina. The cervix is made up of mostly fibrous tissue and muscle. It is circular in shape.

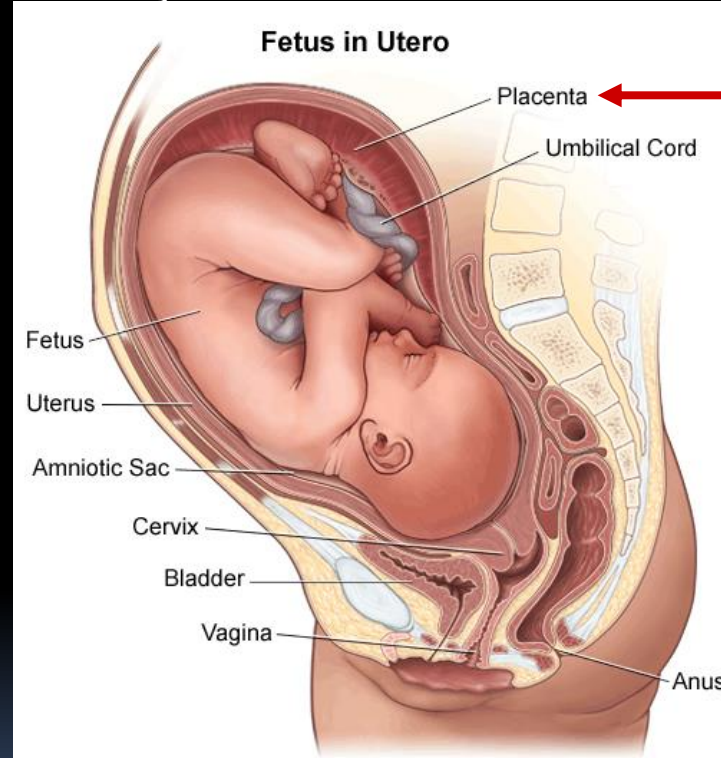


Anatomy of Woman and Fetus in Utero



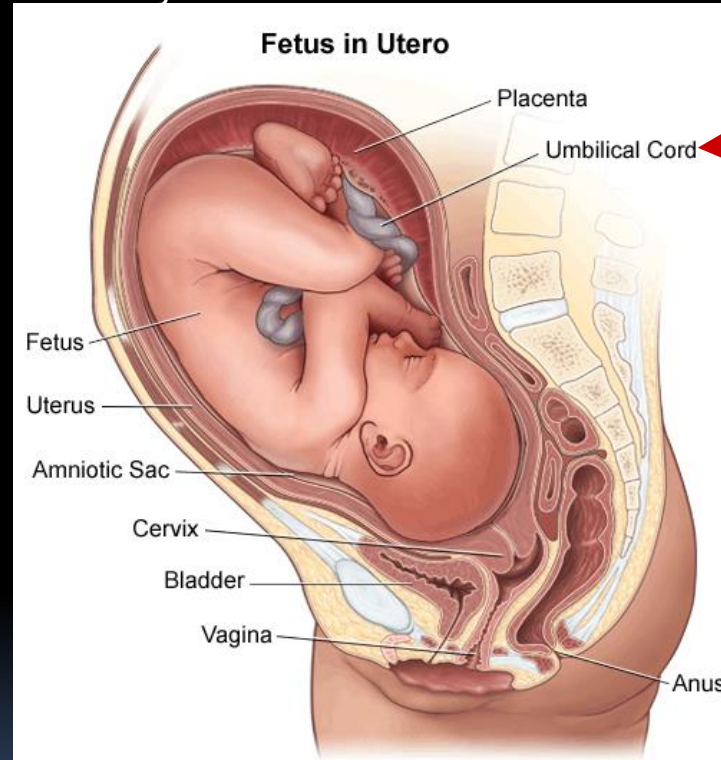
Vagina. The part of the female genitals behind the bladder and in front of the rectum that forms a canal. This extends from the uterus to the vulva.

Anatomy of Woman and Fetus in Utero



Placenta. An organ shaped like a flat cake. It only grows during pregnancy. The fetus takes in oxygen, nutrients, and other substances from the placenta and gets rid of carbon dioxide and other wastes.

Anatomy of Woman and Fetus in Utero



Umbilical cord. A rope-like cord connecting the fetus to the placenta. The umbilical cord contains 2 arteries and a vein. It carries oxygen and nutrients to the fetus and waste products away from the fetus.

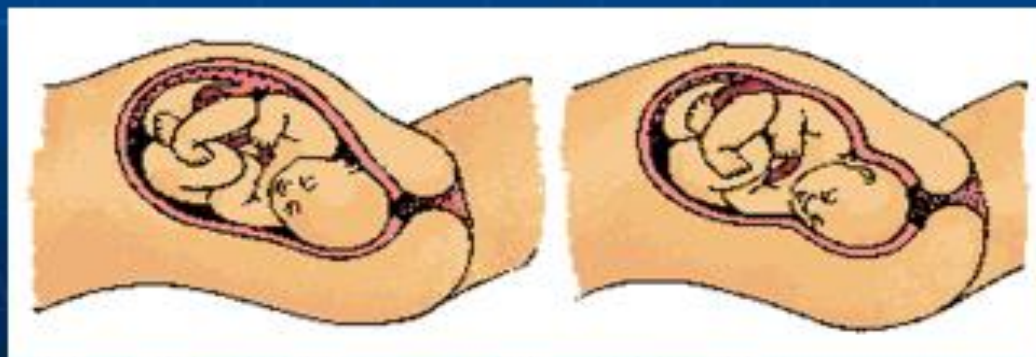


Stages of Labor And Delivery

1. First Stage of Labor: This stage begins with the onset of effacement and dilation of the cervix and ends with the birth.
2. The Second Stage of Labor: Birth of the baby
3. The Third Stage of Labor: Delivery of the afterbirth

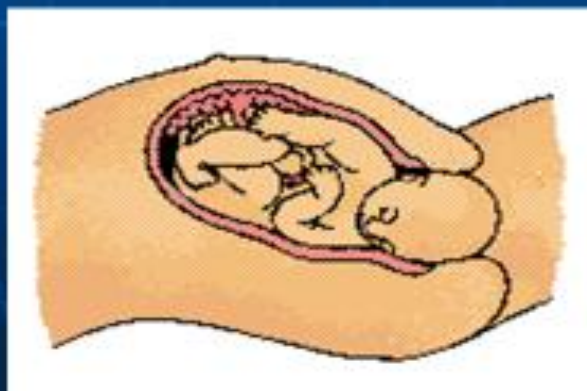
1st Stage

During the first stage, uterine contractions begin (left) and are usually spaced from 10 to 20 minutes apart. Initially the contractions are gentle, but they tend to become more powerful and sometimes uncomfortable. The cervix dilates with each contraction (right), and the baby's head rotates to fit through the mother's pelvis.



2nd Stage

The second stage of labor usually lasts about 90 minutes. During this stage, the cervix opens sufficiently and the baby begins to move down the birth canal. The mother pushes, or bears down, in response to pressure against her pelvic muscles. The crown of the baby's head becomes visible in the widened birth canal.



Birth

As the head emerges entirely (*left*) the physician turns the baby's shoulders (*right*), which emerge one at a time with the next contractions. The rest of the body then slides out relatively easily, and the umbilical cord is sealed and cut.



3rd Stage

Following the exit of the infant, the third stage of labor occurs. The uterus continues to contract, expelling the severed umbilical cord and placenta, called the afterbirth. The third stage occurs within ten minutes of the baby's birth.



Standard 4b

Compare and contrast the effectiveness of various contraceptive methods for pregnancy prevention.

Concepts and Skills to Master

- Compare and contrast: abstinence, barrier, & hormonal methods in graphic organizer.
- Create a table listing various contraceptive methods with abstinence at the top of the table. Include columns for effectiveness percentage, protect against STDs, male/female method (add vasectomy).

Standard 6

Identify practices for prevention of common sexually transmitted diseases & infections (STD/STI).

Pregnancy Prevention and Contraception

Sexual intercourse always carries with it the risk of pregnancy. During intercourse sperm enters the female's vagina and goes towards an egg. The sperm may fertilize the egg causing pregnancy.

Sexually transmitted infections are also a risk of sexual intercourse. These physical consequences and other social and emotional consequences can significantly alter a person's life.

Birth Control

- When you are in a committed relationship, such as marriage, the choice to have children is a very personal decision. It is important to be aware of how pregnancy occurs as well as methods to prevent pregnancy. These methods are referred to as birth control.

Definitions

BIRTH CONTROL

- Control over pregnancy
- Limit pregnancy
- To space pregnancy

CONTRACEPTIVES

- Methods used to keep females from getting pregnant

ABSTAIN

- to hold oneself back voluntarily

Contraceptive Categories

Abstinence - Voluntarily not engaging in sexual intimacies using no hormones or barriers;

Hormonal - hormones control ovulation

Barriers - block sperm from entering the cervix

Does Abstinence Help Prevent STIs?

Abstinence protects people against STIs from vaginal sex. But STIs can also spread through oral-genital sex, anal sex, or even intimate skin-to-skin contact (for example, genital warts and herpes can spread this way).

Complete abstinence is the only way to guarantee protection against STIs. This means avoiding all types of intimate genital contact. Someone practicing complete abstinence does not have any type of intimate sexual contact, so there is no risk of getting an STI.

Abstinence does not prevent HIV/AIDS, hepatitis B, and hepatitis C infections that can spread through nonsexual activities, like using contaminated needles for tattooing or injecting drugs or steroids.

Pros and Cons of Each type of Contraceptive

	Abstinence	Barrier	Hormonal
Pros (Positive)	100 % effective against pregnancy and STI's	78%- 96% effective if used properly. Inexpensive and no effect on hormones.	When used correctly, all hormonal contraception choices are more than 99% effective in preventing pregnancy. They also have other potential benefits: <ul style="list-style-type: none">• They reduce the risk of uterine, ovarian, and colon cancers.• They often reduce menstrual (period) blood flow.• They may reduce painful periods.
Cons (Negative)	None	Still a chance for pregnancy and STI	Slight increase of breast cancer, heart attack, stroke and blood clots. Women with certain conditions should avoid using hormones. Not effective against STI's

Method	Type	Percent effective against pregnancy when used correctly	Protection against STD's/STI's	Male/Female method
Abstinence- no sexual intimacies	Abstinence	100%	yes	Both
Condom (worn on genitals to keep sperm from entering the vagina)	Barrier	Up to 87%	somewhat	Male
Implant (Device inserted in arm. May last up to three years)	Hormonal	99%	no	Female
IUD (Device inserted in uterus that prevents the embryo from implanting) May be copper or hormonal	Barrier/Hormonal	99%	no	Female
Patch (contains hormones to block release of eggs. Wear for three weeks, then remove. Must reapply every month)	Hormone	93%	no	Female
The Pill (contains hormones to block release of eggs. Must take one pill everyday)	Hormone	93%	no	Female

Method	Type	Percent effective against pregnancy when used correctly	Protection against STD's/STI's	Male/Female method
The Shot (given as an injection every few months to stop ovulation)	Hormonal	96%	no	Female
Tubal Sterilization (surgically cut fallopian tubes so egg cannot reach the uterus and sperm cannot reach the egg)	Barrier	98%	no	Female
Vasectomy (done by cutting and sealing the tubes that carry sperm)	Barrier	99%	no	Male
Withdrawal (remove penis from vagina before sperm are ejaculated)	Barrier	80%	no	Male

Things To Know

- **Ninety-four percent of teens believe that if they were pregnant they would stay in school; in reality, 70 percent eventually complete high school.**
- **Fifty-one percent of teens believe that if they were involved in a pregnancy they would marry the baby's mother or father; in reality, 81 percent of teenage births are to unmarried teens.**
- **26 percent of teens believe that they would need welfare to support a child; in reality, 56 percent receive public assistance to cover the cost of delivery and 5 percent receive public assistance by their early 20s.**

Standard 4c

Identify adoption as an option for unintended pregnancy and discuss the Newborn Safe Haven Law.

Concepts and Skills to Master

- Required to be taught by licensed health educator in grades 7/8 and 9/10. See Utah Code 53G-10-403
- [Utah Newborn Safe Haven website and PPT.](#)

Unplanned pregnancies can certainly be an incredibly stressful experience, the right decision will be the one that's best for the mother and their baby; only she can make that choice.

An unplanned pregnancy option to consider is adoption or having the baby and placing it with another person or family to raise as their own. Adoption is a permanent legal agreement that allows another person or family to parent the baby after he or she is born.

The Utah Newborn Safe Haven law is designed to prevent the tragic situation where a woman abandons her newborn in an unsafe place, jeopardizing the life of the infant.





ANONYMOUS AND SAFE DROP OFF OF A NEWBORN BABY



Information for Students



ANONYMOUS AND SAFE DROP OFF OF A NEWBORN BABY



Objectives for Students:

Learn about the Utah Newborn Safe Haven Law

Know where and how to safely 'drop off' a newborn

Have resources for questions about the law



The Ideal World



**All pregnancies would be planned and wanted;
Newborns would be welcomed into the home; and
They would be raised in a safe and loving household.**



Why a Pregnancy May Not be Welcomed



A person may not want to admit or believe that there is a pregnancy due to:

Sexual assault;

Fear of telling parents;

Fear family will be disappointed; or

Fear of death.



Consequences of Hiding a Pregnancy



If a person hides a pregnancy, she may not get:

Prenatal care;

Mental health counseling and services;

Information about adoption and other resources.



More Consequences of Hiding a Pregnancy



The woman may have delivered the baby on her own and may need medical care.

The parents of the newborn may panic and leave the baby in an unsafe place.

The woman or the infant - or both - may die.





The Utah Newborn Safe Haven or 'Baby Drop Off' Law



The law allows a birth mother or any other person to leave a newborn at a Utah hospital emergency room...

NO Questions Asked

NO Police

NO Judgment





What is the definition of a 'Newborn Baby'?



**A Newborn Baby defined under the Utah
Newborn Safe Haven Law:**

**A baby 3 days old (72 hours) or
younger**



What to Do



Don't be afraid to call 9-1-1.

Emergency staff know about the Utah Newborn Safe Haven Law.

Emergency staff know how to take care of the baby and the mom.



What Happens at the Hospital?



After arriving at the emergency room, the doctors and nurses will make sure both mom and the baby are healthy.



Privacy is the Law

Mom does not have to give any information to emergency or hospital staff.

Privacy is important and it is the law.

But, if mom *does* have medical information about the health of the newborn, or knows of a serious disease that runs in the family, it will be helpful to tell the emergency or hospital staff.



What Happens to the Newborn?



After the newborn is checked by a doctor, hospital staff contact the Utah Division of Child and Family Services (DCFS).

DCFS gives the baby to trained foster parents who will care for him or her until adopted.



You have hidden your pregnancy.

The Utah Newborn Safe Haven law is designed to prevent the tragic situation where a woman abandons her newborn in an unsafe place, jeopardizing the life of the infant.

[Read More](#)

A Utah law provides protection for you and your newborn.



1(866)-458-0058



Safe Haven Law

In May 2001, a state-wide law went into effect in Utah allowing birth parents to anonymously give up custody of their newborn child without facing any legal consequences.



What We Do

Utah Safe Haven promotes information about the Utah Safe Haven law, empowering new mothers with information about a safe alternative to abandonment.



Emergency Child Care Resources

These child care resources may be of help to you or someone you know. Visit our [About](#) page for links for emergency child care.



Phone 1(866)-458-0058
Email utahnewbornsafehaven@gmail.com

[Licensed Adoption Agencies](#)



UtahNewborn @kskcom Don't have to abandon baby in unsafe place UT
#SafeHavenLaw allows dropoff at 24/7 hospital no questions utahsafehaven.org
4 days ago · reply · retweet · favorite



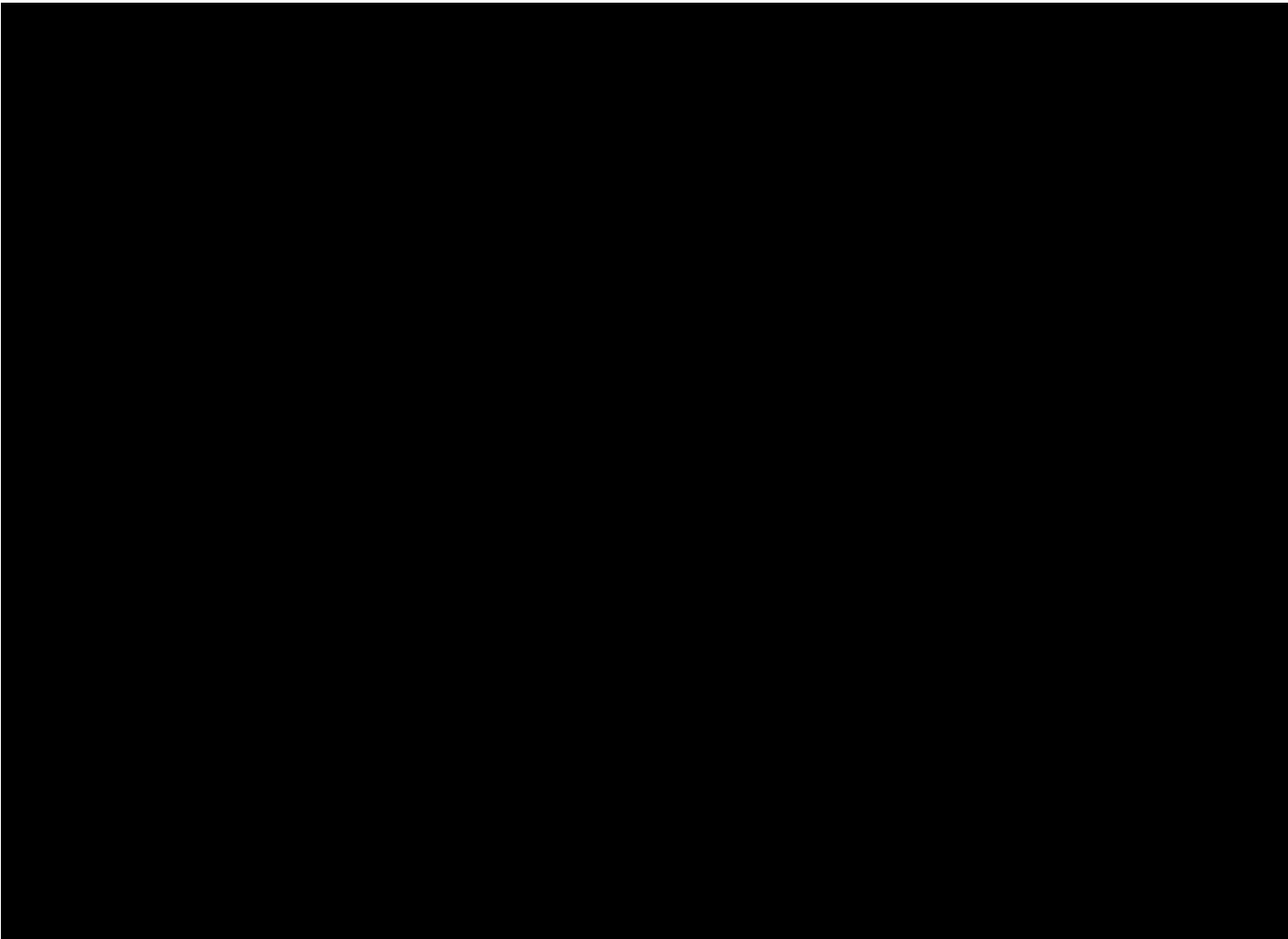
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Standard 7

Identify accurate and credible sources of information about sexual health, development, relationships, harassment, and abuse and identify who and where to turn to for help (for example, parent, relative, clergy, health care provider, teacher, counselor).

Concepts and Skills to Master

- Research sources for information on sexual health (e.g., credible websites, community organizations)
- Research and list several sources for support when faced with sexual harassment, abuse and/or relationship abuse (e.g., credible websites, community organizations).



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**Where do you go when
you need information or
questions answered?**

- How many ask a teacher, a parent or another adult?
- How many ask a peer (a friend, sibling, etc.)?
- How many look things up in books or at the library?
- How many look things up on the internet?



Why do you like to use those resources for research and answers?



Parents and other trusted adults are always the first people to get information from.

Why would parents or other trusted adults be a good resource?

Sometimes we might get information from other sources such as from friends or online.

- What might be some drawbacks of getting information from friends?
- What might be some drawbacks of getting information from online?



One thing many young people want to know more about is sexual health and resources for sexual abuse.

What do you think the advantages and disadvantages of the internet would be as a source of information about sexual health?

Advantages are likely to include:

- ❖ It's anonymous and an alternative to asking a person face-to-face
- ❖ Instant access to information (you don't have to make an appointment for someone to talk to you)
- ❖ Low cost and accessible (don't need to travel to a clinic, the internet is in the majority of households)
- ❖ Extensive amount of information (not reliant on library holdings or the knowledge of others)

Disadvantages, in addition to the ones already discussed, also include:

- ❖ It can be hard to find information about sexuality online without being exposed to explicit sexual material
- ❖ Filtering software often blocks material relating to sex, including sexual health information

Safe Internet Search Skills

Finding any kind of information online is a skill. There are methods and tricks you can use that will help you to find what you want, get more relevant results and fewer unwanted results.



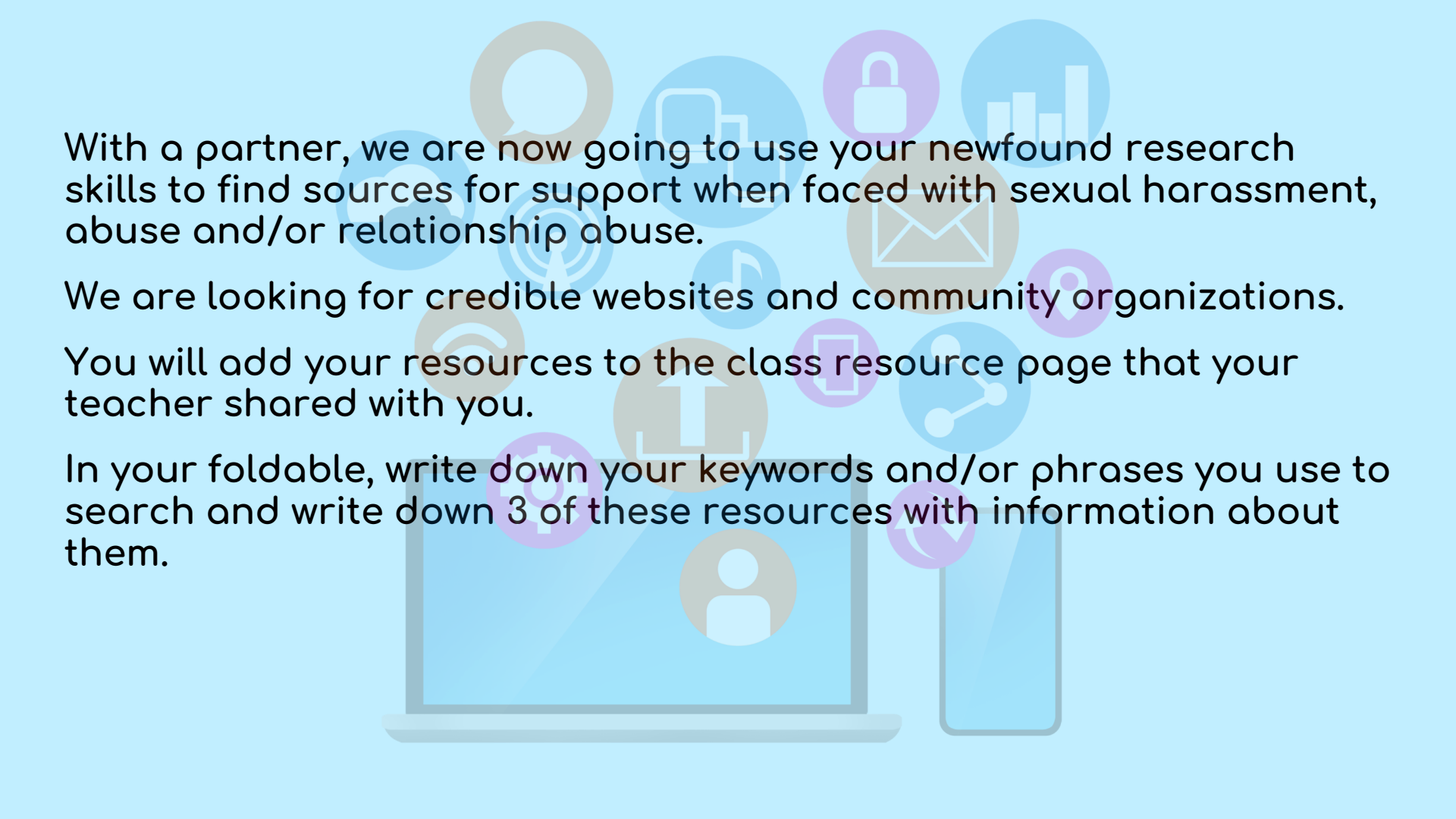
By following a few basic search tips, you'll be able to find what you are looking for quickly and easily.

1. Think before your search. Think about the topic or question you would like to search. Think about how you would describe the topic and choose 3 or 4 keywords.
2. Keep it simple. Describe what you want in as few terms as possible.
3. Be specific. The more precise your search terms are, the more precise your search results will be. Avoid general or common words.
4. Imagine how the webpage you are hoping to find will be written. Use words that are likely to appear on that page.
5. Capitalization, punctuation and spelling don't really matter. In most cases, search engines will ignore capitalization and punctuation in a search and will generally auto-correct your spelling mistakes.

6. Narrow your search results. There are several ways to help you narrow your search results to find exactly what you're looking for.:

- Use quotation marks to find exact phrases or names. For example, if you search for *death penalty* you will get hits with both words not related to each other. For instance you may get a hit for someone who recently died and you may get a hit for a soccer player who got a penalty. Using quotation marks in "*death penalty*" will look for the two words together.
- Use Boolean Operators (AND, OR, and NOT) to broaden or narrow your search.
 - AND (+ in Google) narrows the search because it requires both terms to be in each item returned. You mostly do not need to use this function as it is built in to most search engines. However, using + forces Google to return common words that might ordinarily be discarded, for example: *Peanut Butter +and Jam*.
 - OR broadens the search because either term (or both) will be in the returned items. (OR gives you more!)
 - NOT (- in Google) narrows your search because it will eliminate any results with the second term. (*Montana NOT Hannah* or *Montana -Hannah* will show results for the state, but not Miley Cyrus.)

7. Apply filters. After you search, most search engines have filters available that will refine your search to a specific type of contact.
 - For example, after searching you can click on Images to view images related to your search or News to view news articles related to your search.
 - There are generally further filters that will filter search results down by date (how recent the search result is) or by other attributes.
 - In an image search, you can filter images by the type of image or by license attribution to find images that are in the public domain or free to use through Creative Commons.
 - In Google, many of the filters are available by clicking on Tools. In Bing, click on Filters to find more of the filters.

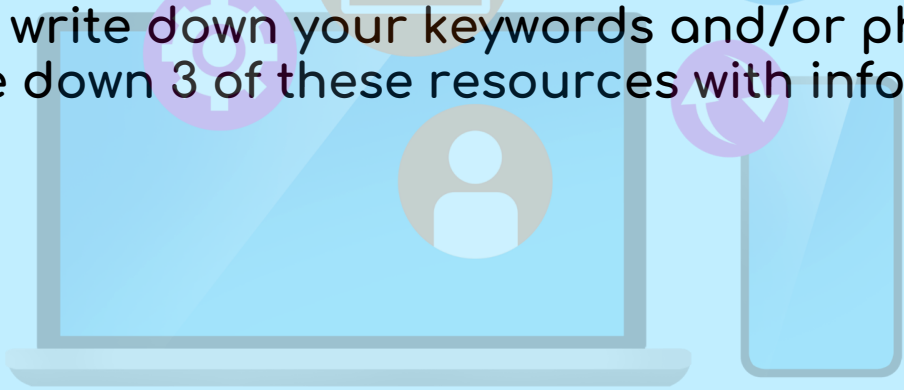


With a partner, we are now going to use your newfound research skills to find sources for support when faced with sexual harassment, abuse and/or relationship abuse.

We are looking for credible websites and community organizations.

You will add your resources to the class resource page that your teacher shared with you.

In your foldable, write down your keywords and/or phrases you use to search and write down 3 of these resources with information about them.



Standard 8

Recognize characteristics of healthy and unhealthy relationships.

Concepts and Skills to Master

- Review vocabulary words: love, mature love, immature love, and infatuation. Give students examples of relationships and match with the correct vocabulary word.
- Discuss behaviors students may see in friendships, parent/child, sibling, dating, marital relationships.
- Discuss how to create and maintain healthy personal online relationships (e.g., use, contact list, time, safety).

Important Relationships

The background of the slide features a light green gradient. In the center, there are dark green silhouettes of a family consisting of a man, a woman, and a child. The man is on the left, the woman is on the right, and the child is in the middle, holding the hands of both adults.

People live in social groups and have many relationships with other people. Most people live in families and have friends.

Children and young people have relationships with other students, teachers, and adults. Adults have relationships with coworkers and members of groups to which they belong.

All of these relationships help contribute to a person's health and well-being.

Types of Relationships

Love is an intense, deep affection for another person. This can describe a relationship with parents, siblings, friends, other family members and even pets. This does not have to indicate “being in love with someone”.

Mature love thrives off giving and taking. Both partners realize that giving love is just as great as receiving love. Their partner's happiness is just as important as their own. They see their relationship as being on the same team, and both players need to be supported and happy.

Immature relationships: In this, couples aren't sure of themselves. The partners are highly dependent on each other and can't seem to survive on their own. They require each other's assistance to go through every situation in life.

Infatuation is falling in love with or becoming extremely interested in someone or something for a short time.



Write in the correct term in the examples.

- If you have _____ with a particular singer, you probably listen to them on repeat all day long, *at least this week*.
- In _____ the couples are not dependent on each other at all and work together to build their relationship.
- If your partner doesn't pay attention to your concerns or interests it is most likely _____.
- _____ is a **mix of emotions, behaviors, and beliefs associated with strong feelings of affection, protectiveness, warmth, and respect for another person**. This can also be used to apply to non-human animals, to principles, and to religious beliefs.

What makes a Healthy Relationship?

Respect - Respect each person as an individual. A healthy partnership means learning about the other person & valuing what's important to them.

Trust - Means that you feel that you can count on each other & that the other person will be there for you. Trust needs to be earned over time & can be lost with a broken promise.

Be Honest about thoughts & feelings. It is the “real me” that our partner wants to get to know.

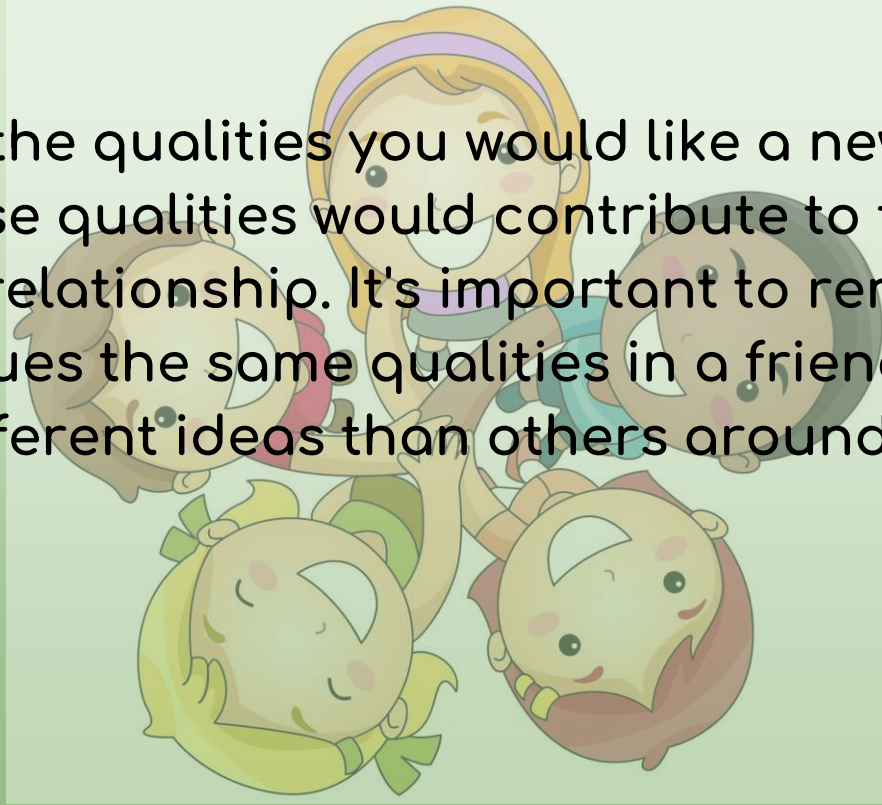
Communication - Is how we show our respect, trust & honesty. It requires listening & sharing thoughts & feelings.



RELATIONSHIPS

Healthy Relationships	Unhealthy Relationships
You feel good about yourself when you're around the other person.	You feel sad, angry, scared or worried.
You do not try to control each other. There is equal amount of give & take.	You feel you give more attention than they give to you. You feel controlled.
You feel safe & trust to share secrets. This requires listening.	You do not communicate, share or trust.
You like to spend time together but also enjoy doing things apart.	You feel pressured to spend time together & feel guilty when apart.
It's easy to be yourself when you're with them.	You feel the need to be someone or something that you're not.
You Respect each other's opinion. You listen & try to understand their point of view even if you don't agree.	You feel there's no respect for you or your opinion. You're not able to disagree.
There is no fear in your relationship.	You feel fear.

Think about the qualities you would like a new friend to have and how those qualities would contribute to the development of a healthy relationship. It's important to remember that not everyone values the same qualities in a friend so you may have very different ideas than others around you.





We have many relationships in our lives: friends, parents, siblings, dating and marriage.

For each of these write 5 characteristics you would like in the other person and 5 characteristics you feel you have to make this a healthy relationship

Healthy Online Relationships

How do you keep online friendships safe?



Healthy Online Relationships

Have you ever chatted with someone online? Who was it?

How often?



Directions:

1. Take a moment to think silently about these questions and answer in your foldable.
2. Then, take turns sharing your response with your partner.

Healthy Online Relationships

Today we're going to talk about online friendships, and some of the benefits and risks that go with them. Before we get started, can anyone tell me: What does the word "benefit" mean?



Healthy Online Relationships



Benefit means *something positive that you get from a situation* -- in this case, online friendships.

Healthy Online Relationships

What about the word "risk"? What does that mean?



Healthy Online Relationships



A risk is something negative or dangerous that comes from a situation – in this case, online friendships.

Read through each of these scenarios and fill in your graphic organizer.

Scenario 1

Elle is a middle-school student who is a little shy about meeting new people. Her science class has a project where each student gets to video-chat with a student from their "sister" school in Jaipur, India, which is 7,770 miles away.

Elle is assigned to video-chat with a girl named Kaia. Elle is nervous about meeting her and wonders if they will have anything in common. When they meet, however, Elle quickly sees that Kaia is very nice and that they have lots in common. For example, they're both on PhotoFun.

Elle is also excited to meet Kaia because her parents are from India, and Elle has always wanted to know more about what it's like there. At the end of their chat, Kaia asks Elle if she can follow her on PhotoFun. Elle smiles and says, "Of course!"

Healthy Online Relationships

Scenario 2

Elle gets a message on her phone from her friend CJcool15. She doesn't know CJcool15's real name and age, but they've been online friends for a couple of months.

They "met" when he posted a comment on one of her PhotoFun photos, a photo of her dog, Pepper. She replied, and they shared some funny stories about their dogs.

Now, they talk a lot online. When she shares a problem she has at school, CJcool15 always has good ideas for handling the problem.

Today, CJcool15's message reads, "My annoying neighbor never cleans up after his dog."

Elle responds: "That's rude. Everyone on my street always does." After a moment, CJcool15 answers back, "Rly? What street do you live on?"

Elle pauses. This question makes her feel uncomfortable.

Healthy Online Relationships

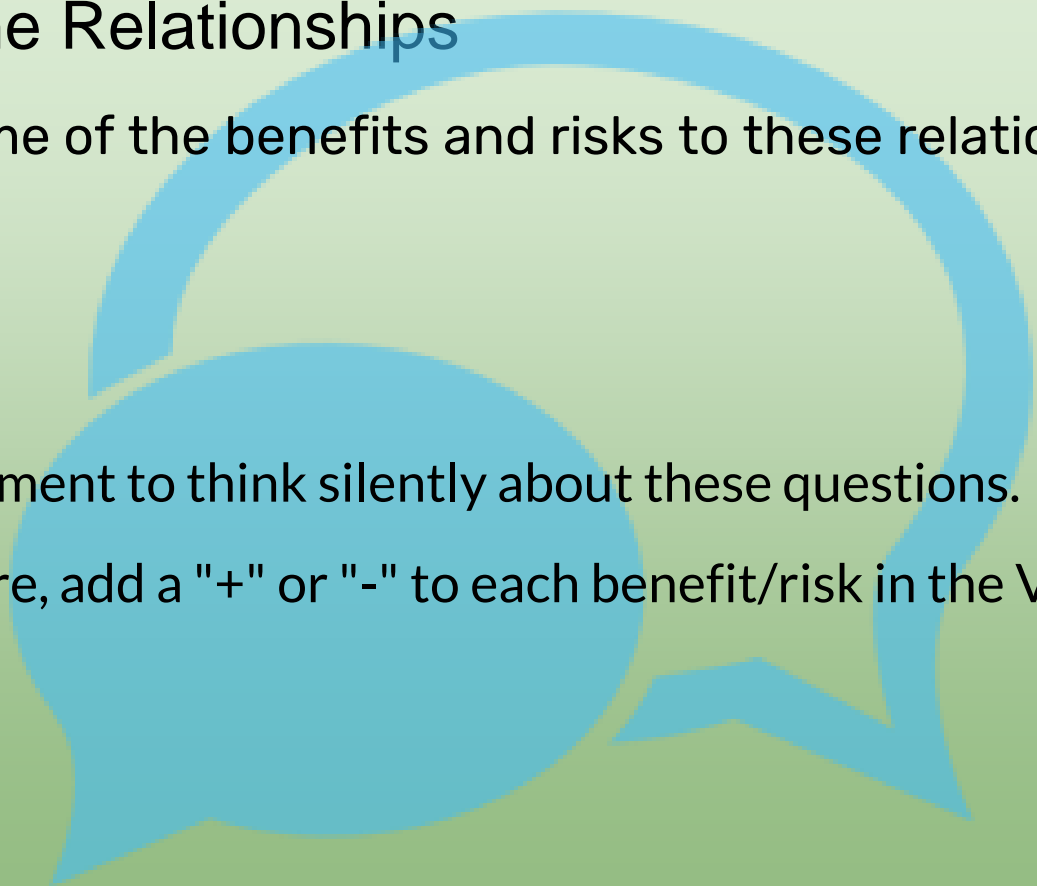


What happens to Elle in these two scenarios? How do her feelings change? Take turns sharing your ideas with your partner.

Directions:

1. Take a moment to think silently about these questions.
2. As we share, add to the Venn diagram on your handout.

Healthy Online Relationships



What are some of the benefits and risks to these relationships for Elle?

Directions:

1. Take a moment to think silently about these questions.
2. As we share, add a "+" or "-" to each benefit/risk in the Venn diagram.

Healthy Online Relationships

Private Information

Information about you that can be used to identify you because it's unique to you (e.g., your full name or your address)

It is not safe to share your information with anyone online.



Healthy Online Relationships



So, what are some ways that you could respond if an online-only friend asks you a question you don't feel comfortable answering?

Who are some trusted adults you could tell?

Healthy Online Relationships

On your foldable, label each of the following as a benefit or risk.

- You can learn from someone who lives in a different place and has different experiences.
- They may not be who they say they are.
- They might give you helpful advice
- They may say things that are inappropriate or mean
- Lack of information you have on that person
- Can support others



Healthy Online Relationships

How confident are you in being able to keep your online friendships safe?

- I feel very confident.
- I feel somewhat confident.
- I do not feel confident.



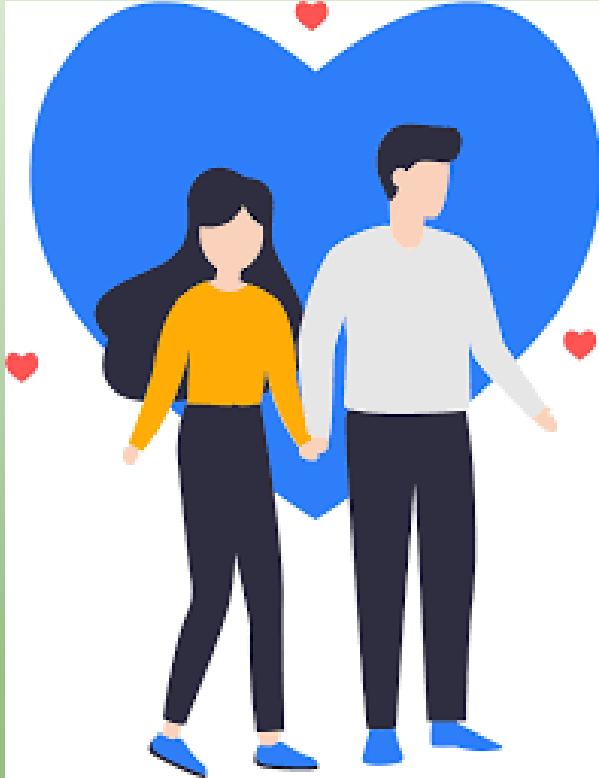
Standard 8a

Recognize the difference between healthy and unhealthy relationships and practice skills necessary to build healthy relationships and end unhealthy relationships both online and in person.

Concepts and Skills to Master

- Compare and contrast healthy and unhealthy relationships (e.g., characteristics, warning signs)
- Practice skills needed to build healthy relationships (e.g., communication, personal boundaries) and skills to end unhealthy relationships (e.g., assertiveness, seeking help from trusted adults).

Dating and Relationships



Whether or not you are dating right now or waiting, it is important to know the difference between a healthy relationship and an unhealthy relationship. Knowing these differences can also help others you know.

It is important to also know it is okay to end any relationship, most importantly, an unhealthy one.

Characteristics of a Healthy Relationship

Healthy relationships are enjoyable and respectful and provide opportunities for many positive experiences that affect self-esteem. We can develop healthy relationships with anyone, including family, friends, and dating partners. It takes time, energy, and care to develop positive, healthy relationships.

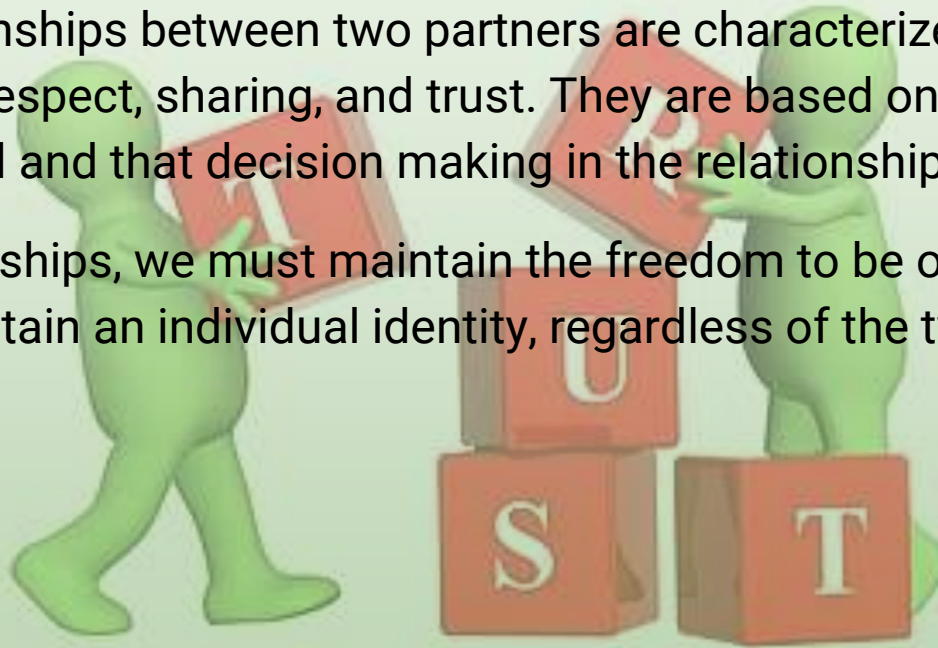
Relationships made during the teenage years can become very special and may form an important part of life. There are also many lessons to be learned from the relationships we have.



healthy relationships

All healthy relationships between two partners are characterized by communication, respect, sharing, and trust. They are based on the belief that both partners are equal and that decision making in the relationship is shared equally.

In healthy relationships, we must maintain the freedom to be ourselves. It is important to maintain an individual identity, regardless of the type of relationship being pursued.



DEFINING HEALTHY RELATIONSHIPS

Relationships can all look different, but healthy relationships have a few things in common: **open communication, mutual respect and healthy boundaries.**

Communication is a key part of building a healthy relationship. The first step is making sure both partners in a relationship want and expect the same things—being on the same page is very important.

Speak Up. In a healthy relationship, if something is bothering them, it's best to talk about it instead of holding it in.



DEFINING HEALTHY RELATIONSHIPS



Respect Each Other. Each partner's wishes and feelings have value. Let each other know they are making an effort to keep their ideas in mind. Mutual respect is essential in maintaining healthy relationships.

Compromise. Disagreements are a natural part of healthy relationships, but it's important that they find a way to compromise if they disagree on something. They should try to solve conflicts in a fair and rational way.

Be Supportive. Offer reassurance and encouragement to each other in a relationship. Also, partners should let each other know when they need their support. Healthy relationships are about building each other up, not putting each other down.

Respect Each Other's Privacy. Just because someone is in a relationship doesn't mean they have to share everything and constantly be together

RELATIONSHIPS EXIST ON A SPECTRUM

All relationships exist on a spectrum, from healthy to abusive to somewhere in between. Below, we outline behaviors that occur in healthy, unhealthy and abusive relationships.

HEALTHY

A **healthy relationship** means that both you and your partner are:

Communicating: You talk openly about problems, listen to each other and respect each other's opinions.

Respectful: You value each other as you are. You respect each other's emotional, digital and sexual boundaries.

Trusting: You believe what your partner has to say. You do not feel the need to "prove" each other's trustworthiness.

Honest: You are honest with each other, but can still keep some things private.

Equal: You make decisions together and hold each other to the same standards.

Enjoying personal time: You both can enjoy spending time apart, alone or with others. You respect each other's need for time apart.

UNHEALTHY

You may be in an **unhealthy relationship** if one or both partners is:

Not communicating: When problems arise, you fight or you don't discuss them at all.

Disrespectful: One or both partners is not considerate of the other's feelings and/or personal boundaries.

Not trusting: One partner doesn't believe what the other says, or feels entitled to invade their privacy.

Dishonest: One or both partners tells lies.

Trying to take control: One partner feels their desires and choices are more important.

Only spending time with your partner: Your partner's community is the only one you socialize in.

ABUSIVE

Abuse is occurring in a relationship when one partner:

Communicates in a way that is hurtful, threatening, insulting or demeaning.

Disrespects the feelings, thoughts, decisions, opinions or physical safety of the other.

Physically hurts or injures the other partner by hitting, slapping, choking, pushing or shoving.

Blames the other partner for their harmful actions, makes excuses for abusive actions and/or minimizes the abusive behavior.

Controls and isolates the other partner by telling them what to wear, who they can hang out with, where they can go and/or what they can do.

Pressures or forces the other partner to do things they don't want to do; threatens, hurts or blackmails their partner if they resist or say no.

Setting Healthy Boundaries



Healthy relationships require space.

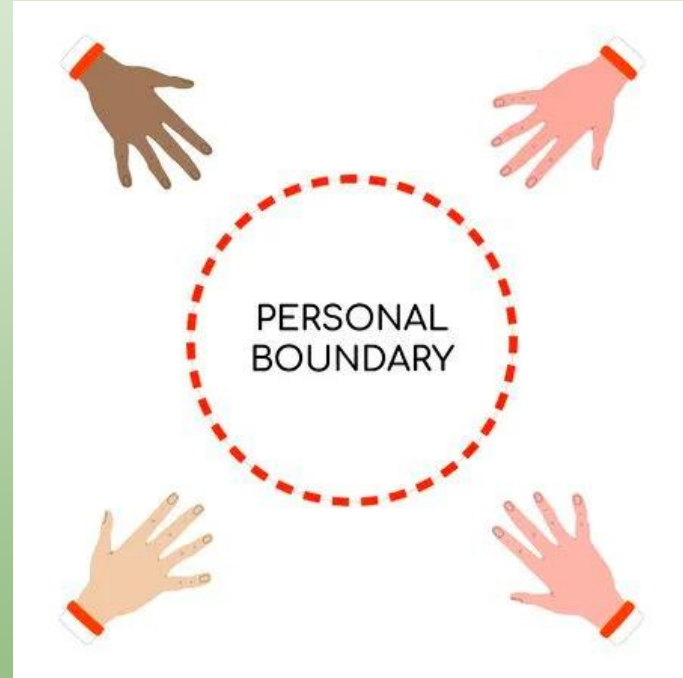
- ❖ Creating healthy boundaries is a good way to keep relationships healthy and secure.
- ❖ By setting boundaries together, partners can have a deeper understanding of the type of relationship they each want.
- ❖ Boundaries are not meant to make anyone feel trapped or like they are “walking on eggshells.”

Setting Healthy Boundaries

Creating boundaries is not a sign of secrecy or distrust—it's an expression of what makes someone feel comfortable and what they would like or not like to happen within the relationship.

Healthy boundaries shouldn't restrict someone's ability to:

- Go out with their friends without their partner.
- Participate in activities and hobbies they like.
- Not have to share passwords to their email, social media accounts or phone.
- Respect each other's individual likes and needs.



Tips for preparing to end an unhealthy relationship

Sometimes we realize that a relationship isn't what we want and it is unhealthy. It can feel difficult to end these types of relationships. If you or your friend is in an unhealthy relationship, here are some tips for preparing to end an unhealthy relationship.



Tips for preparing to end an unhealthy relationship

As you think about ending an unhealthy relationship, it's important to prioritize your safety, resources, and support system.

Your safety plan will look different based on your own situation:

- Do you need a class schedule or locker number changed?
- Do you need to change your schedule or routine?

Even if your physical safety isn't at risk, ending an unhealthy relationship can still lead to unpleasant situations like arguments, spreading rumors, picking sides, and general discomfort, so being prepared for these instances can help you in the long run.



Identify Support

- Identify your support system and let them know what's been happening (parents, friends, family, a close and trusted adult).
- Tell that support system when and how you plan to end the relationship.
 - If your physical safety is at risk, or you worry about the person's response when you break up, **you don't have to break up with them in-person.** However, if you do break up in-person, do it in a public place, with your cell phone on you, and with an exit plan.



Document your treatment

If there were instances of abuse or other mistreatment documented through text messages, photos, phone calls, etc., create a safe place to store those – digitally or in hard copies – to have a record of what was occurring in the event that there needs to be external or legal involvement. For example, if you're a middle or high school student who's received unwanted explicit photos, threats, or insults from a significant other, you may want to save screenshots when reporting the abuse to the school (this can help with wanting classes/schedules changed, or with more serious things like police reports).

Change your routines after the breakup

This not only helps you move on after the relationship with new hobbies, activities, etc., but it also prevents your ex-partner from causing further harm. It's okay to be over prepared! Even if a breakup you expect to go poorly doesn't, taking these measures for any breakup at all is valid and a good habit for potential future breakups.

How to end the unhealthy relationship

Now that you've prepared to end your relationship, how do you move forward?

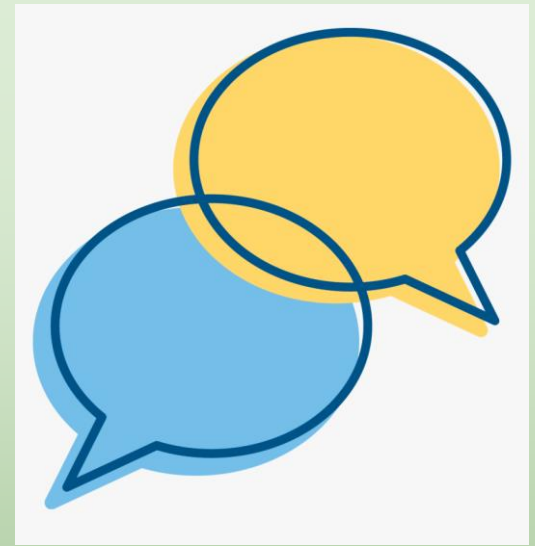
Review your safety plan

- Pick your place, timing, etc.
- Write out a script (if you're breaking up over phone/text).
- Let your support system know.

Initiate the conversation

Ending an unhealthy or potentially abusive relationship is different from a healthy or "ideal" breakup, so having this conversation needs to be managed carefully. A few things to keep in mind:

- If you have it face to face:
 - Tell your significant other you want to talk with them about something important (time and place).
 - Don't pick a setting that could get you stuck, like eating at a restaurant (if you're afraid for your safety, it's best not to do this face to face or have support with you).
 - Be brief and direct.
 - You're breaking up with them.
 - You're not happy in the relationship.
 - You don't want them to contact you again.
 - Exit the situation.



If you do it by phone, text, or letter:

- Be honest about why you're breaking up with them.
- Don't provide details about your plans after you leave.
- Don't contact them again.



Once you've ended the relationship, maintain your boundaries and the changes you've made. If you're having a hard time moving on, or are struggling with your mental health in the aftermath of the breakup, consider seeking help from a therapist or counselor.

This is especially important if:

- You experience extreme sadness for upwards of two weeks.
- You have thoughts of ending your life or harming yourself and others.
- You're experiencing nightmares or intrusive thoughts.

Relationship Bill of Rights

You have rights in your relationship. Everyone does, and those rights can help you set boundaries that should be respected by both partners in a healthy relationship.

- You have the right to privacy, both online and off
- You have the right to feel safe and respected
- You have the right to decide who you want to date or not date
- You have the right to say no at any time, even if you've said yes before (such as kissing, holding hands, etc...)
- You have the right to hang out with your friends and family and do things you enjoy, without your partner getting jealous or controlling
- You have the right to end a relationship that isn't right or healthy for you
- You have the right to live free from violence and abuse



Standard 8b

Identify effective ways to communicate personal boundaries and show respect for the boundaries of others to foster healthy relationships.

Concepts and Skills to Master

- Practice communicating personal boundaries.
- Practice accepting the personal boundaries of others (accepting a “no”) and/or suggesting alternative activities (e.g., dates, events).



Setting Personal Boundaries

- Have you ever had to ask someone to not do something?
- How did it make you feel to have to say no?
- How did the other person or people respond?

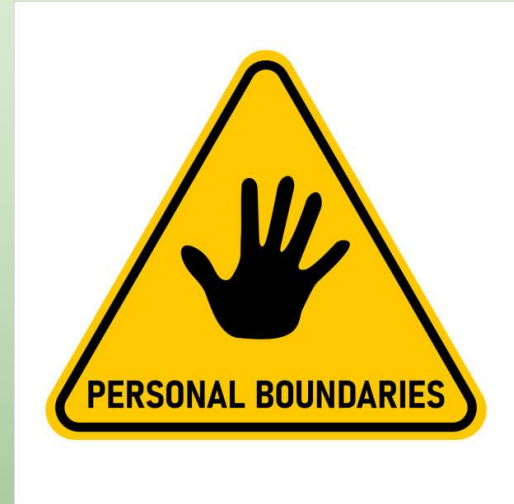
Since so many of you spend so much time texting and on social media platforms, we are going to watch a short video on friendships and boundaries that relate to those areas.



Today we are going to talk about setting and respecting boundaries in our relationships, similar to what we just watched on the video.

Boundaries are the guidelines, rules, and limits each person has for themselves to keep them safe, healthy and respected.

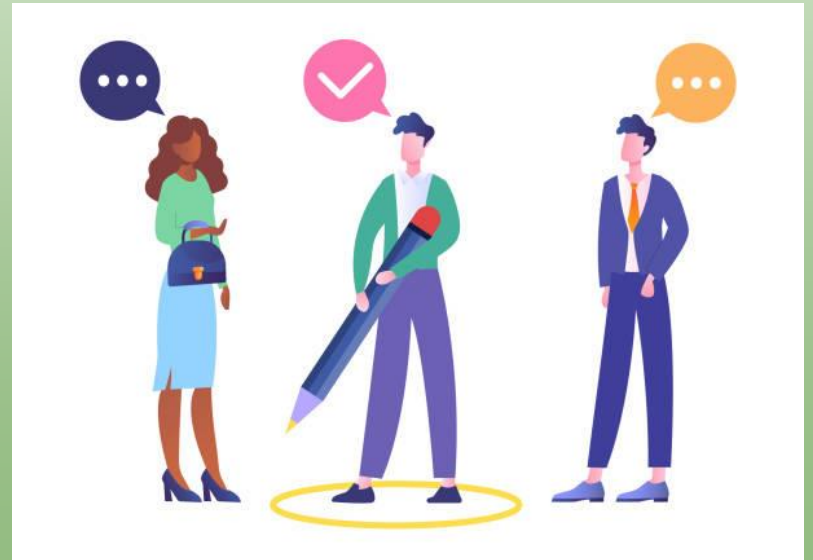
We are covering this topic to support you to develop skills to have healthy and equitable relationships that are free from violence.



In your foldable, answer the following:

What are boundaries?

What are some examples of personal boundaries you have?





Personal border

It's important to note that what is acceptable as safe or personal space is different around the world. In some cultures, it's polite to always make eye contact when talking to someone in other cultures it's polite to not make eye contact when talking to someone older or in a position of authority. What's important is to let others know when they are crossing a personal boundary with you and respect if someone else lets you know that you have crossed their comfort for personal boundaries. Each person will have different personal boundaries-which is perfectly ok! Everyone's boundaries are valid and need to be respected.

Examples of Boundaries

- “I want to hear about your day. I’ll be free to give you my full attention in 15 minutes.”
- “I’m not willing to argue with you.”
- “I will hang out with you, but I will not gossip about other people.”
- “I really enjoy holding your hand while walking together, but I don’t want to kiss you when we say goodbye.”
- “I like you, but I don’t enjoy hugging people, please stop asking for hugs.”

What are some examples of personal boundaries?



Personal Boundaries

Physical Contact:

- I don't like to hug people unless I know them well.

Keeping your personal space:

- I don't like it when people I don't know touch me or get really close to me. Or I prefer that someone asks to borrow my things before taking them.

Language:

- I prefer to not use cuss words when talking to people.
- I prefer not to talk about another person's body.

What does it look like when boundaries have been crossed?

Boundaries Crossed

Physical Contact:

- Someone I don't know well came up to me and hugged me.

Keeping your personal space:

- Someone touches your arm to get your attention or someone takes part of your lunch without asking.

Language:

- Someone starts using cuss words to talk about another person while you are hanging out with them.
- Someone makes negative comments about another person's body.

Brainstorm other examples of boundaries being crossed and write them in your foldable.



Some items to add to the list that might not have been mentioned:

- o Sending unsolicited pics of someone's genitals.
- o An adult family member or family friend expects a hug, or a kiss and you don't feel like hugging or kissing that person.
- o Sexual assault also known as rape.
- o Sending DMs to people you don't know to tell them they are "hot".
- o Catcalling.
- o Grabbing someone's body parts while walking by.
- o Sharing others personal info that they confided in you.

Everybody has their own set of boundaries. It is each person's right to set those boundaries and for those boundaries to be respected.

Possible responses when your boundaries have been crossed

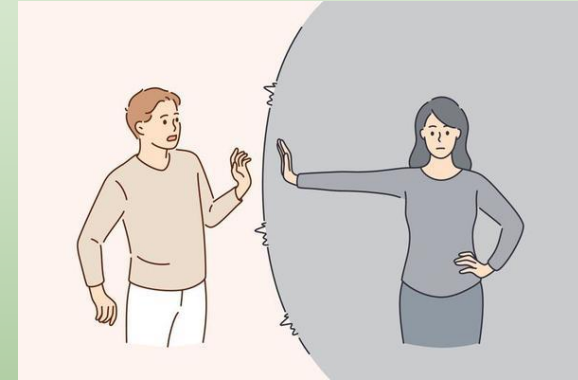
What to say
when your
boundaries
are being
crossed...

- "Please don't do that"
- "This doesn't work for me"
- "I'm drawing the line at ____"
- "Not at this time"

- "I've decided not to"
- "I don't want to do that"
- "I'm not comfortable with this"
- "I can't do that for you"
- "This is not acceptable"

Think about what makes it more difficult to set boundaries. Thinking ahead about what situations lead to our boundaries getting crossed, will help us prepare the next time we are put in a similar situation.

- What messages are portrayed in the media about boundaries? For example, how do men and women disrespect each other's boundaries in the media?
- How do the messages you receive from the media influence how you, or the people you know, set or respect boundaries?
- What can be hard about setting boundaries? Does it matter if you are in public or around other people? How might that change your response?





What to Do: How to Express your Boundaries

- Use Confident Body Language:
 - ◆ Face the other person, make eye contact, and use a steady tone of voice at an appropriate volume (not too quiet, and not too loud).
- Be Respectful:
 - ◆ Avoid yelling, using put-downs, or giving the silent treatment. It's okay to be firm, but your message will be better received if you are respectful.
- Plan Ahead:
 - ◆ Think about what you want to say, and how you will say it, before entering a difficult discussion. This can help you feel more confident about your position.
- Think of another activity to do instead that you can suggest.

If your
boundaries
have been
crossed,
please talk
to...

- Parent or Guardian
- Trusted Adult
- Faith Based Leader
- Teacher
- School Counselor
- School Nurse
- Health Clinic
- Health Care Provider

Standard 8c

Discuss and understand the importance of developing personal refusal skills, including how to refuse an unwanted sexual advance, and how and when to use those skills.

Concepts and Skills to Master

- Define refusal skills (see legal definition in “academic language” section below) • Model and practice ways to say no.
- Practice accepting a “no” and accepting the refusal of others.
- Discuss common gender roles how those affect attitudes and behaviors regarding sex.

In Utah code 53G-10-402

Refusal skills means instruction:

- i. In a student's ability to clearly and expressly refuse sexual advances by a minor or adult;
- ii. In a student's obligation to stop the student's sexual advances if refused by another individual;
- iii. Informing a student of the student's right to report and seek counseling for unwanted sexual advances;
- iv. In sexual harassment
- v. Informing a student that a student may not consent to criminally prohibited activities or activities for which the student is legally prohibited from giving consent, including the electronic transmission of sexually explicit images by an individual of the individual or another.

That code may look confusing, but let's break it down to terms we understand.

Refusal skills means instruction:

i. In a student's ability to clearly and expressly refuse sexual advances by a minor or adult;

Means-

You learn how to say "no" to people trying to get you to do sexual things..

ii. In a student's obligation to stop the student's sexual advances if refused by another individual;

Means-

If someone tells you no for any reason, you respect them and their answer.

That code may look confusing, but let's break it down to terms we understand.

iii. Informing a student of the student's right to report and seek counseling for unwanted sexual advances;

Means-

You have the right to tell someone and get help, even if you are threatened.

iv. In sexual harassment

Means-

You learn what sexual harassment is.

That code may look confusing, but let's break it down to terms we understand.

v. Informing a student that a student may not consent to criminally prohibited activities or activities for which the student is legally prohibited from giving consent, including the electronic transmission of sexually explicit images by an individual of the individual or another.

Means-

Learn and understand that until a certain age, you are not legally able to consent to certain activities, including sexual activities such as sexting or being sexually intimate with someone.

Consent in the Refusal Skills definition means:

- ★ You get to decide what you do with your body.
- ★ No one else is entitled to tell you what to do with your body.
- ★ Not your friends. Not strangers. Not adults you know.
- ★ This is called bodily autonomy and it is also known as consent.
- ★ Everyone is different- some people love to hug, and some people hate hugs.
- ★ Each person gets to decide what they're comfortable with.
- ★ Can someone who loves hugs just go around hugging people?
NOPE!
- ★ They even need consent to hug.

How do people know if they have consent?

- They ask. If a person doesn't say yes, they do not have permission. Even if a person doesn't answer, they haven't said yes, and so there is no consent.
- If a person bribes or threatens someone to say yes, that is NOT consent.
- Sometimes others, including adults, will try to tell you what to do with your body. Such as if your Aunt Helga wants a kiss goodbye. (EW/W/W/W)
- But you still get to decide.

There are some things that legally, adolescents (14 years and younger) can NOT consent to:

- You can't enter into a legal contract
- You can't vote
- You can't consent to sexual stuff, even with someone your own age

If an adult does something that you can't consent to, it is not okay. The adult is wrong and it's not your fault.

If something like this happens, or if someone else tries to get you to do something, it is most important to tell a trusted adult, even if they threaten you not to tell.

Examples of things you can consent to:

- Hugs
- Holding hands
- Sharing food, such as chips

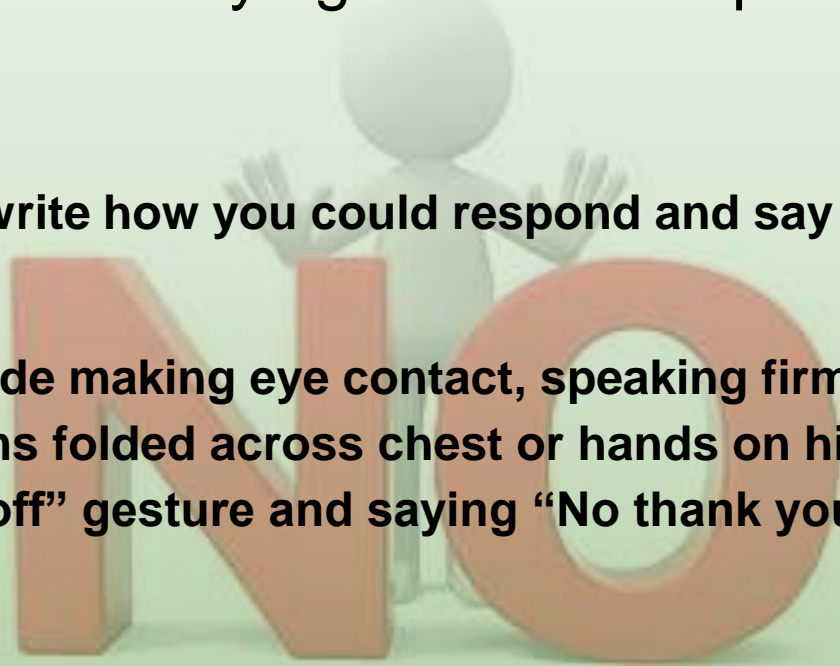
Ways to say no:

- **Be Blunt:** “No, I’ll pass”
- **Divert the attention:** “Nope, I’ll go shoot some hoops instead”
- **Keep your cool:** “No thanks, that’s not my thing”
- **Shake it off:** “No way! I’m not into that!”
- **Blame mom and dad:** “No thanks, my parents would kill me”
- **Blow it off:** “Nah, that’s nothing but trouble”
- **Stay honest:** “and get grounded for life? I don’t think so”
- **Think of your future:** “I’ve got to study”
- **Make a healthy choice:** “Not today, I will wait”
- **Communicate Clearly:** “No. Just no.”

Now we will practice saying no and accepting others refusal.

For each scenario, write how you could respond and say no as well as using body language.

Examples may include making eye contact, speaking firmly, standing straight and tall, arms folded across chest or hands on hips, or putting a hand up in a “back off” gesture and saying “No thank you”.



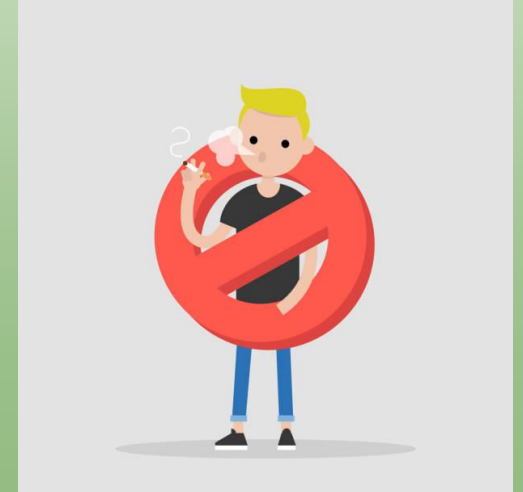
I Don't Think So! Scenario #1

You spent a lot of time on your math homework last night. Your friend went out with some mutual friends and didn't get theirs done. They want you to share your answers with them. You don't want to.



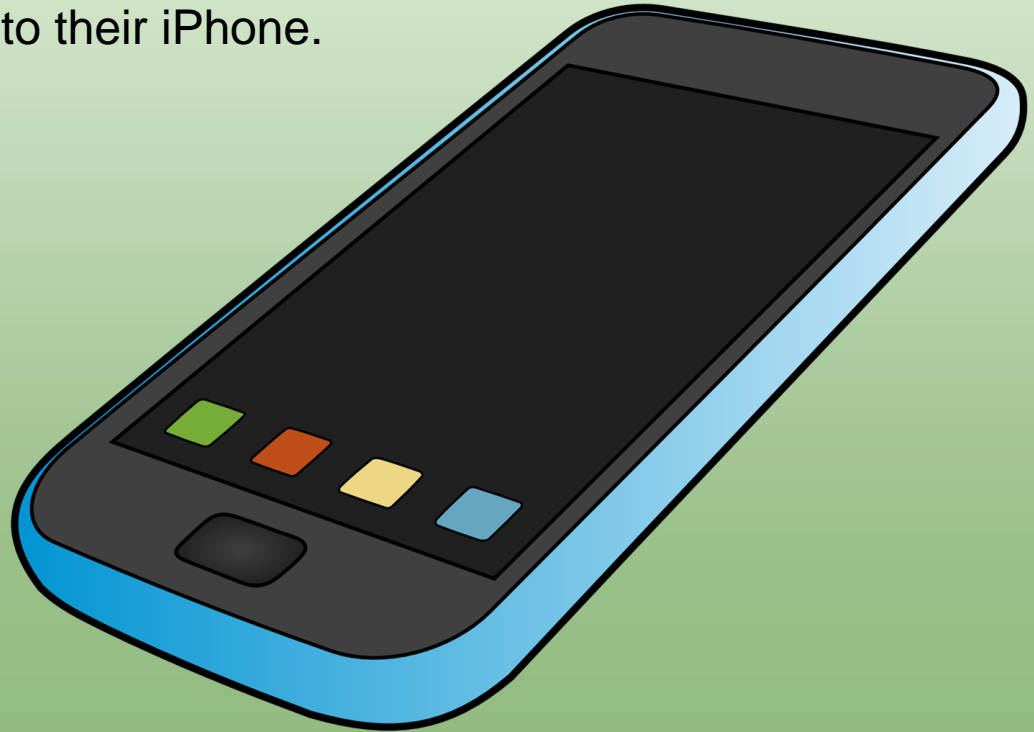
I Don't Think So! Scenario #2

Your best friend has started hanging out with some new kids at school. You start to really miss your friend, so you are happy when you are invited to hang out with this new crowd. When you arrive, everyone is smoking marijuana. You don't want to smoke, but you don't want to be left out.



I Don't Think So! Scenario #3

Someone you like a lot wants you to take pictures of yourself without all your clothes on and send them to their iPhone.



Accepting a no answer

Just like when we want others to accept our “no” answers, we also need to show the same respect when we get a no answer.

For example:

You: Hey, you want to go hang out at the mall after school?

Friend: No, I have a big test tomorrow I need to study for.

What is the best way to reply? Kind and respectfully and *without* holding a grudge.

You: That's okay, I should probably study too. Maybe another time?

Friend: Sounds good!

Accept the Refusal- Scenario #1

You: Hey, you want to hang at my house on Friday? My parents will be going out of town so we will have the house to ourselves.

Friend: No thanks, I'm not comfortable with not having adults around.

How do you respond?



Accept the Refusal- Scenario #2

You really like hugging others especially your boyfriend/girlfriend. Lately, when you see them in the hall between classes, you always put your arms around them. They start to seem uncomfortable.

BF/GF: Hey, I really like you, but I don't like that much hugging or touching. Can we limit hugs to once a day?

How do you reply?



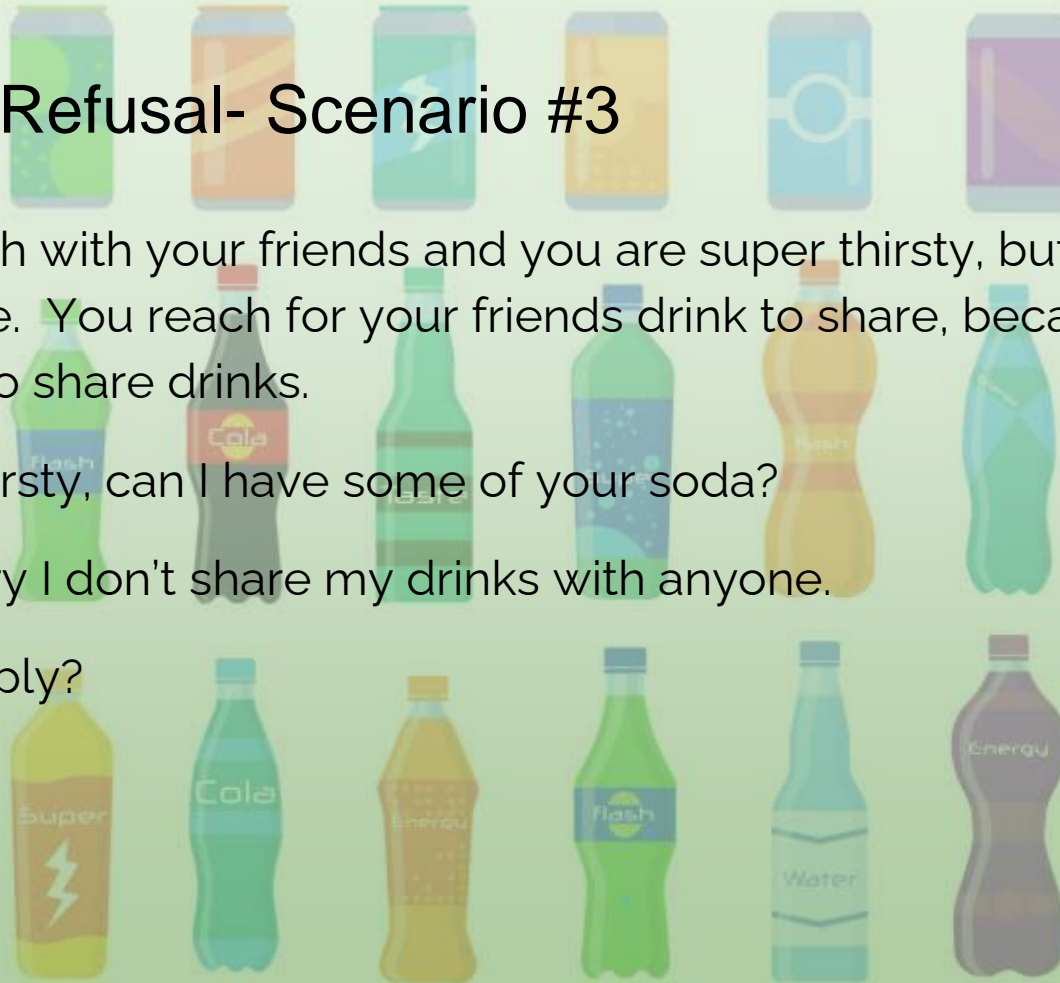
Accept the Refusal- Scenario #3

You are at lunch with your friends and you are super thirsty, but realize your drink is all gone. You reach for your friends drink to share, because it is normal in your family to share drinks.

You: I am so thirsty, can I have some of your soda?

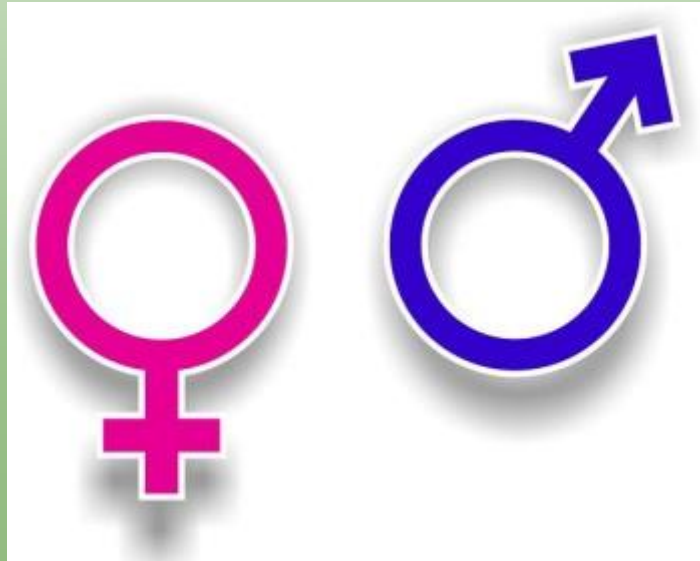
Friend: No, sorry I don't share my drinks with anyone.

How do you reply?



How Stereotyping leads to Abuse

What does it mean to be a female?
What does it mean to be a male?



GENDER STEREOTYPES

For each of the following words, write F for Female or M for Male

Weak

Pink

Provider

Mom

Jock

Strong

Sister

Money

Blue

Football

Ballet

Father

Romantic

Brother

Cooking

Dress

GENDER STEREOTYPES



We did this exercise to bring up “gender stereotypes.” Stereotypes are generalizations, mental pictures, or beliefs we have about what men and women are like.

A lot of times we may not agree with the first gender stereotype that pops into our head; for example “strong” and “guy.” We know not all guys are physically strong, just like all girls are not weak. However, in our society, we often portray guys as tough and strong and girls as weak and quiet.

What do they do?

Scenario 1: Chris likes Alex and wants to go out on a date.

- Chris is a boy and Alex is a girl. What does Chris do?
- Chris is a girl and Alex is a boy. What does Chris do?

What do they do?

Scenario 2: Chris and Alex have been dating for two months. Chris finds out Alex is seeing someone else.

- Chris is a boy and Alex is a girl. What does Chris do?
- Chris is a girl and Alex is a boy. What does Chris do?

What do they do?

Scenario 3: Chris and Alex go on a date to the movies. Who pays for what? Why?

- Chris is a boy and Alex is a girl. What does Chris do?
- Chris is a girl and Alex is a boy. What does Chris do?

What do they do?

Scenario 4: Chris and Alex go to Chris's house at the end of the date.

- Chris is a boy and Alex is a girl. What does Chris do?
- Chris is a girl and Alex is a boy. What does Chris do?

How can stereotypes hurt people?

- Gender stereotypes are not negative characteristics, but they do box people into specific ways of acting.
- We choose how we treat other people. We have the right to be treated with respect by others.
- Think about how you may treat people differently on the basis of a stereotype, and think about ways you can look past the stereotypes that society places on us.



HOW STEREOTYPING LEADS TO ABUSE

Scenario 1

Jason invited several of his friends and his girlfriend, Megan, to his house to watch movies on Friday night. Jason asked Megan if she would put out some chips and drinks for everyone. She said that she didn't mind. When Jason's friends arrived, they all sat down to watch movies. When someone finished a drink or when the bowl of chips was empty, Jason would tell Megan to go to the kitchen for refills. When this happened for the third time, Megan said that she wouldn't be their waitress. She wanted to watch the movie and they could help themselves to the food in the kitchen if they wanted it. Jason got angry. He ordered Megan to get his friends' drinks. When she refused, Jason hit her across the face and pulled her into the kitchen. Jason's friends have seen Jason and Megan fight like this many times.

Questions

- A.** What stereotypes does Jason hold of females?
- B.** What stereotypes does Jason hold of males?
- C.** Did Megan hold any stereotypes?
- D.** Did Jason's friends hold any stereotypes?

HOW STEREOTYPING LEADS TO ABUSE

Scenario 2

Tyrone bought Nicole an iTunes gift card for her birthday so she could buy new music for her iPod. Nicole opened the gift card and at first she seemed to love the gift. Then, however, she asked where the rest of her gifts were. When Tyrone said that he just got the iTunes gift card for her birthday present, Nicole got angry. She started screaming at him. She said that she expected more than a stupid gift card for her birthday, and she threw the gift card across the room.

Questions

- A.** What stereotypes does Nicole hold of males?
- B.** What stereotypes does Nicole hold of females?
- C.** Did Tyrone hold any stereotypes?

Standard 9

Recognize harassment, abuse, discrimination, and relationship violence prevention and reporting strategies.

Concepts and Skills to Master

- Recognize methods to prevent harassment, abuse, discrimination and relationship violence (e.g., setting boundaries, communication, conflict resolution)
- List local resources for reporting (e.g., trusted adult, community center, reliable website, apps, hotlines). See specific concepts under each sub-standard (a-d)

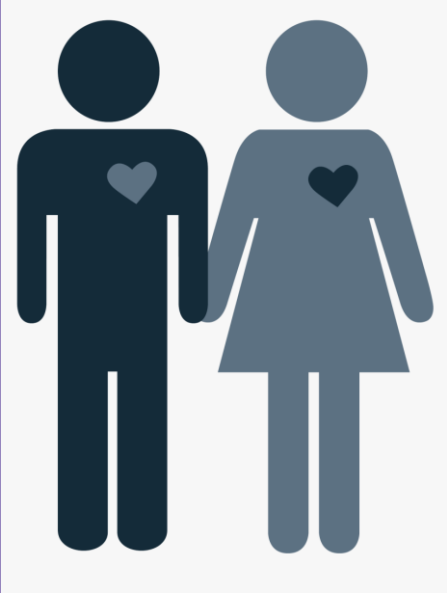
Standard 9a

Investigate methods of reporting, seeking help, and stopping sexual harassment and sexual abuse.

Concepts and Skills to Master

- Brainstorm methods of reporting, seeking help, and stopping sexual harassment and sexual abuse.
- List resources for reporting and seeking help (e.g., trusted adults, local resource centers, online options, apps, hotline).

DEFINING UNHEALTHY RELATIONSHIPS & RELATIONSHIP ABUSE



Relationships that are not healthy are based on power and control, not equality and respect.

In the early stages of an abusive relationship, you may not think the unhealthy behaviors are a big deal.

However, possessiveness, insults, jealous accusations, yelling, humiliation, pulling hair, pushing or other negative, abusive behaviors, are—at their root—exertions of power and control.

DEFINING UNHEALTHY RELATIONSHIPS & RELATIONSHIP ABUSE



Dating violence can happen to anyone, regardless of age, race, gender, or background.

Drugs and alcohol can affect a person's judgment and behavior, but they do not excuse abuse or violence.

Alternatively, if a person uses drugs/alcohol it does not mean they deserve abuse or assault.

Dating violence can be:

Physical: hitting, slapping, choking, kicking, grabbing, pulling hair, pushing, shoving

Emotional/Verbal: putting you down; embarrassing you in public (online or off); threatening you in any way; telling you what to do or what to wear; threatening suicide; accusing you of cheating

Sexual: pressuring or forcing you to do anything sexual you're not comfortable with and/or do not consent to, including sexting; unwanted kissing or touching

Financial: demanding access to your money; preventing you from working; insisting that if they pay for you, you owe them something in return

Digital: sending threats via text, social media or email; stalking or embarrassing you on social media; hacking your social media or email accounts without permission; forcing you to share passwords; constantly texting or calling to check up on you; frequently looking through your phone or monitoring your texts/call log

How You Can Help a Friend

- Don't be afraid to reach out to a friend who you think needs help. Tell them you're concerned for their safety and want to help.
- Be supportive and listen patiently. Acknowledge their feelings and be respectful of their decisions.
- Help your friend recognize that the abuse is not “normal” and is NOT their fault. Everyone deserves a healthy, nonviolent relationship.
- Focus on your friend, not the abusive partner. Even if your friend stays with their partner, it's important they still feel comfortable talking to you about it.



How You Can Help a Friend



- Connect your friend to resources in their community that can give them information and guidance.
- Help them develop a safety plan if you believe that they are in an abusive relationship. If they break up with the abusive partner, continue to be supportive after the relationship is over.
- Don't contact their abuser or publicly post negative things about them online. It'll only worsen the situation for your friend.
- Even when you feel like there's nothing you can do, don't forget that by being supportive and caring, you're already doing a lot.

What is Sexual Harassment?

Sexual harassment is any unwanted physical or verbal advances that have sexual overtones.

It Includes:

- Unwanted verbal or physical conduct of a sexual nature
- Unwelcome Sexual Advances
- Unwelcome Requests for Sexual Favors
- Unwanted verbal or physical conduct directed at you because of your gender or sexual orientation.

There are four types of sexual harassment:

Verbal – Includes name-calling, whistling/catcalls, obscene phone calls, sexually explicit jokes, comments about people's bodies, innuendo about sexual behavior, threatening or pressuring someone for a date or sex.

Written – Includes sexually explicit letters, notes, or graffiti.

Visual – Includes sexually explicit cartoons, pictures, or pornography. Wearing t-shirts with offensive messages or images is also visual harassment. Gestures like licking one's lips or grabbing one's crotch are also visual harassment.

Physical – Includes unwanted physical contact of a sexual nature, for example grabbing, pinching, groping, brushing up against someone, and unwanted hugs or kisses.

If you are being harassed:

- Be assertive about not liking the behavior and making you uncomfortable (not aggressive)
- Label the behavior as sexual harassment and inappropriate to the harasser
- **Always tell a parent, teacher or other trusted adult what is going on!!!**

Sexual harassment is **not** okay and everyone has the right to learn in a safe environment.



Scenario #1

Andrea sits in front of Jeff and Mike in English class. They all get along well most days. Recently the boys have started telling obscene jokes to one another before class and drawing dirty pictures during class. At first Andrea tried to ignore it but it makes her feel uncomfortable. Andrea told them that she didn't like it and asked them to stop. Mike said they were just having fun and she should just ignore it. Jeff said "It's not like we're doing it to you."

Is this sexual harassment?

Why or Why not?

What are some things that Andrea could do?

What are some other ways that Jeff and Mike could have responded?

Scenario #2

Jesse and Sarah are 8th grade students. Their lockers are right next to each other. Sarah is a popular girl who is always with her group of friends. When Jesse is at his locker, Sarah and her friends make comments about his “nice butt” and “manly chest.” Jesse acts like it doesn’t bother him, but he knows that they are making fun of him. It makes him feel humiliated.

Is this sexual harassment?

Why or Why not?

What are some things that Jesse could do?

What are things that Sarah and her friends could do to make Jesse feel safer?

What is Sexual Assault?

Sexual assault is **any** form of sexual activity forced on someone else without that person's consent.

Force can be physical, or through the use of threats, bullying, manipulation, alcohol/drugs or harassment. **Any** unwanted sexual activity — including kissing, touching, groping, flashing, oral sex, intercourse, photographing, etc.— under any circumstances is sexual assault.

No matter what, sexual assault is never a victim's fault. And it's not a person's responsibility to "prevent" themselves from being assaulted. The only person responsible for a sexual assault is the person who commits it.

Review of the various forms of sexual assault:

Dating Violence	Dating violence is the emotional, physical, and/or sexual abuse of one partner by another in a dating relationship where the couple is not living together.
Sexual Assault	Unwanted sexual advances. Sexual assault can include pinching, patting, rubbing, suggestions, kissing, intercourse, etc...
Drug Facilitated Sexual Assault	Often known as “drug rape” or “date rape”, drug-facilitated sexual assault is when someone uses the fact that you’ve taken or been given alcohol or drugs to sexually assault you. This sexual assault can be anything from unwanted kissing or touching to intercourse
Sexual Exploitation	Sexual exploitation is the sexual abuse of a person through the exchange of sex and/or sexual acts for drugs, food, shelter, protection, other basics of life and/or money. This includes creation or viewing of pornography, sexually explicit images or sexually explicit websites .

Reviewing consent:

At this age, remember, that legally you are not able to give consent to certain things, but it is still important to know about consent for things like holding hand or even kissing.

It's very important to be able to recognize consent:

- Consent is obvious.
- Consent is not a guessing game. If you don't know, just ask!
- There are different ways to say no.
- It's as simple as respecting & communicating with your partner.

Reviewing consent:

- If you're drunk or high you CANNOT physically give your consent.
- Consent doesn't count (and is illegal) if you've been forced, threatened, bribed, intimidated, or rewarded to do something against your will.
- Even if consent has been given in the past, everyone has the right to change his or her mind and stop giving permission for any activity.
- All sexual activity without consent, regardless of age, is a criminal offence.

No matter what, sexual assault is never a victim's fault. And it's not a person's responsibility to "*prevent*" themselves from being assaulted. The only person responsible for a sexual assault is the person who commits it.

The following tips can *help* you have a safe and fun time when at a party or just hanging out with friends.

- Use a buddy system. Keep an eye on yourself and your friends. If you are worried or feel uncomfortable about a situation with someone, tell your friends and ask them to watch out for you.
- Watch for signs. Alcohol is the number one drug associated with drug facilitated sexual assault but keep in mind that nonalcoholic drinks can also be spiked. These drugs can take effect very quickly and you should get help immediately if your drink looks, tastes, or smells weird, or you feel really giddy or drowsy.
- Everyone has the right to have control over what happens to his or her body. People can choose with whom, when, and for how long any activity takes place. Just because you have done something before doesn't mean you have to do it again.

If you have a friend who has shared with you they have experienced a sexual assault you can support them by being a good friend: listen to what they have to say, believe them, do not force them to talk about it, and offer to help find a trusted adult to talk to. Remember to take care of yourself too and get support from a parent or trusted adult.

If a student discloses information about an abusive situation, teachers are legally and ethically obligated to break confidentiality and report the situation.



Resources for reporting, seeing help and stopping sexual harassment and sexual abuse.

Washington County

EASTERN WASHINGTON COUNTY (435) 635-9663

ST. GEORGE POLICE DEPARTMENT (435) 627-4399

WASHINGTON CITY POLICE DEPARTMENT (435) 986-1515

WEBSITES

Choose Respect www.chooserespect.org/scripts/index.asp

End Abuse <http://endabuse.org/programs/teens/>

My Strength www.mencanstoprape.org/index.htm

National Sexual Violence Resource Center www.nsvrc.org/

Utah Coalition Against Sexual Assault www.ucasa.org/home.html

Utah Department of Health www.health.utah.gov/vipp/

Utah Teen Dating Scene www.facebook.com/utahteendatingscene

Standard 9b

Explain why a person who has been raped or sexually assaulted is not at fault.

Concepts and Skills to Master

- Define and discuss relationship violence for various relationships (e.g., acquaintance, dating, marriage, family).
- Define and discuss sexual harassment, sexual abuse, and relationship violence.

It's *Never* Your Fault; The Truth About Sexual Abuse

- If you're like most teens, you may already know someone who has been sexually abused. Studies show that one in four girls—and one in six guys—experience some form of sexual abuse before they turn 18. Many never tell anyone what happened.
- There are so many myths about sexual abuse that kids who've been abused may feel confused or even blame themselves for what happened.
- Sexual abuse is any time someone in a position of power—physical, emotional, or psychological—engages another person to do something sexual that is age inappropriate, uncomfortable, or against their will.
- Sexual abuse usually includes some sort of touching, but it can also mean being inappropriately encouraged or forced to watch sexual acts, including pornography.

Sexual Abuse Myths and Facts



MYTH: It wasn't sexual abuse if you didn't have intercourse.

FACT: If you didn't agree to the sexual activity, it was sexual abuse. Even if there was no or very little physical contact, if you felt like you had no other choice (for example, if the person threatened to leave you by the side of the highway) it was sexual abuse.

MYTH: If you thought it was fun and you liked the attention, it wasn't sexual abuse.

FACT: Perpetrators often engage children in inappropriate sexual interactions in a gradual and playful manner. As a result, children may enjoy the attention and bodily sensations they experience and may not object to the ongoing abusive activities. This is still sexual abuse and it is not the child's fault no matter how he/she responds to the abuse.

MYTH: If you were high or drunk when it happened, it was your own fault.

FACT: Getting drunk or high doesn't mean you deserve to be sexually abused. Even though it's important to be aware of where you are and what you're doing in order to keep safe, the perpetrator is always at fault.

MYTHS & FACTS

MYTH: If you aren't physically hurt (hit, punched, pushed to the ground, etc.), it isn't really abuse.

FACT: Emotional pressure (including threats) can be just as bad as physical force. If you were made to do something sexual that you didn't want to do, it's sexual abuse—no matter what kind of force the perpetrator used.

MYTH: If the perpetrator was drunk or high when it happened, it wasn't really his (or her) fault.

FACT: Lots of people drink or use drugs and never sexually abuse anyone. Being drunk or high is no excuse for abuse. Sexual abuse is always the perpetrator's responsibility.

MYTH: If you flirted or fooled around with the person beforehand, you were asking for it.

FACT: Even if you made it seem like you might be interested in sex, you always have the right to say no. If you didn't agree to doing something sexual at the time, it's sexual abuse.

MYTH: If you are married, you can't be sexually abused.

FACT: Even if you are married, if your spouse forces unwanted sexual activities, it is

MYTH: If you were sexually involved with the person in the past, it can't be sexual abuse.

FACT: It's your body. You have the right to say what happens and when. No matter what you've done before, no one has the right to force you into doing anything sexual.

MYTH: Telling people will just lead to more trouble. No one will believe you anyway.

FACT: Letting others know about sexual abuse is the first step in healing. Most teens find that someone believes and supports them every step of the way. But this can't happen until you tell someone what happened.

MYTH: Once you've been sexually abused, you'll never be able to trust anyone or have a normal relationship.

FACT: Most teens who have experienced sexual abuse go on to have normal, healthy, happy relationships and sex lives. Talking about the abuse and getting support and treatment can help.

Where To Go For Help



If you or someone you know has experienced sexual abuse, you don't have to go through it alone. The Websites and hotlines listed on the next slides can help you get the support you need to heal.

Rape, Abuse & Incest National Network (RAINN) <http://www.rainn.org/>

In addition to an online hotline (<https://ohl.rainn.org/online/>), RAINN offers a National Sexual Assault telephone hotline (1-800-656-HOPE) that will automatically connect you to the nearest rape counseling agency or rape crisis center. RAINN also offers information on sexual assault, tips for what do following an attack, information on how to help loved ones who have been raped, and a search page for finding local rape crisis centers.

911Rape <http://www.911rape.org/home>

911Rape offers support for sexual assault victims as well as a safe, anonymous way to learn how to get help after a sexual assault.

National Center for Victims of Crime, Teen Action Partnership

<http://www.ncvc.org/tvp/main.aspx?dbID=DBTeenActionPartnership788>

This toll-free helpline—1-800-FYI-CALL (1-800-394-2255, 8AM to 8PM EST)—offers supportive counseling, practical information, and referrals to local sources of help.

After Silence <http://www.aftersilence.org/index.php>

On this Web site, you will find a support group, message board, and chat room for survivors of rape, sexual assault, and sexual abuse.

The National Child Traumatic Stress Network What Do I Do Now? A Survival Guide For Victims of Acquaintance Rape

http://nctsn.org/nctsn_assets/pdfs/caring/acquaintancerapeguideforvictims.pdf

This survival guide was designed to help teens understand what acquaintance rape is, the steps they should take after it occurs, common reactions, and ideas for getting help.

Standard 9c

Examine how alcohol and other substances, friends, family, media, society, and culture influence decisions about engaging in sexual behaviors.

Concepts and Skills to Master

- Discuss sexuality in media with various examples (any fashion add will do, but music videos, commercials, etc.).
- Use current data and discuss the influence substance use, other people, media, and culture have on sexual behavior.

Media and Influence on Sexual Decisions

We discussed where we go to get information. This includes our parents, friends, the internet and other sources of media.

Does the “Sex Appeal” in any one piece of media make teens more sexually active?

◆ Music? ◆ TV? ◆ Movies? ◆ Magazine Ads? ◆ Books? ◆ Internet?

How about all six combined?

SOCIAL MEDIA ICONS

Is the media interested in giving you a true, balanced picture of what “sex” is all about? Why or why not?

What would you say is the media’s number one goal?

Think about how much time you spend each day on the following:

Books _____ hours _____ minutes

TV _____ hours _____ minutes

Music _____ hours _____ minutes

Internet _____ hours _____ minutes

Movies _____ hours _____ minutes

Magazines _____ hours _____ minutes

Total Time: _____ hours _____ minutes

Considering your total media exposure, what effect do you think media images have on your attitudes about sex or on your behavior?

Do you think “sex” in the media affects you in any way? _____ Yes _____ No

If so, how?

Why do you suppose companies spend billions of dollars on “sex” in their music, movies, TV shows, magazines, books and internet ads?

The Media's Magic Formula: SEX SELLS!

Sex → Viewers → Dollars = People Getting Rich

Complete an online search to find an advertisement for perfume, clothing, or other common item marketed to teens and young adults.

Closely look at this advertisement in which “sex” is used to sell a product. Answer the questions as they pertain to your ad.

1. What product is being sold?
2. Describe the physical background (setting) of your ad if there is one.
3. Describe the people in your ad.
4. Is any factual information about the product given? If so, what?
5. What image or message is the advertiser trying to get across with this ad?
6. According to the advertiser, what will this product supposedly do for you?
7. Why do you think “sex” was used to sell this product?

Predict what may happen to your values, morals, beliefs, and decision-making process if they either weren't exposed to sexually-related messages in the media or were able to block it out of your mind.



SUBSTANCE USE AND SEXUAL DECISION MAKING

- Adolescents are faced with many pressures and decisions regarding drugs, alcohol, and sexual activity. Often, these decisions occur simultaneously.
- Research suggests that adolescent substance use may lead to unprotected sexual intercourse, premature sexual initiation, and multiple sexual partners.
- Additionally, substance use may place adolescents at risk for unplanned pregnancy, sexually transmitted infections (STIs), and sexual assault .

How do you think the media influences people's decision making around substance use and safer sex?



Standard 9d

Explain the potential legal and emotional impacts in a relationship when there are power differences such as age, status, or position.

Concepts and Skills to Master

- Research articles or stories on illegal relationships and what the differences are between the people in those relationships. Discuss ways to avoid these types of relationships and how to report them.
- Discuss potential impacts relationships with power differences have on mental health.

America is the land of the free, but that doesn't mean there are no rules. Generally speaking, you can date anyone you want, but there are a few sexual relationships that are illegal in the eyes of the law.

- Sexual relationship with anyone under 14
- Dating relationship with a minor involves sexual conduct
- Illegal Professional Relationships, such as a therapist with a client, even if client is willing
- Someone who is in a “position of trust” cannot have relations with persons under their trust if they are under 18-years-old. This includes high school teachers, coaches, mentors, and other vocations where someone is in a position of trust over people cannot have relations with those people if they are under 18.

Look at the following article titles.

What are the differences between the people in those relationships?

HILTON DOCTOR SUSPENDED OVER RELATIONSHIP WITH ADULT PATIENT

Former Lakota student teacher accused of sexual conduct with 14-year-old student

Team USA Climbing coach charged with raping second teen

At least 135 teachers, aides charged with child sex crimes this year alone

A Prominent Manhattan Doctor Is Accused of Sexual Assault

BU Coach Allegedly Has Relationship with Athlete

Why do you think these relationships happen?

Brainstorm ways to avoid these types of illegal relationships.

How could you report an illegal relationship?

In what ways could these types of relationships affect the victim mentally?



Utah State Board of Education

Parent/Guardian Consent Form

Sex Education Instruction

Parents must receive this form no later than two weeks prior to the beginning of instruction

Date of Planned Instruction: _____

Name of Student: _____

Course: _____ Teacher(s): _____

School: _____ Telephone Number: _____

Dear Parents/Guardian:

As part of your child's education, he/she has enrolled in a course that includes instruction on topics related to sex education. You are receiving this consent form because instruction and/or discussion of sex education topics are controlled by state law and Utah State Board of Education rule. Please read the form carefully, select **one option**, sign, and return to the teacher above. Your student will not be allowed to participate in class activities without this completed and signed form on file. Thank you.

Information

All instruction related to human sexuality or sexual activity will take place within the context of Utah State Law (53G-10-402) and Utah State Board of Education rule (R277-474) as follows:

- The public schools will teach sexual abstinence before marriage and fidelity after marriage.
- There will be prior parental consent before teaching any aspect of contraception or condoms.
- Students will learn about communicable diseases, including those transmitted sexually, and HIV/AIDS.

Program materials and guest speakers supporting instruction on these topics have been reviewed and approved by the local district or charter curriculum materials review committee.

The following are NOT approved by the State Board of Education for instruction and may not be taught:

- The intricacies of intercourse, sexual stimulation, or erotic behavior;
- The advocacy of premarital or extramarital sexual activity;
- The advocacy or encouragement of the use of contraceptive methods or devices.

In accordance with Utah State Board of Education Rule R277-474-7-4, teachers may answer spontaneous student questions to provide accurate data, correct inaccurate or misleading information, or respond to comments made by students in class regarding human sexuality.

Curriculum for this course includes instruction or discussion about the topics checked below. Pre-checked items are required for instruction in health education 53G-10-402 (*For Teacher Use Only*):

- | | |
|--|---|
| <input type="checkbox"/> sexual abstinence | <input type="checkbox"/> childbirth |
| <input type="checkbox"/> human sexuality | <input type="checkbox"/> parenthood |
| <input type="checkbox"/> human reproduction | <input type="checkbox"/> contraception |
| <input type="checkbox"/> reproductive anatomy | <input type="checkbox"/> HIV and AIDS (including modes of transmission) |
| <input checked="" type="checkbox"/> physiology | <input type="checkbox"/> sexually transmitted diseases |
| <input type="checkbox"/> pregnancy | <input checked="" type="checkbox"/> refusal skills |
| <input type="checkbox"/> marriage | |

Factual, unbiased information about contraception may be presented as part of this course only if the box above is checked. Demonstrations on how to use contraceptive means, methods, or devices are **prohibited**.

Options: Please read and check only one of the following:

Name of Student: _____

Option 1

I grant permission for my child to participate in the discussions as described above.

Option 2

I grant permission for my child to participate in the discussions as described above, with the exception of _____ . I understand that my child will receive an alternative assignment of equal value and will not attend the regularly scheduled class on the day of this instruction. I understand my child will be provided a safe, supervised place within the school during this class. It will be his/her responsibility to report to the pre-arranged location, check in with the teacher or supervisor, and submit the completed assignment to the appropriate person.

Option 3

Prior to deciding, I will contact you at the school within the next two weeks to arrange a time to discuss the planned curriculum and review the materials

Option 4

I DENY permission for my child to participate in any of the discussions as checked in the box above. I understand my child is not involved in the exempted portion of the curriculum, he/she will instead be provided a safe, supervised place within the school during the class, and will receive an alternate assignment related to other elements of the course.

This consent form must be sent to parents not less than two weeks prior to instruction of the identified topics. Under state law, your child cannot participate in the scheduled instructional activity specified above unless and until this signed letter of permission is returned to the teacher identified on this form. Signed forms will be kept on file at the school for a minimum of one year.

Please sign and return form to verify you reviewed it and have chosen one option from the preceding list.

Parent/Guardian Signature: _____

Phone Number: _____

Date: _____

Data on Pornography Complaints at Vista School:

2022-23 School Year - 5 incidents last year, two with one student.

2023-24 School Year - 1 incident this year on a student's phone, not school equipment.