FAMILY LIFE CURRICULUM

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Roger F. Pfeuffer
SUPERINTENDENT

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FAMILY LIFE CURRICULUM
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TUCSON UNIFIED SCHOOL DISTRICT
FAMILY LIFE CURRICULUM

PHILOSOPHY

Education is a life long process that begins with parents as the primary teachers. It is the parent’s right and responsibility to initiate a child’s education in all areas including sexuality. From the time a child begins formal education, the responsibility becomes a shared effort among home, school, and community.

This curriculum is designed to supplement each student’s personal family life education inclusive of an understanding of healthy attitudes, interpersonal relationships, decision making, understanding consequences of decisions, and growth and development which arise with emerging sexuality. Additionally, it is intended to encourage open parent-child discussions.

All curricula convey a set of values that are supported in a democratic society. Thus, sensitivity and respect for individual beliefs are of critical importance in presenting a sex education curriculum. The main values espoused by this curriculum include:

- Show respect for the values and uniqueness of each individual.
- Show respect for the family unit.
- Show respect for all people’s property.
- Accept responsibility for one’s own actions.
- Accept responsibility to protect self and others.
- Accept responsibility as a member of society.

GOAL

Students will acquire accurate information about human maturation and will develop knowledge of physical, social and emotional aspects of personal maturation, human sexuality and family life. The primary goal is to provide opportunities for students to develop positive self-esteem, effective communication skills, responsible decision-making, and personal safety strategies.
TUCSON UNIFIED SCHOOL DISTRICT
FAMILY LIFE CURRICULUM OBJECTIVES

The purpose of the curriculum is to provide students with information to:

- Discuss the significance of parents’ roles and family life.
- Demonstrate an awareness of strategies for personal safety.
- Demonstrate self-worth, ownership of body and rights of privacy.
- Explain the importance of human interdependence for mental, emotional, social, and physical health.
- Explain the different stages of human growth and development.
- Explain human reproduction
- Describe the responsibilities involved in interpersonal relationships and in decision-making concerning sexuality.
- Identify abstinence as the only 100% effective method of preventing pregnancy and Sexually Transmitted Infections.
OVERVIEW

Growth is a life long process. People grow in many different ways. Growth means change, and change brings challenge, excitement, apprehensions, and new problems to solve. Knowing what to expect eases anxiety, dispels misconceptions, and facilitates adjustment to the changes that occur. This curriculum was developed to address these needs.

Sexuality is an inherent part of each individual’s personality. The Tucson School District’s FAMILY LIFE CURRICULUM was developed to help students learn more about themselves, refine communication skills, and develop respect for themselves and others. Successful family life curricula are those that are a cooperative effort between parents (home) and the school.

The Tucson Unified School District’s curriculum encourages and stresses communication within the family to learn about sexuality and shared values that influence decisions. The concepts presented are based on recommendations of the Tucson Unified School District Sex Education Advisory Committees, the results of T.U.S.D.’s parent survey collected in May 1989 and the Arizona State Board of Education Policy R7-2-303 on Sex Education. Additionally, American Government Students from University High School made recommendations for the revision of the curriculum that were considered during the update process.

For those students who enjoy open discussions with their families, this curriculum serves as a supplemental guide of factual information to be shared at home. For those students who do not have the same familial opportunities, this curriculum provides accurate information about sexuality and the growth process, personal safety strategies and serves to foster respect for all people and their beliefs.

The FAMILY LIFE CURRICULUM currently is implemented in grades K-12. The current K-3 Health Education Curriculum was determined to adequately incorporate the sex education objectives developed by the committee. These lessons are instruction for Elementary School grades 4 and 5, Middle School grades 6 and 7/8) and High School Health Class. The included Growth and Development lessons are about family relations, communication, decision-making, and assertiveness strategies. The human sexuality portion of this curriculum addresses emotional, physical and social changes that occur during puberty and adolescence, prevention of pregnancy and Sexually Transmitted Infections through abstinence, and facts concerning human reproduction.
CLASSROOM CLIMATE

Research has shown the teacher to be the single most important resource in the classroom. The sensitive nature of sex education demands knowledgeable, well-trained and caring teachers who are cognizant of the needs of students. Teachers must be comfortable with the content of the material to be presented. Teacher selections and in-service training provided by T.U.S.D. are critical determinants to the effectiveness of the program.

In order to create a climate conducive to effective learning within a comfortable, non-threatening environment, clear rules and regulations of behavior must be emphasized. Teachers need to introduce themselves as trained and knowledgeable about human growth and development. All students’ questions will be considered valid. Proper terminology will be used by the teacher and student slang words or expressions will be interpreted to correct terminology. Teachers will encourage students to discuss the course content and their questions with their parents and family. Students’ questions or vocabulary which are not included in the grade level lessons will be identified and the student will then be referred to his/her family, if the questions can not be answered using age-appropriate information provided. Teachers will emphasize that students’ peers do not always have correct information about human growth and development. In addition, the “Question Box” will be available in class for students to ask questions anonymously.

PARENT PARTICIPATION

Parent participation is highly valued by T.U.S.D. A parent informational meeting will be held prior to classroom presentations to allow for a review of curriculum content and viewing of materials to be used in teaching the lessons. A content outline will be provided for parents/guardians with a letter requesting permission for students to participate. Information regarding alternative lessons will also be presented at this time.
Arizona State Guidelines (State Board of Education R7-2-303) for sex education

- Lessons will not exceed the equivalent of one class period per day for four weeks of the school year (K-4).

- Lessons will not exceed the equivalent of one class period per day for nine weeks of the school year (5-8).

- Alternative elective lessons(s) from the state adopted optional subject list (K-8).

- Lessons will be taught to boys and girls separately (K-8).

- Lessons will not be graded and teachers may not require homework (K-8).

- Lessons will be a supplement to the Health Course of Study (K-8).

- Evaluations are anonymous and shall not be retained or recorded (K-8).

- Questions about the students’ or his/her parents’ beliefs, morals or practices shall not be asked (K-8).

- Written parental permission will be secured (K-8), TUSD requires this for (K-12).
ARIZONA STATE STANDARDS
Proficiency/Distinction
(Grades 9-12)

Health Promotion
Students comprehend concepts related to health promotion and disease prevention. Students demonstrate the previous and following skills/knowledge:
• explain the interrelationships among the mental, emotional, psychological and physical realities that occur throughout the life cycle. (CH1-P2)
• explain the impact of personal health behaviors on the functioning of body systems and describe how to delay onset and reduce risks of potential health problems. (CH1-P3)
• analyze how the family, peers and community influence the health of individuals. (CH1-P4)
• understand the physiological effects of drug usage. (CH1-P6)
• identify the location and function of the reproductive organs, the fertility cycle, the process of conception, and emphasizing factors that contribute to the birth of a health child. (CH1-P8)
• explain the association of personal risk factors of chronic and communicable diseases, risk reduction and disease prevention components. (CH1-P10)

Health-Enhancing Behaviors
Students demonstrate the ability to practice health-enhancing behaviors and reduce health risks. Students demonstrate the previous and following skills/knowledge:
• analyze the role of individual responsibility for health enhancement and wellness. (CH3-P1)
• analyze the short-term and long-term consequences of responsible and risky/harmful behaviors (e.g., responsible: exercise, sleep, nutrition; risky: safety equipment, alcohol, tobacco, drugs). (CH3-P3)

Health-Influencing Factors
Students analyze the influence of culture, media, technology, and other factors on health. Students demonstrate the previous and following skills/knowledge:
• evaluate the impact of media and technology on personal, family and community health. (CH4-P2)

Interpersonal Skills
Students demonstrate the ability to use interpersonal communication skills to enhance health. Students demonstrate the previous and following skills/knowledge:
• select ways to communicate care, consideration and respect for self and others to enhance health. (CH5-P1)
• analyze the causes of conflict among youth and adults in school and community and demonstrating refusal, negotiation and collaboration skills to manage the conflict. (CH5-P2)

Goal Setting and Decision-Making Skills
Students demonstrate the ability to use goal settings and decision-making skills to enhance health.
Students demonstrate the previous and following skills/knowledge:
• demonstrate the ability to utilize various strategies when making decisions related to health needs and risks of young adults. (CH6-P1)
• predict immediate and long-term impact of health decisions on the individual. (CH6-P3)

Health Advocate
Students demonstrate the ability to advocate for personal, family and community health.
Students demonstrate the previous and following skills/knowledge:
• demonstrate the ability to influence and support others in making positive health choices. (CH7-P4)
THE QUESTION BOX

At the beginning of the Family Life Curriculum, introduce the question box. Explain to the students that people of all ages have questions about sexual matters. Some may feel uncomfortable asking questions in public, although it is very natural to have questions about sex. The question box should be available to all class members throughout the lessons to help address concerns and questions of students in a non-threatening way.

Guidelines for submitting/answering questions in the question box:

1. There is no such thing as a “dumb” question.

2. All questions are valid except for personal questions about the teacher or other students.

3. Questions are anonymous, unless the student wants to be identified.

4. If a question is not answered in class, it may be considered inappropriate for class discussion. (Questions might be answered privately should the student choose to raise this topic with the teacher.)

5. Correct and appropriate vocabulary will be used in the course, but students may use words they know or may have heard. Answers will be translated from the slang words used to correct terminology.

6. Questions will be read by the teacher daily or periodically to insure a prompt response. (The teacher may read them one day and answer the next to give time for response.)

7. Teachers may want to use the glossary provided to help answer questions. Answer questions simply and in a scientific manner.

8. Exceptional Education Inclusion Strategies
   A. Provide a tape recorder for students to leave their questions orally.
   B. Allow students to write/type questions outside of class.
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HIGH SCHOOL
OBJECTIVES

Students will:

1. Discuss abstinence as the only 100% effective method of preventing pregnancy and Sexually Transmitted Infections.

2. Identify responsible behaviors that promote healthy relationships with family, friends, and dating.

3. Demonstrate effective communication skills and how important good communication is in relationships.

4. Discuss responsible decision-making.

5. Differentiate between and give examples of healthful and harmful peer pressure.

6. Demonstrate refusal skills and assertiveness techniques.

7. Discuss how media shapes understanding and perceptions about sexuality.

8. Discuss the physical, emotional, and social changes that occur during puberty.

9. Know the structures and functions of the female and male reproductive systems.

10. Discuss abstinence and other methods of birth control.

11. Discuss alternatives available to pregnant teens.

12. Discuss symptoms, treatments, and transmission of Sexually Transmitted Infections.

13. Identify rape and other sex crimes as violent, non-sexual acts.

14. Identify medical, legal, and social resources available of victims to sexual assault.

15. Discuss Arizona laws as they pertain to the responsibilities and sexual conduct with a minor, sexual abuse and sexual assault.
HIGH SCHOOL  
LESSON 1  
RELATIONSHIPS

Objectives
Students will
• Define Maslow’s Hierarchy
• Discuss values
• Identify and choose behaviors that promote healthful relationships with family, dates, and friends
• Discuss reasons for not dating
• Discuss healthy and responsible approaches to dating and breaking up dating relationships

Concepts
1. Maslow’s theory states that individuals have needs that can be classified as physical, emotional, aesthetic and self-fulfilling. Understanding these needs is important for healthful and responsible friendships as well as dating.
2. Adolescents with high self-esteem may be less likely to succumb to peer pressure, tobacco, alcohol, or other drugs.
3. The family, as the basic unit of security, serves two essential functions;
   A. The primary support system to which individuals turn in order to have their basic needs met.
   B. Provide the essential mechanism by which a child develops the capability to survive and function as an adequate person in this world.

Materials
1. Chalkboard/chalk or flip chart
2. Overhead projector
3. Teacher awareness – “A Hierarchy of Needs”
4. Handout – Maslow’s Hierarchy of Needs

Activity Choices
1. Discuss what students perceive as basic needs. List these on the board. Have students prioritize needs and discuss examples of how the family may help meet these needs. How do friends meet these needs? How does dating meet these needs? Have students compare their works with Maslow’s Hierarchy of Needs.
2. Discuss self-actualization.
3. Discuss the importance of being friends with members of both sexes. Form male-female pairs to discuss what characteristics they find valuable in friends of the opposite sex.
4. Introduce the importance of choosing friends who contribute to wellness. Ask how one would know if a friendship was healthful. Answers might include: a healthful
friendship emphasizes strong points, contributes to positive family relationships, and encourages one to put forth their best efforts in activities.

5. In groups of 3 or 4, have students collaborate on the definition for “personal values.” How are they formed? Who or what influences the forming of values? How?

6. Have students generate a list of reasons to date during high school years and a list of reasons not to date during high school years. Discuss the types of dates (double, group, blind, party, etc) and the advantages and disadvantages of each.

7. Have two students volunteer to role-play a situation in which one breaks off a dating relationship with the other. Discuss the importance of showing mutual respect.

8. Discuss safety issues involved in dating. Emphasize that it is wise to let parents know the “details (where and when)” of the date.

9. Exceptional Education Inclusion Activities
   A. Have the students cut out pictures from magazines representing the basic needs of people. Classify the pictures by food, shelter, friends, family, etc.
   B. Role-play healthy/harmful peer interactions.
   C. Make a chart listing friends and activities that they share. Put a + next to positive activities and a – next to negative activities.

Vocabulary
1. self-actualization
2. Maslow’s Hierarchy
3. aesthetic
MASLOW'S HIERARCHY OF NEEDS

SELF-FULFILLING
Need for self-actualization

AESTHETIC
Need to know, to explore, to understand

EMOTIONAL
Need to achieve, to be recognized

PHYSICAL
Need to belong and love and be loved

Need to be secure and safe, out of danger

Need to satisfy hunger, thirst, sleep, etc.

MASLOW'S HIERARCHY OF NEEDS
THE HIERARCHY OF NEEDS
(TEACHER INFORMATION)

Abraham Maslow, an American psychologist, presented human needs in the form of a triangle. His idea was that all have basic needs, but some are more basic than others. Consequently, there is a hierarchy of needs. The most basic needs come first. These needs must be met before becoming aware of the others.

Physical Needs
1. The most basic human needs are the physical needs – hunger, thirst, sleep, etc.
2. The next level of needs is security and safety, to be free from danger.
3. If the first level of physical needs is not satisfied, there is little awareness of other needs.
4. When physical needs are met, emotional needs are addressed.

Emotional Needs
1. The needs that are related to emotions have a great impact on self-concept and are strong motivating forces behind behavior.
2. Be loved and belong
3. Socialization
4. Belong to a group
5. Self-worth and value
6. Achieve – to be recognized as competent

Aesthetic Needs
1. The desire to know and to understand aesthetics.
2. Aesthetic needs include appreciation of beauty in its many forms – a sense of balance and order.

Self-Fulfilling Needs
1. Reach or strive for full potential as a person. This is a life-long process.
2. According to Maslow, in order to feel fulfilled people need to do what they are capable of and be challenged.
HIGH SCHOOL
LESSON II
DECISION MAKING/PROBLEM SOLVING

Objectives
Students will
• Use problem-solving steps to solve problems and make decisions
• Understand that one must be proactive and learn to make decisions and solve problems
• Identify possible results of impaired decision-making on sexual behavior
• List commonly used specific drugs and their potential effects on behavior
• Discuss reasons teens use drugs in a social situation

Concepts
1. The problem solving approach will assist students in making responsible decisions.
2. Realize that self-concept is an important factor in making responsible decisions.
3. Drugs, including alcohol, affect the brain’s decision-making abilities.
4. Drugs affect the body systems (stimulate, depress, lower inhibitions)
5. Rohypnol is used to lower the inhibitions of young ladies causing impaired judgement, impaired motor skills, and amnesia. Many young women have reported waking up in unfamiliar surroundings and having been sexually assaulted while under the influence of the drug.

Materials
• “Just Say No” pamphlets may be obtained from the Department of Health and Human Services, Alcohol, Drug Abuse, and Mental Health Administrations. Separate pamphlets included: inhalants, marijuana, cocaine, hallucinogens, sedatives, alcohol and stimulants.
• Video Abstinence by Choice: Emotional Choices: Not Just a Body  (19 minutes)
• Activity Sheet “A Responsible Student’s Approach to Problem Solving and Decision Making.”

Activity Choices
1. Discuss with the students the elements that go into making responsible decisions and solutions.
2. Write the steps in the problem solving approach on chalkboard or flip chart.
3. Have students simulate the following situation:
   A. One student has completed his/her health homework. A friend goes to the movies and does not take time to complete the assigned work. The friend asks to copy the homework in order not to receive a zero.
   B. Have students apply the problem-solving approach to this situation.
   C. Use some of the issues from the video, and use the problem solving steps to come up with solutions.
4. Have students brainstorm a list of ideas for enhancing self-concept. For example, how might studying hard to get good grades, striving to perfect a skill, or helping someone who is ill, enhance one’s self-concept?
5. Explain the short term and long term effects of commonly used drugs such as marijuana, alcohol, cocaine, and barbiturates.
6. Explain that beer is a form of alcohol and that it is often not considered potentially dangerous. One can of beer contains the same amount of alcohol as a glass of wine or shot of whiskey. It is a potentially addictive and a powerful drug.
7. Describe the overall effects of drugs in terms of lowering levels of inhibition, changes in reflexes, impairment of judgement, and changes in one’s ability to make decisions. (include rohypnol, ecstasy). How could these effect decisions about sexual activity?
8. Small group work on specific, commonly misused drugs, and their effects.
9. Use magazine ads to demonstrate how the media tries to use sex to influence consumers. Alcoholic beverage ads can be used as examples of incorrect messages sent by the media to consumers about the topic of drinking and sexuality.

11. Exceptional Education Inclusion Activity
   A. Role-play situations for the problem solving approach.
   B. Simplify some of the language in the problem solving approach.
      1. What are my choices?
      2. What are the good and the bad that could come from these choices?
      3. Make a choice and do it.
      4. What is the problem?
      5. Was it the best choice?
   C. Have students make a list of things they do well.
   D. For writing activities, group students with written language difficulties with students who can write for the group.

Vocabulary
1. hallucinogens
2. sedative/hypnotics
3. inhalants
4. stimulants
5. rohypnol (date rape drug)
6. ecstasy or MDMA
A RESPONSIBLE STUDENT’S APPROACH TO PROBLEM SOLVING AND DECISION MAKING

Directions: Read the following scenario. Apply the problem solving approach and criteria for responsible decision making to this situation.

You and your date go to a party given by some students you do not know well. When you get to the party, you learn that there are a variety of drugs such as alcohol, marijuana, and cocaine available. You know your parents would prefer that you not attend parties with these drugs. Your date says, “As long as we don’t use drugs, what harm is there in staying?”

1. Identify the problem.

2. Identify ways to deal with the problem.

3. Apply criteria for responsible decision making to each alternative.

4. What are the possible consequences of each alternative?

5. Make a responsible decision and act upon it.

6. Evaluate actions.
HIGH SCHOOL
LESSON III
ASSERTIVENESS

Objectives
Students will
• Discuss examples of peer pressure
• Identify reasons to abstain from sex
• Identify sexual pressures that teenagers experience
• Practice assertiveness skills
• Learn to interpret the pressures and messages given by media
• Discuss abstinence as the only 100% effective method of preventing pregnancy and Sexually Transmitted Infections

Concepts
1. Reasons teens choose to abstain from sex.
2. Sexual activity carries the obvious risks of pregnancy and Sexually Transmitted Infections.
3. Premature sexual activity has additional risks, both physical and emotional.
4. A higher rate of cervical cancer has been found in females who begin sexual intercourse at a young age and have multiple partners.
5. Sexual activity has been correlated with factors such as low self-esteem and dependency.
6. Although hormones influence behavior, they should not be allowed to govern actions. Life is more complicated when involved in a sexual relationship. Emphasize and show through class discussion that the advantages to abstaining outweigh the disadvantages.
7. Sexuality is an inherent part of one’s personality that is influenced by the media and peers.

Materials
• Chalkboard/chalk or flip chart/marker
• Activity sheet “Refusal Skills”
• Activity sheet “Assertiveness”

Activity Choices
1. Introduce the lesson by talking about pressure. People are under all kinds of pressure. Have students bring to class examples of TV commercials, magazine ads, advertising jingles that pressure the consumer to buy a product. What messages do they give about sexuality? Do they stereotype, give unhealthy messages, give incorrect messages?
2. Discuss the following
   A. Sometimes pressure can be serious. If pressure has to do with sex, then it is sexual pressure.
B. The first step in dealing with pressure is learning how to recognize it. How can a person tell if he/she is being pressured?

C. One may feel pressured if they choose sexual abstinence.

D. Some may feel they have no choices about becoming sexually involved.

3. Have students get into groups of 3 or 4 where they feel comfortable and list reasons that teens give for having sex.

4. Share information with total group and record on board.

5. Indicate where pressure comes from in each of the situations.

6. Discuss peer pressure. Students can give examples of healthful and harmful ways to influence their peers. Have them discuss ways in which they have been influenced.

7. Have students complete activity sheet “Refusal Skills”

8. Have students complete activity sheet “Assertiveness”

9. Elicit from the students a list of reasons for not having sexual intercourse and record the responses on the board.

**Vocabulary**

1. abstinence
2. assertiveness
3. sexual pressure
REFUSAL SKILLS

Directions: Use the Refusal Skills steps to resolve the following pressures. These may be done by role-play or in written form.

1. Let’s do it this one time
2. No one will know if we have sex
3. Everyone is having sex, why not us
4. Being a virgin is obsolete

STEPS
1. Give a reason for your refusal.

2. Use behaviors to reinforce what is meant, look directly at the person.

3. Show how one cares about the person.

4. Provide alternatives.

5. Take a definite action, if pressure persists, tell the person that the relationship cannot continue.
ASSERTIVENESS

Directions: Use the following techniques to respond in writing to scenarios given by the teacher where a student must be assertive. (Example: Your date wants to go out and “park” in a deserted area.)

STEPS
1. Be honest and direct. Say what one means and mean what one says (honesty).

2. Stand up for one’s rights and values (respect and self-respect).

3. Don’t put the other person down (fairness and equality).

4. Think about whether this makes one feel good about himself/herself (self-esteem).
HIGH SCHOOL
LESSON IV
PUBERTY

Objectives
Students will
• Discuss the physical, emotional, and social changes that occur during puberty

Concepts
1. Puberty involves physical, emotional, and social changes over time.
2. Each person’s growth is different and not to be measured by norms.

Materials
• Milestones for Adolescent Development Girls and Boys
• Video Abstinence by Choice: Physical Choices and Consequences: Pregnancy (16 minutes)

Activity Choices
1. Discuss the physical changes that occur during puberty? Use the chart “Milestones for Adolescent Development.” Compare the similarities and differences in male and female.
2. Discuss the social and emotional changes that occur during puberty.
3. Show and discuss the video Physical Choices and Consequences: Pregnancy (19 minutes)
4. Exceptional Education Inclusion Activities
   A. Have student bring in pictures of themselves at different stages of life. Discuss the changes that occur as one grows.
   B. Use an overhead of the diagram and write in the labels for students with spelling difficulties to copy.

Vocabulary
1. estrogen
2. hormone
3. progesterone
4. prostate gland
5. testosterone
6. puberty
7. secondary sex characteristics
## MILESTONES OF ADOLESCENT DEVELOPMENT
### GIRLS

<table>
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<tr>
<th>Aspects of Development</th>
<th>Age at which change usually begins</th>
<th>Age at which rapid change usually ceases</th>
<th>Description of the change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in height and weight</td>
<td>10-12</td>
<td>14-15</td>
<td>One of the earliest signs of puberty is an increase in height and weight gains. The growth spurt can last four years, but is most rapid during the first two.</td>
</tr>
<tr>
<td>Breast development</td>
<td>10-12</td>
<td>13-15</td>
<td>This stage begins with “budding,” an enlargement of the nipple and surrounding area. A year or so later the breasts will begin to enlarge.</td>
</tr>
<tr>
<td>Growth of pubic hair</td>
<td>10-11</td>
<td>14-15</td>
<td>Pubic hair first grows as light, soft hair in the external genital area. The hair darkens and covers a larger area during the next few years. Underarm hair begins to grow approximately 1-2 years after pubic hair.</td>
</tr>
<tr>
<td>Underarm hair</td>
<td>12-13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Development of apocrine sweat glands</td>
<td>12-13</td>
<td>15-16</td>
<td>Apocrine sweat glands become active in the underarm, in the groin and around the nipples. These glands produce a different type of sweat than other sweat glands (eccrine) that results in body odor if not regularly washed.</td>
</tr>
<tr>
<td>Onset of menstruation</td>
<td>First period (menarche) 11-14</td>
<td>Establishment of regular cycle 15-16</td>
<td></td>
</tr>
</tbody>
</table>

**EMOTIONAL DEVELOPMENT**: In addition to the physical changes of puberty, psychological changes also occur. These are triggered by the production of the sex hormones, estrogen and testosterone. Interest in sexuality increases. The increased production of hormones also increases natural assertiveness, somewhat explaining the tendency of teenagers to be rebellious and argumentative. Mood swings are also common during puberty.
### MILESTONES OF ADOLESCENT DEVELOPMENT

#### BOYS

<table>
<thead>
<tr>
<th>Aspect of Development</th>
<th>Age at which change usually begins</th>
<th>Age at which rapid change usually ceases</th>
<th>Description of the change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in height and weight</td>
<td>12-13</td>
<td>17-18</td>
<td>One of the earliest signs of puberty is an increase in height and weight gains. The growth spurt can last four years, but is most rapid during the first two.</td>
</tr>
<tr>
<td>Genital development and ejaculation</td>
<td>11-13</td>
<td>15-17</td>
<td>Hormonal activity at the start of puberty stimulates the growth of the testicles. The skin of the scrotum darkens and the penis lengthens and broadens. The ejaculation of the seminal fluid usually occurs within two years of this genital development.</td>
</tr>
<tr>
<td>Growth of body and facial hair</td>
<td>11-15</td>
<td>15-19</td>
<td>The growth of pubic hair normally starts first and is followed a year or so later by facial hair. Heredity will affect the growth of body and facial hair.</td>
</tr>
<tr>
<td>Development of apocrine sweat glands</td>
<td>13-15</td>
<td>15-16</td>
<td>Apocrine sweat glands become active in the underarm, in the groin and around the nipples. These glands produce a different type of sweat than other sweat glands (eccrine) that results in body odor if not regularly washed.</td>
</tr>
<tr>
<td>Deepening of the voice</td>
<td>13-15</td>
<td>16-17</td>
<td>The voice box (larynx) begins to enlarge. An “Adam’s Apple” may develop. The voice deepens about a year after the enlargement of the larynx.</td>
</tr>
</tbody>
</table>

**EMOTIONAL DEVELOPMENT**: In addition to the physical changes of puberty, psychological changes also occur. These are triggered by the production of the sex hormones, estrogen and testosterone. Interest in sexuality increases. The increased production of hormones also increases natural assertiveness, somewhat explaining the tendency of teenagers to be rebellious and argumentative. Mood swings are also common during puberty.
THE MALE REPRODUCTIVE SYSTEM

vas deferens
urinary bladder
pubic bone
spongy tissue
urethra
penis
testis (testicle)
scrotum

seminal vesicle
prostate gland
Cowper's gland
epididymis
rectum
anus
THE FEMALE REPRODUCTIVE SYSTEM

- ovary
- Fallopian tube
- urinary bladder
- pubic bone
- urethra
- clitoris
- vagina
- labia
- uterus
- cervix
- rectum
- anus
HIGH SCHOOL  
LESSON V  
MALE AND FEMALE REPRODUCTIVE SYSTEMS

**Objectives**  
Students will  
- Develop knowledge of the structures and functions of the female and male reproductive system  
- Select behaviors that promote reproductive health

**Concepts**  
1. Unique physical changes occur during puberty. These changes require the student to develop behaviors that promote health.  
2. It is important that males and females understand and know about their own reproductive system as well as that of the opposite gender.  
3. When a male reaches puberty, the pituitary gland produces testosterone that causes the secondary sex characteristics. (described in “Milestones” chart)  
4. When the female reaches puberty, the pituitary gland produces estrogen and progesterone that cause the secondary sex characteristics.

**Materials**  
- Handout “The Male Reproductive System”  
- Handout “The Female Reproductive System”  
- Video What Teens Want to Know About Sex (28 minutes)

**Activity Choices**  
1. Label all external and internal parts of the male and female reproductive systems using the diagrams. (provide terms)  
2. Explain the path of the sperm as it travels in the male reproductive system and the structures that contribute to the formation of semen.  
3. Explain the functions of the male and female reproductive systems and how fertilization and sexual intercourse occurs.  
4. Review vocabulary for student understanding.  
5. Show and discuss the video What Teens Want to Know About Sex.

**Vocabulary**  
1. vulva  
2. spermatogenesis  
3. seminiferous tubules  
4. epididymis  
5. cowpers gland  
6. semen  
7. labia majora  
8. clitoris  
9. ovaries  
10. mons pubis  
11. conception  
12. vas deferens  
13. prostate gland  
14. ejaculation  
15. ovulation  
16. labia minora  
17. hymen  
18. menstrual cycle  
19. scrotum  
20. fallopian tubes  
21. embryo  
22. vagina  
23. penis  
24. testes  
25. follicular cells  
26. fetus  
27. uterus
HIGH SCHOOL  
LESSON VI  
THE MENSTRUAL CYCLE/CONCEPTION

Objectives  
Students will  
• Discuss the menstrual cycle  
• Describe what current research says about the possible causes of PMS  
• Describe the symptoms associated with toxic shock  
• Describe the symptoms and treatment of dysmenorrhea, premenstrual syndrome, toxic shock syndrome  
• Explain how conception occurs  
• Explain egg production, ovulation, and sperm production

Concepts  
1. Changes occur in the body when the menstrual cycle begins. These changes can also be the beginning of some disorders of the female reproductive system. (Discussion of the menstrual cycle is a very delicate subject. Often times the males display a lack of sensitivity for this subject. Encourage mature conversations in class).
2. The union of an egg and sperm is called fertilization.
3. Do not assume that all the students are sexually active. Depending on the age level taught, but most students are not sexually active.

Activity Choices  
1. Describe the four phases of the menstrual cycle–preovulatory, ovulation, post-ovulatory, and menstrual phase.
2. Discuss conditions related to menstruation.  
   A. Dysmenorrhea/Amenorrhea  
   B. PMS condition–may include nervous tension, anxiety, irritability, bloating, weight gain, depression, mood swings, and fatigue. Some doctors think it is a hormone imbalance and some think it is a nutritional deficiency. An exercise program should be followed.
   C. Toxic shock syndrome–a bacterial disease usually found in menstruating females who use tampons. Although the connection between tampon use and TSS is unclear, changing tampons regularly is important to reduce the growth of bacteria already present in the vagina.
3. Discuss the following terms:  
   ovum   sperm  
   uterus   fallopian tubes  
   ovaries   ovulation
4. Discuss fertile periods within menstrual cycle (teacher resource section).
5. Review material from the school library and discuss latest research on how drugs pass from mother to child during pregnancy.
6. Exceptional Education Inclusion Activities
A. Group students who might require assistance with students who are good readers and writers
B. Provide pictures of a developing fetus for students to put into the correct developmental sequence

**Vocabulary**
1. menarche
2. dysmenorrhea
3. PMS – Premenstrual syndrome
4. TSS – toxic shock syndrome
5. vaginitis
6. conception
7. fertilization
8. ovum
9. sperm
10. abstinence
11. ovaries
12. ovulation
13. uterus
14. fallopian tubes
HIGH SCHOOL
LESSON VII
CONTRACEPTION

Objectives
Students will
• Describe different kinds of birth control methods
• Discuss advantages and disadvantages of different methods of birth control

Concepts
1. It is important to make decisions about sexual behavior before becoming involved in a relationship where there is a desire to express physical affection.
2. It has been documented that there are reasons teens give for not using birth control, for example, some feel contraceptive use would imply “planning” to have sex which is wrong. These reasons and the consequences of irresponsible sex should be explored and discussed.

Materials
• Worksheet “Myth or Facts”
• “Family Planning Chart”

Activity Choices (One class period)
1. Discuss abstinence as the only 100% effective method of preventing pregnancy and Sexually Transmitted Infections.
2. Discuss methods of birth control and prevention of Sexually Transmitted Infections. Using the following information and the “Family Planning Chart” discuss the effectiveness and convenience of birth control methods against the prevention of pregnancy and Sexually Transmitted Infections. Also discuss which are over-the-counter and which are prescription items.
   A. Birth Control Pill-a hormone in the pill suppresses the release of FSH from the pituitary gland and therefore reduces the chance of ovulation (very effective), or thickens cervical mucus to prevent sperm from joining the egg. It does not protect against STIs
   B. Nonoxinol 9 is a spermicide found on some condoms
   C. Spermicide is a foam, cream, jelly, film, or suppository that is inserted deep into the vagina shortly before intercourse to immobilize sperm and keep them from joining the egg
   D. Diaphram, Cap and Shield are prescription barrier methods that are a soft rubber, latex, or silicone barrier that covers the cervix and blocks sperm from entering the uterus
   E. Contraceptive sponge-a non-prescriptions, soft, round shaped sponge that contains a spermacide which kills sperm. Sponge may be inserted well ahead of intercourse and may be left in after intercourse.
   F. Withdrawal-the act of withdrawing the penis from the vagina before ejaculation; a form of birth control that is not recommended for teens
G. Douching—rinsing out the vagina—not effective, not recommended
H. Intra-Uterine Device (IUD) a small plastic T-shaped device that is inserted into the uterus and keeps sperm from joining the egg. An IUD becomes effective when inserted and remains effective until removed.
I. Condom (male) A thin sheath of rubber or animal tissue that prevents sperm from entering the vagina. Many contain spermicide. Condoms, when used correctly, provide some protection against STDs, either gender may use them. (Female)—a lubricated loose-fitting pouch that lines the vagina and is designed to create a physical barrier against sperm and sexually transmitted diseases by surrounding the penis during intercourse. The female condom is about three inches wide and six to seven inches long (larger than a male condom) with a flexible ring at each end. The female condom is inserted by hand into the vagina up to eight hours before intercourse.
J. Fertility Awareness-Based Methods (Rhythm Method) - involves determining the fertile days of a woman’s menstrual cycle and not having intercourse during those days. Also known as natural family planning.
K. Implants - Lovonorgestrel implants consisting of six flexible plastic capsules, each about the size of a cardboard match, inserted by a specially trained health care provider under the skin of the upper inside part of one arm. The implants are usually inserted during the first seven days of a menstrual cycle.
L. The Shot (DMPA or Depo-Provera) is injected in a muscle of the patient’s arm or buttock, and during the next three months, the hormone slowly diffuses out of the muscle into the bloodstream. It prevents pregnancy by halting ovulation, thickening the cervical mucus and stopping the implantation of fertilized eggs in the uterine lining.
M. The Patch (Ortho Evra) is a thin plastic patch on the skin of the buttocks, stomach, upper arm or upper torso once a week for three weeks in a row. It will release hormones that protect against pregnancy for one month.
N. The Ring is a small flexible ring inserted into the vagina for three weeks and removed for the fourth week. It releases combined hormones that protect against pregnancy for one month. It usually prevents ovaries from releasing an egg or thicken cervical mucus to prevent sperm from joining egg
O. Cervical Cap (similar to diaphragm and shield) is a latex cup sold by prescription. It fits over the cervix and is always used with a spermicidal cream or gel. Obtaining a cap requires a pelvic examination, Pap test, and fitting by a health care provider. It is thimble shaped.
P. Vasectomy is male sterilization that involves cutting the vas deferens so no sperm will leave the testes.
Q. Tubal ligation is female sterilization done by cutting and tying off the fallopian tubes so no eggs reach the uterus.

1. Assess understanding of vocabulary.
2. Read and discuss the “Myth and Fact” worksheet.
3. Exceptional Education Inclusion Activity—group student with students who are strong writers.
**Vocabulary**
1. Abstinence
2. Contraceptive
3. Douching
4. Oral contraceptives
5. Pill
6. Emergency pill
7. Prescription barrier methods
## FAMILY PLANNING CHART

<table>
<thead>
<tr>
<th>METHODS OF EFFECTIVENESS</th>
<th>HOW IT WORKS</th>
<th>ADVANTAGES</th>
<th>DISADVANGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinence 100% effective if continuously adhered to</td>
<td>Sperm never enters vagina; egg cannot fertilize.</td>
<td>No cost or side effects; 100% effective against HIV and other sexually transmitted diseases.</td>
<td>None</td>
</tr>
<tr>
<td>Fertility Awareness-Based Method (Rhythm Method) Minimally effective if not carefully adhered to. 75-99% effective</td>
<td>Abstinence during mid-cycle days when women most likely get pregnant.</td>
<td>Does not require use of contraceptive devices.</td>
<td>Careful records must be kept; requires restraint from both partners. Identification of date of ovulation not totally reliable especially for teens. Various factors can affect cycle. Not effective if woman’s cycle is irregular.</td>
</tr>
<tr>
<td>Female and male condom with spermicide. 75-95% effective when used together.</td>
<td>Prevents transmission of sperm during intercourse. Spermicide kills the sperm.</td>
<td>No medical prescription needed; available in most pharmacies and grocery stores. <strong>Condoms and Abstinence are the only forms of birth control to offer some protection against HIV or other STIs</strong></td>
<td>Spermicides may cause an allergic reaction. Condom may leak, split, or slip off on withdrawal unless held carefully.</td>
</tr>
<tr>
<td>Vaginal Sponge 80% effective</td>
<td>A round sponge about 2” in diameter. It is loaded with spermicide; prevents sperm from fertilizing the egg.</td>
<td>No medical prescription is needed; available in most pharmacies and grocery stores.</td>
<td>May be difficult to remove; may cause an allergic reaction or infection if not removed, due to high spermicide concentration.</td>
</tr>
<tr>
<td>Diaphragm, cap, or shield. 84 - 94% effective when used with a spermicide</td>
<td>A soft rubber cup that covers the cervix and blocks sperm from</td>
<td>No side effects; can be inserted up to six hours prior to intercourse.</td>
<td>May be difficult to insert and remove; may move during sex; must be in place</td>
</tr>
</tbody>
</table>
and fitted properly entering the uterus. It should always be used with a spermicide.

<table>
<thead>
<tr>
<th>Method</th>
<th>Effectiveness</th>
<th>Cons</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intra-Uterine Device (IUD)</strong></td>
<td>99.4 - 99.9%</td>
<td>Prevents sperm from joining with egg or fertilized egg from implanting in uterus wall.</td>
<td>Low cost; no need for other contraceptive measures once in place. Medical screening and 30-day waiting period required; may prevent ability to conceive in the future; generally not recommended for women who have not had children.</td>
</tr>
<tr>
<td><strong>Oral Contraceptives “The Pill”</strong></td>
<td>92%-99.7%</td>
<td>Stops the egg from being released and/or makes the cervical mucus thick and difficult for sperm to move through.</td>
<td>Highly effective if taken each day; may reduce menstrual cramps. May cause bleeding in between periods; may delay the release of eggs for a period of time after it is stopped. Research links use with increase incidence of heart attacks, strokes and certain kinds of cancer.</td>
</tr>
<tr>
<td><strong>Implants 99% effective</strong></td>
<td></td>
<td>Works similar to “The Pill” except it is time released into the body. They are small matchstick-size containers inserted under the skin in the upper arm on the inside.</td>
<td>Extremely effective; only needs to be replaced every 3 years. The skin must be cut in order to insert the containers. May be less effective when combined with some other medications or supplements. Could prevent conception long after removed.</td>
</tr>
<tr>
<td><strong>The Shot (DMPA or Depo-Provera) 97 - 99% effective</strong></td>
<td></td>
<td>Injected every 3 months into the buttocks or arm. Contains hormones to prevent conception.</td>
<td>Highly effective. Only needs to be re-given every three months. May cause sterility long after use is discontinued.</td>
</tr>
<tr>
<td>Method</td>
<td>Effectiveness</td>
<td>Instructions</td>
<td>Benefits</td>
</tr>
<tr>
<td>------------------------</td>
<td>---------------</td>
<td>------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Spermicides</td>
<td>71 – 85%</td>
<td>Inserted into the vagina shortly before intercourse to immobilize sperm and keep them from joining egg</td>
<td>May be bought over the counter</td>
</tr>
<tr>
<td>The Ring (NuvaRing)</td>
<td>99.7%</td>
<td>The ring is inserted into the vagina for 3 weeks and releases hormones that prevent ovaries from releasing egg or sperm from joining egg</td>
<td>Does not require fitting, last for one week, worn continuously</td>
</tr>
<tr>
<td>The Patch (Ortho Evra)</td>
<td>99.7%</td>
<td>A patch worn on the skin that releases hormones to prevent ovulation or sperm joining with egg</td>
<td>Protects against pregnancy one month, no pill to take</td>
</tr>
<tr>
<td>Tubal Ligation</td>
<td>99%</td>
<td>Surgery to close fallopian tubes. Prevents egg from entering; there tubes; therefore cannot be fertilized</td>
<td>Eliminates need for contraceptives</td>
</tr>
<tr>
<td>Vasectomy</td>
<td>99%</td>
<td>Surgery to cut vas deferens which prevents sperm from being ejaculated.</td>
<td>Eliminates need for contraceptive devices after genital tracts are free of sperm.</td>
</tr>
</tbody>
</table>

Effectiveness is drastically reduced in all methods if they are not used as directed by a doctor or by package directions.
**MYTH OR FACT?**

**MYTH**

**THE BEST WAY TO USE A CONDOM IS TO PUT IT ON TIGHTLY**

A condom shouldn’t be worn tightly because one needs to prevent the thin sheath of rubber from damage or breakage as well as to prevent sperm from entering the vagina. The tip of the condom must be positioned correctly to receive the sperm following ejaculation.

**MYTH**

**IF A MALE REMOVES THE PENIS FROM THE VAGINA BEFORE EJACULATION OCCURS, HE CAN BE SURE TO PREVENT PREGNANCY.**

A male can still get a girl pregnant because prior to ejaculation there are sperm present in the fluid that is released to kill bacteria in the urethra canal.

**FACT**

**ABSTINENCE IS THE MOST EFFECTIVE METHODS OF AVOIDING STI’S AND INFECTIONS.**

Abstinence is the most effective method of avoiding STIs and infections.

**MYTH**

**DOUCHING AFTER SEX WILL WASH THE SPERM OUT OF THE VAGINA AND PROTECT AGAINST PREGNANCY AND DISEASE.**

Douching after sex will not protect one against pregnancy and STIs.

**MYTH**

**BIRTH CONTROL PILL USE ALONE IS EFFECTIVE IN PREVENTING SEXUALLY TRANSMITTED INFECTIONS (STI’S)**

Birth control pills will not prevent Sexually Transmitted Infections.

**MYTH**

**A WOMAN IS PROTECTED FROM PREGNANCY THE DAY SHE BEGINS TAKING THE PILL**

A woman must take birth control pills for the full cycle as prescribed by a physician.

**FACT**

**GIRLS CAN STILL GET PREGNANT IF THE PENIS DOESN’T ACTUALLY ENTER THE VAGINA.**

It is possible for a girl to get pregnant.
HIGH SCHOOL
LESSON VIII
THE BIRTH PROCESS
MATERNAL AND FETAL DEVELOPMENT

Objectives
Students will
• Discuss how confirmation of a pregnancy test is determined
• Discuss pre-natal care and development in each trimester
• Determine factors that influence pre-natal development such as diet, lifestyle and care
• Describe the development of the fertilized egg through pregnancy
• Explain the physical changes that occur in the body from conception through birth

Concepts
1. The stages of development from fertilization to birth are divided into monthly units after the first week.
2. There may be pregnant students in the class, therefore, it is crucial to provide correct information in a sensitive manner.

Activity Choices
1. Divide the class into 10 groups. Assign each group one stage of development starting with the first week after fertilization and continuing for nine months. Have students further research a presentation regarding the stage of development assigned. Include the impact of the mother’s health and behavior on the developing baby.
2. Discuss the fact that when planning to become pregnant, a female should be in optimum physical health to increase chances of a healthy baby. In Pima County, teens give birth to 14.8% of the babies, yet they have 19.3% of the fetal deaths and 18.9% of the infant deaths. Some health precautions to take before pregnancy are:
   A. make sure immunizations are current
   B. maintain a healthy, well balanced diet including the proper vitamins and minerals (especially folic acid)
   C. maintain a healthful level of physical fitness
   D. abstain from harmful substances
   E. manage chronic illnesses
   F. treat minor infections
   G. avoid closely spaced pregnancies
   H. avoid pregnancy until after the age of 19
3. Discuss the vocabulary list for student understanding

Vocabulary
1. conception
2. embryo
3. ectopic pregnancy
4. RIA test
5. obstetrician
6. pediatrician
7. fetus
8. miscarriage
HIGH SCHOOL
LESSON IX
TEENAGE PREGNANCY AND PARENTHOOD

Objectives
Student will
• Demonstrate knowledge of life management skills
• Discuss disadvantages of teenage pregnancy
• Discuss abstinence as the only 100% effective method of preventing pregnancy and Sexually Transmitted Infections
• Take responsibility for making decisions and choosing actions consistent with personal values
• State advantages and disadvantages of the alternatives available to pregnant teens
• Discuss the feelings and effects an adoption has on teen parents

Concepts
1. Personal, religious and moral values affect all topics discussed throughout these lessons.
2. Although it is a disadvantage to be pregnant as a teenager, there are services to help.
3. Responsible parenthood requires planning and skills.
4. Adoption is a sensitive subject. Moral and religious beliefs have a great influence on decisions to put a child up for adoption.
5. Typically, the few teens who choose adoption are generally older, have more parental guidance, are of a higher socio-economic status, and less influenced by their boyfriends.

Materials
• Video Abstinence by Choice: Social Choices and Consequences (16 minutes)

Activity Choices
1. Discuss life management skills that:
   A. help develop self-esteem.
   B. utilize responsible decision making to promote healthful relationships.
   C. promote good health.
   D. enable one to choose responsible sexual behavior.
   E. promote responsible parenthood.
   F. enable one to make choices that do not conflict with personal values.
   G. protect one’s health and the health of others.
2. Role play situations involving life management skills
3. Discuss the following topics:
   A. goal setting prior to parenthood
   B. disadvantages of teenage parenthood
   C. awareness of healthful behaviors for a pregnant woman
   D. advantages of prepared childbirth
4. Discuss vocabulary for student understanding
5. Discuss adoption
   A. Inform students that, although many teenage mothers have the intent of adoption, only 6% of unmarried teenage mothers place their children for adoption.
   B. Adoption procedure
   C. Feelings about adoption including legal responsibilities and consequences
   D. Pros and cons of adoption
6. Discuss vocabulary for student understanding
7. Show and discuss the video Abstinence by Choice: Social Choices and Consequences
8. Exceptional Education Inclusion Activities
   A. Role-play ways to build positive self-esteem.
   B. List healthy behaviors a pregnant woman should follow.
   C. Invite a pregnant friend/relative to visit the class to discuss lifestyle changes during pregnancy and her physical changes that have occurred.
   D. Using store ads and catalogs, have students make a list of items a baby needs along with the cost of each item.
   E. Have students interview their parents/guardians to determine how much it costs to raise them each year.

Vocabulary
1. adoption
2. labor/delivery
3. postpartum period
4. obstetrician/pediatrician
5. family cycle
6. role identity
7. adoption
8. developmental tasks
   9. single parent family
   10. afterbirth
   11. ectopic pregnancy
   12. miscarriage
   13. autonomous
   14. extended family
   15. single parent family
   16. blended families
HIGH SCHOOL
LESSON X
SEXUALLY TRANSMITTED INFECTIONS

Objectives
Students will
• Discuss the cause and transmission of Sexually Transmitted Infections
• Define the term Sexually Transmitted Infection
• Identify and describe the symptoms and treatment for the most serious Sexually Transmitted Infections
• Discuss the importance of seeking medical attention for any sign of a Sexually Transmitted Infection
• Describe consequences of STIs if left untreated
• Discuss abstinence as the only 100% effective method of preventing pregnancy and STIs

Concepts
1. STIs are diseases that are passed from person to person during sexual contact. Most STIs can only be transmitted through intimate sexual contact, but there are a few exceptions. Students must be aware of the causes, signs, symptoms, diagnoses, treatment and complications of STIs.
2. Pathogens causing gonorrhea and herpes can be transmitted from a pregnant woman to the unborn child during the passage through the birth canal. The pathogens are transmitted from the mucous membranes in the vagina to the mucous membranes covering the eyes of the unborn. To avoid transmission of pathogens from an infected woman, the physician may perform a cesarean section. This reduces the risk of exposure that occurs during normal birth process.
3. All sexual partners of anyone treated for an STI must be treated. Using a condom with nonoxynol 9 during all sexual contact can help prevent pregnancy and STIs. Abstinence is the best prevention.

Materials
• Overview chart of STIs
• Speaker–Pima County Health Department
• Handout “Universal Precautions”
• Worksheet “Causes and Transmission of Sexually Transmitted Infection Vocabulary and Study Guide
• Worksheet “Vocabulary Activity”
• Teacher Resource on STIs
• Video Abstinence by Choice: Choosing to be Disease Free (22 minutes)
• Video This Ain’t No Dress Rehearsal: Abstinence and Teens (27 minutes)
• Video STIs, AIDS and the Clean Love Solution (30 minutes)
• Video Just Like Us AIDS Prevention (28 minutes)
• Video AIDS: One Teenagers Story (32 minutes)
Activity Choices
1. Have students make a T chart, listing everything they already know about STIs on the left and everything they want to know on the right. Use their charts as a way of teaching. Dispel misinformation and help students learn what they want to know.
2. Choose from the above video list on STIs to show to students. Discuss issues presented in the films.
3. Teach the information provided on STIs.
4. Invite speaker from Pima County Health Department to discuss STIs as covered in this curriculum.
   A. Have students prepare questions ahead of time.
   A. Review questions before giving them to the speaker. If time allows, have speaker talk a few minutes on careers in public health.
5. Select a few students to research herpes support groups, hot lines, and newsletters available and report their findings to the class.
6. Have students complete the “Causes and Transmission of Sexually Transmitted Infections Vocabulary and Study Guide.”
7. Have students complete the “Vocabulary Activity” worksheet.
8. Discuss “Universal Precautions.”
9. Have each student pick one of the STIs and have the students write a paragraph about what they have learned.
10. Exceptional Education Inclusion Activities
   A. Provide a tape recorder for students to record questions for the guest speaker.
   B. Provide a graphic organizer for students to write down important information on STIs. Leave plenty of space for students to record important information.

Vocabulary
1. Sexually Transmitted Infections
2. gonorrhea
3. syphilis
4. genital herpes
5. nongonococcal urethritis (NGU)
6. chlamydia
7. trichomoniasis
8. moniliasis
9. genital warts-human papilloma virus
10. pediculosis (Pubic Lice)
11. vaginitis
12. scabies
13. pelvic inflammatory disease (PID)
14. congenital syphilis
15. AIDS (taught separately Health Education Curriculum under communicable diseases)
16. chancre
17. spermicide
UNIVERSAL PRECAUTIONS

Tucson Unified School District safeguards its children from the transmission of Human Immunodeficiency Virus (HIV) or AIDS and other diseases by following the “Universal Precautions” recommended by the Center for Communicable Disease Control (CDC), published in August 1987 by CDC and the Food and Drug Administration. (All children should be instructed in general hygiene measures, including hand-washing procedures, to prevent disease transmission and use the universal precautions when handling blood.)

Recommendations:

1. Use gloves when handling blood or body fluids containing visible blood. *

2. Prevent direct exposure to blood by use of compresses or tissues. Use disposable towels or tissues whenever possible.

3. Wash hands immediately with soap and water using friction for 10-15 seconds, whether or not gloves are worn.

4. Cover open cuts or abrasions.

5. Dispose of blood-soiled items by placing in leak-proof bags securely tied.

6. Ask an adult to disinfect blood spills with one part bleach to ten parts water or another appropriate disinfectant.

*Universal precautions are also observed for semen and vaginal discharges in settings where contact may occur.
CAUSES AND TRANSMISSION OF SEXUALLY TRANSMITTED DISEASES
VOCABULARY AND STUDY GUIDE

Directions: Complete the *organism* and *signs and symptoms* for each STI listed

<table>
<thead>
<tr>
<th>STI</th>
<th>ORGANISM RESPONSIBLE</th>
<th>SIGNS AND SYMPTOMS MALE</th>
<th>SIGNS AND SYMPTOMS FEMALE</th>
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<tbody>
<tr>
<td>Gonorrhea</td>
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<td>Syphilis</td>
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<td>Genital Herpes</td>
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<td>Non-gonococcal Urethritis NGU</td>
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<td>Trichomoniasis</td>
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<td>Monilasis</td>
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<td>Pediculosis Pubis</td>
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<td>Genital Warts</td>
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<td>Scabies</td>
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<td>Vaginitis</td>
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<td>AIDS</td>
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**Vocabulary Activity**
Directions: Fill in column A before the information on STIs is presented by the teacher. Fill in column B after the presentation, correct any inaccurate information in column A. Write a clear definition of the STI in column C.

<table>
<thead>
<tr>
<th>STI</th>
<th>Column A “What I Know”</th>
<th>Column B “What I Now Know Is Correct”</th>
<th>Column C Clear Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Herpes Simplex type 2</td>
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<tr>
<td>Chlamydia</td>
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<td>Nongonococcal Urethritis NGU</td>
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<tr>
<td>Human Papilloma Virus Genital Warts</td>
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</tbody>
</table>
SEXUALLY TRANSMITTED INFECTIONS

AIDS (Acquired Immune Deficiency Syndrome, HIV)

- Cause: viral
- Symptoms:
  1. Symptoms show up several months to several years after contact with the HIV virus
  2. Flu-like feelings that do not go away
  3. Unexplained weight loss
  4. Diarrhea
  5. White spots in mouth
  6. Purple bumps on the skin and inside mouth, nose, rectum
- How It Is Contracted?
  It is spread through contact with someone who has the HIV virus by sharing needles, mother to unborn child, blood to blood contact, sexual contact-anal, vaginal or oral and breast milk.
- If Not Treated
  1. It can be spread to sexual partners and anyone who has blood to blood contact
  2. AIDS cannot be cured, the disease is fatal
  3. Mothers can pass the virus on to their unborn children

*HIV, AIDS will be taught in more detail, separate from the Family Life Curriculum, using the State recommended curricula.

CHLAMYDIA most prevalent among young women who have multiple partners and is considered more common than gonorrhea. It is the primary cause of pelvic inflammatory disease which leads to sterility and ectopic pregnancies.

- Cause: Bacterium called Chlamydia trachomatis. Similar to a virus, this bacteria reproduces itself inside the living cells.
- Symptoms
  1. Shows up 7-21 days after having sex with infected person
  2. Most women and some men have no symptoms
  3. Discharge from the vagina/watery white drip from penis (pus)
  4. Bleeding from the vagina between periods
  5. Burning pain during urination
  6. Pain in abdomen sometimes with fever and nausea
• How Is It Contracted?
  1. Spread during sexual intercourse, oral sex and anal sex with someone who has chlamydia. It prefers to live in the mucous membranes of the body and can be transmitted during sexual activity.
  2. A mother’s chlamydia infection can be passed to the newborn during a vaginal delivery, and can cause an eye infection or pneumonia in the infant.

• If Not Treated
  1. Can be passed on to sexual partners
  2. Can lead to more serious infection. Reproductive organs can be damaged
  3. Both men and women may no longer be able to have children
  4. A mother with chlamydia can give it to her baby during childbirth
  5. May lead to PID and sterility
  6. Diagnosed by swabbing the urethra in men and the cervix or urethra in women

• Treatment-tetracycline taken orally for up to three weeks. (Sometimes erythromycin is used)

Cytomegalovirus (CMV) A virus that is transmitted through many bodily fluids as well as sexually transmitted.

• Cause: viral

• Symptoms:
  1. Sometimes none
  2. Swollen glands, fatigue, fever, weakness
  3. Mononucleosis
  4. Irritations of the digestive tract, nausea, diarrhea
  5. Loss of vision

• How Is It Contracted?
  1. Close personal contact
  2. During sexual intercourse (oral, anal, vaginal) with someone who has CMV
  3. Blood transfusion and sharing IV drug equipment
  4. Pregnancy, childbirth, and breast feeding

• If Not Treated
  1. There is no cure
  2. Causes hearing loss and mental retardation in babies
  3. Can cause mononucleosis, blindness and mental disorders

• Treatment
  1. There is no cure
  2. Symptoms may be managed with IV drugs including foscarinet and ganciclovir
GENITAL WARTS  see Human Papilloma Virus

GONORRHEA (clap, drip, dose, GC)
1. The oldest STI
2. Most often reported to health officials
3. One of the five STI that must be reported to health officials upon diagnosis (also syphilis, AIDS, herpes, and chlamydia

- Cause: bacterium Neisseria gonorrhoea, more commonly called gonococcus. Under the microscope, the gonococcus looks like a coffee bean. It is often found in pairs.

- Symptoms
  1. Symptoms show up 1-30 (average 3-5) days after having sex
  2. Most women and many men have no symptoms, but can transmit the disease
  3. Thick yellow or white drip or pus discharge from the vagina/penis
  4. Burning or pain during urination (dysuria) or bowel movement; blood or pus in the urine; pain, irritation or swelling of the tip of the penis
  5. More pain than usual during periods
  6. Cramps and pain in the lower abdomen
  7. Mushroom-like odor from the vagina, low back pain
  8. Diagnosis is usually made with a culture taken with a sterile cotton swab from the opening of the penis or vagina. The specimen may be examined microscopically or grown in a culture.

- Transmission
  1. The gonococci require warmth and moisture in order to survive and prefer to live in the soft, wet mucus membranes that line the openings of the body, such as the inside of the mouth, the throat, the vagina, the cervix, the urethra and the rectum.
  2. The delicate gonococci die within seconds once outside the human body
  3. Gonorrhea can NOT be transmitted from surfaces such as toilet seats, door knobs or drinking fountains.

- If Not Treated
  1. It can be spread to sexual partners
  2. Can lead to more serious infection of the cervix, uterus and fallopian tubes, causing PID
  3. Reproductive organs can be damaged causing sterility or ectopic pregnancy
  4. In males, it can spread infection to the seminal vesicles, prostate or the epididymis and result in sterility
  5. Both men and women may no longer be able to have children
  6. A mother with gonorrhea can give it to her baby during childbirth
  7. Can cause heart trouble, skin disease, arthritis and blindness in newborns

- Treatment—is amoxicillin, ampicillin, tetracycline or erythromycin, usually in pill form.
HEPATITIS B and A (HBV) and (HAV) Hepatitis B (HBV) virus is a common sexually transmitted infection that can be prevented with vaccination. Sexual transmission of the hepatitis A (HAV) virus is less common.

- **Cause:** viral

- **Symptoms**
  1. May be invisible during its most contagious phases
  2. Extreme fatigue, headache, fever, hives
  3. Lack of appetite, nausea, vomiting, tenderness in the lower abdomen
  4. May progress to dark urine, clay-colored stool, yellowing of the skin and white of the eye - jaundice

- **How Is It Contracted?**
  - (HBV)
    1. It is spread in semen, saliva, blood, and urine through sexual contact from kissing to sexual intercourse (oral, anal, vaginal)
    2. Use of unclean needles to inject drugs
    3. Sharing personal hygiene utensils such as toothbrushes and razors
  - (HAV)
    1. Oral contact with fecal matter
    2. Unclean needles with intravenous drug use

- **If Not Treated**
  1. Hepatitis A and B are very contagious. However, HAV infection is contagious for only a short period of time
  2. Some people remain infected and contagious for the rest of their lives
  3. HBV can be prevented with a vaccination
  4. Passed from mother to child
  5. Chronic HBV can cause severe liver disease and death

- **Treatment**
  1. In many cases the infection clears up in 4-8 weeks
  2. Some people are never cured and remain carriers
  3. Adefovir dipivoxil, alpha interferon, and lamivudine are used to help treat chronic HBV

**HERPES**

- **Cause:** The herpes virus finds its way inside the cell where it uses the cell’s own genetic code to help it reproduce. Any treatment that would kill the virus would also kill healthy cells, which is why finding a cure is so difficult.

- **Symptoms**
  1. Symptoms show up 2-21 (average 6) days after having sex
2. Some people have no symptoms.
3. Ocular herpes-eye infections
4. Flu-like feelings-run down body, swollen glands, fever and chills, muscle ache, nausea
5. Small, painful blisters on the sex organs, buttocks, or mouth (cold sores)-may be a rash.
6. Itching or burning before the blisters appear
7. Blisters last 1-3 weeks, often break and become open sores
8. Blisters go away, but herpes remains.
9. Blisters reoccur
10. Between outbreaks, the virus rests in nerve ganglia, probably at the base of the spine
11. Possible triggers for outbreaks include emotional stress, poor diet, menstruation, sunburn, friction from tight clothing and vigorous sexual intercourse
12. Is usually diagnosed by sight

• How Is It Contracted?
   Spread during sexual intercourse, oral sex and anal sex with someone who has herpes. People who are infected with cold sores can infect their own genitals. It is transmitted during the active stage, when the sore is present.

• If Not Treated
   1. Can be spread to sexual partners
   2. Herpes cannot be cured
   3. A mother with an active herpes breakout may deliver early or miscarry. If the baby contracts herpes during delivery, he/she any suffer severe illness or death. If there is an active breakout in the mother, she will usually deliver cesarean section
   4. Women with genital herpes are more likely to develop cervical cancer than those without the virus

• Treatment
   1. There is no cure, only treatment to help symptoms
   2. Aspirin is used for pain and inflammation
   3. Acyclovir is a prescription drug used to treat the pain of the blisters but does not prevent a breakout

**HUMAN PAPILLOMA VIRUS and GENITAL WARTS (HPV)** There are more than 100 different human papilloma viruses, 40 which can infect the genital area of men and women. They cause a variety of warts and other conditions and can remain the body for life.

• Cause-a number of different viruses. It is different than those that cause warts on the hands and feet. It is highly contagious. Usually caused by the virus known as papilloma.
• Symptoms:
  1. The warts are white or gray in color, appear in clusters and are often described as “cauliflower-like”
  2. The warts appear on the penis but may also infect the man’s urethra and bladder
  3. Women usually experience the warts on the outer genitals, between the buttocks, or on the cervix. They may grow under the foreskin of a male.
  4. Warts can also develop on the anus or in the esophagus, depending on where contact is made.
  5. Anal warts are often misdiagnosed as hemorrhoids
  6. Warts thrive on wet surfaces and between folds of skin
  7. Symptoms usually appear within three months but can begin anywhere from six weeks to eight months after exposure
  8. Usually diagnosed by sight but a blood test for syphilis should be performed to rule out a possible secondary syphilis infection
  9. Sometimes there are no symptoms
  10. Cell changes in the cervix
  11. Pre-cancer and cancer of the genital area for women

• How Is It Contracted?
  1. Almost always spread through genital contact or during oral, anal, or vaginal sex with someone who has HPV
  2. An individual who is exposed to HPV has a greater than 50% chance of contracting the virus

• If Not Treated- It is important to get treated until all lesions are gone, but there is no cure

• Treatment
  1. Removal of skin cells that contain cirrus particles
  2. Mild acid called Podophyllin, applied by a clinician and rinsed with soap and water four hours after application
  3. Removal of genital warts sometimes requires several treatments over a period of months
  4. Very large warts are removed surgically
  5. Genital warts can recur after they have been removed
  6. There is no cure but there is a vaccine developed to prevent cervical cancer and other diseases in females caused by genital human papilloma virus. The vaccine protects against 4 HPV types which together cause 70% of cervical cancers and 90% of genital warts. The vaccine is for use in girls/women ages 9-26 years. The vaccine is given through a series of three shots over a six-month period.

MOLLUSCUM CONTAGIOSUM There are hundreds of thousands of cases of this virus diagnosed each year.

• Symptoms
1. Small, pinking-white, waxy, round, polyp-like growths in the genital area or on the thighs
2. Symptoms appear between 2 and 12 weeks after infection, but they could take years

- **How is it Contracted?**
  1. Vaginal, anal, and oral intercourse
  2. Intimate contact

- **If Not Treated**
  1. It can spread to sexual partners
  2. Continued symptoms
  3. Growths can be removed with chemical, electrical current, or freezing

- **Treatment** - Growths may be removed with chemicals, electrical current or freezing

**MONILIASIS** (yeast infection) is a common vaginal infection that is especially frequent in women who are pregnant, diabetic, on antibiotics or birth control pills.

- **Symptoms**
  1. Caused by a yeast-like fungus called *Candida Albicans*
  2. When viewed under a microscope, the fungi look like long fibers attached to tiny buds
  3. The fungus is normally present in healthy mouths, intestines and vaginas
  4. Severe itching, redness, or soreness, and cruddy, white vaginal discharge
  5. Men seldom experience symptoms, although they might develop lesions on the penis
  6. Diagnosed by a swab of the vagina, cervix, penis, or mouth examined under a microscope

- **Treatment**
  1. Various prescription drugs
  2. Over the counter medicines

- **How Is It Contracted?**
  1. Sexual contact with a person who has the fungus
  2. Usually brought on by pregnancy, diabetes, poor diet, stress, excessive douching, long-term antibiotics
  3. A newborn can develop the infection in his or her mouth if the mother has a vaginal infection at the time of delivery. Infant condition is called thrush

**NGU** (nongonococcal or nonspecific urethritis, NSU) an inflammation of the urethra not caused by a gonorrhea infection. It is very similar to Chlamydia

- **Cause**: bacterial-like organisms
• **Symptoms**
  1. Infects both men and women – penis and cervix
  2. Symptoms show up 1-3 weeks after having sex
  3. Most women and some men have no symptoms
  4. Yellow or white drip from the penis
  5. Discharge or burning in the vagina especially in the morning
  6. Burning or pain during urination

• **How Is It Contracted?**
  1. Spread during sexual intercourse, oral sex and anal sex with someone who has an NGU infection
  2. It is called non-specific, because the cause has not yet been determined. Possible organisms include T-strain, mycoplasmas, ureaplasma, urealyticum, or chlamydia

• **If Not Treated**
  1. It can be spread to sexual partners
  2. Can lead to more serious infection
  3. Reproductive organs can be damaged causing sterility
  4. Both men and women may no longer be able to have children
  5. A mother with NGU infection can give it to her baby during childbirth

• **Treatment**—usually tetracycline or erythromycin.

**PELVIC INFLAMMATORY DISEASE (PID)**

• **Symptoms**
  1. Occurs both in men and women
  2. Pelvic pain, chills, fever, irregular menstrual periods, lower back pain in women
  3. Pain and swelling of scrotum in men

• **How Is It Contracted?**
  Spread during sexual intercourse.

• **If Not Treated**
  1. Scar tissue in fallopian tubes resulting in possible dangerous tubal pregnancy later in life
  2. Sterility
  3. Scar tissue in vas deferens

**PEDICULOSIS PUBIS** (pubic lice, crabs, lice) crab-like parasites that live in the pubic hair and feed on tiny human blood vessels. They attach to the hair follicles and deposit their eggs near the base of the hair shaft. They reproduce quickly and cannot be washed off.
• Symptoms
  1. Symptoms usually show up 25-30 days after exposure
  2. Small bumps at the base of the hair
  3. Intense itching in pubic area
  4. Bloodstains may be noticed on underwear
  5. Usually diagnosed by sight

• How Is It Contracted?
  1. Spread by intimate physical contact with infected person
  2. Could get from infected bedding, clothing or towels, hairbrush (as eggs can live up to 6 days)
  3. The louse is a tiny white organism that looks like a crab. It has claws that enable it to attach itself to the hairs of the genitals, chest, armpits or scalp. Once secured to the hairs, the louse inserts its mouthpiece into the skin and feeds on blood. During feeding, it injects saliva into the skin which causes irritation and severe itching

• If Not Treated
  1. Can be spread to sexual partner
  2. Continued symptoms

• Treatment-Special shampoos such as K-Well, A-200, and Cuprex, are available from the pharmacy without a prescription

SCABIES (skay-bee, the itch)
• Cause: parasite itch mite called Sarcoptes scabiei that burrows under the skin.

• Symptoms
  1. Symptoms appear 4-6 weeks after infection
  2. Itchy rash, usually between the fingers, on the wrist, on the genitals, or on the buttocks
  3. Occasionally there may be dark wavy marks between the fingers, on the wrists or elbow, around the navel, on the breast or buttocks, and genitals
  4. Diagnosis is made by noting the presence of lesions or wavy marks on the skin. Scrapings are taken from the infected area and examined for the presence of mites, eggs, or larvae.

• How Is It Contracted?
  1. Spread by close body contact (not always sexual in nature)
  2. Can be caught from direct contact with infested surfaces such as clothing, towels, or bed linen

• If Not Treated
1. Can be spread to those in close contact
2. Secondary lesions or sores from scratching which may last for weeks, even though the mites have been eradicated

• **Treatment**
  1. An application of a prescription of scabicide cream or lotion
  2. Disinfection of bedding and clothing

**SYPHILIS** (syph, the pox, bad blood, lues)

1. Syphilis can be serious, even deadly, if left untreated. Modern health care and screening methods almost always detect the disease before it progresses far enough to be fatal.
2. During pregnancy, syphilis bacteria can pass from an infected woman to her fetus by way of the placenta.
3. If an infected woman is not treated prior to the fourth month of pregnancy, the baby’s chances of being born with the disease are very high.
4. Blindness and deafness can result for the baby.

• **Cause:** bacteruym known as treponema pallidum, commonly known as the spirochete bacterium, discovered in 1906. In the same year a blood test to detect syphilis was developed by Wassermann. The Wasserman Test was named after him.

• **Symptoms**
  **Primary syphilis**
  1. Incubation period is from 10 days to three months
  2. Symptoms show up 1-2 weeks after having sex
  3. A painless, reddish-brown sore (chancre) on the mouth or sex organs (penis, vagina, or cervix)
  4. Sore goes away, but syphilis remains

  **Secondary syphilis**
  1. Symptoms show up within 10 weeks after primary stage
  2. An itchless, painless rash anywhere on the body caused by the spirochetes as they enter the bloodstream on their way to the vital organs
  3. Flu-like symptoms
  4. Rash and flu-like symptoms go away within 2-6 weeks, but syphilis remains

  **Latent syphilis**—lasts approximately four years but the infected person is only contagious during the first year of latent syphilis

  **Late syphilis** is the final stage, during which the spirochetes are reactivated with such fury that they become killers. This often results in brain damage, insanity or death

• **How Is It Contracted?**
  Spread during sexual intercourse, oral sex and anal sex with someone who has syphilis.
• If Not Treated
  1. Syphilis can be spread to sexual partners
  2. Infected mothers can spread it to their babies during childbirth or a stillbirth may occur
  3. Can cause heart disease, brain damage, blindness and death

• Treatment-penicillin, tetracycline, erythromycin

TRICHOMONIASIS (trich) Often occurs simultaneously with other STIs. It is common among young, sexually active women and their partners. It is a form of vaginitis.

• Symptoms
  1. Itching and burning in the vaginal area, pain during intercourse, redness or red marks on the vaginal walls and a frothy, yellow green discharge that has an odor
  2. Usually appears between 4-28 days after contact
  3. Diagnosed by an inflamed vagina or with a wet mount slide of vaginal or penile discharge

• How is it contracted?
  1. A microscopic one-celled organism called a trichomonad.
  2. It is pear shaped and has a whip like tail
  3. It moves by swimming
  4. Sexually transmitted and can be passed to another person even if no symptoms appear
  5. Usually contracted through sexual contact, but it can be transmitted through moist materials such as wet swim suits, wash cloths or towels

• If Not Treated
  Infects the bladder or urinary tract in women and the prostate, bladder and urethra in men.

• Treatment-Usually treated with a prescription drug called Flagyl that cannot be taken by pregnant women.

VAGINITIS/BACTERIAL VAGINOSIS (BC) (gardnerella, trich, yeast) local irritation of the vaginal wall and cervix caused by one of several different organisms.

• Symptoms
  1. Some women have no symptoms
  2. Itching, burning, or pain in the vagina
  3. More discharge (creamy white, white, yellow, watery, or blood tinged) from the vagina than normal
  4. Discharge smells and or looks different
  5. Usually diagnosed by a smear of vaginal or cervical discharge or by a culture
• How Is It Contracted?
  1. Pregnancy, antibiotics, birth control pills, menstruation, diabetes, can lead to vaginitis due to change in bacterial level
  2. Spread during sexual intercourse, oral sex and anal sex. Men can carry vaginitis
  3. The most common organisms of cause are Candida albicans (yeast), Trichomonas (parasite), and Corynebacterium vaginale (bacteria). The Trichomonas requires treatment of both sexual partners
  4. It is usually caused by an upset of the acid/alkaline balance in the vagina maintained by bacteria normally present. The vaginal environment, or balance, may be changed by oral contraceptives, hormone therapy, pregnancy, antibiotics, douching, a forgotten tampon or diaphragm, or an illness such as diabetes

• If Not Treated
  1. Can be spread to sexual partners
  2. Uncomfortable symptoms will continue
  3. Men can get infections in the prostate gland and urethra

Treatment-depending on the type, treatment may include antibiotic suppositories, sulfa creams, Flagyl, or antibacterial douche.
HIGH SCHOOL
LESSON XI
SEXUAL HARASSMENT

Objectives
Students will
• Define sexual harassment
• Understand the harmful effects of sexual harassment
• Know that harassment is against the law

Concepts
1. Anyone, male or female, can sexually harass others or be the target of harassment.
2. Sexual harassment can occur among peers or between faculty and students.
3. Harmful effects of sexual harassment could cause the victim to:
   A. Become physically ill
   B. Withdraw from social or public situations
   C. Turn to drugs
   D. Feel unable to have comfortable relationships with others
   E. Be limited in their academic choices
   F. Feel angry, afraid, embarrassed, degraded, intimidated
1. T.U.S.D. has a policy that prohibits sexual harassment and stipulates consequences for such acts.
2. Sexual harassment is against the law. Title VII of the Civil Rights Act of 1964 and Title IX of the Educational Amendments of 1972 prohibit sexual harassment.
3. There are two kinds of sexual harassment:
   A. Quid Pro Quo Harassment—trading this for that. This is when someone asks for sexual favors in return for a higher grade, better job, etc.
   B. Hostile Environment Harassment—this is the most common kind of harassment. It occurs when repeated offensive behavior or comments create an unpleasant or intimidating environment and unreasonably interferes with someone receiving an education. It may also involve sexual comments or inappropriate touching on a one-time basis.

Materials
• Video Real People: When I Say Stop, I Mean Stop (25 minutes)
• Worksheet “Could it Be?”
• Worksheet “Do’s and Don’ts”

Activity Choices
1. Discuss the definitions of sexual harassment.
2. Show and discuss the video Real People: When I Say Stop, I Mean Stop
3. Have students complete the “Could it Be?” worksheet individually.
4. Discuss with the class their answers to “Could it Be?” and see if any of their answers change after viewing the video.
5. In groups of 4, have students think of a sexual harassment situation that could occur in daily life. Have each group present their vignette. **REMEMBER**-some say that harassment is “just flirting” or “boys will be boys.” They may even blame the victim because of the way she dressed or say that she can’t take a joke. Male-female relations should be mutual. When one person is offended, it is harassment, not flirting.

6. Discuss with the class the causes of sexual harassment.

7. Power Plays-many boys grow up believing in being competitive and in exercising power-especially over females. Many girls are taught the value of being nurturing and supportive. When subjected to harassment- or worse, sexual assault or rape-females often wrongly assume it is their fault.

8. Stereotypes-treating males and females the way they are portrayed in the media.

9. Gender Discrimination-women are typically paid less and don’t choose such fields as science and math for careers.

10. Stop sexual harassment

11. Tell the harasser assertively that you don’t like the behavior and tell them to stop.

12. If you confront the harasser face to face, ask a friend to join you.

13. Tell a teacher, counselor, or administrator or all three.

14. Don’t feel guilty. You didn’t cause harassment and you are not responsible for it.
COULD IT BE?

Place an X beneath agree if the statement is an example of sexual harassment and an X below the disagree if the statement is not an example of sexual harassment.

Agree Disagree

Discussing or “rating” another person’s body or sex appeal.

Unwelcomed touching of breasts, buttocks, or genitals.

Calling other students “babes, fags, sluts, studs, etc.”

Exposing someone by removing clothing against his or her will.

Using a computer to send unwanted sexual messages.

Being best friends with someone of the opposite gender.

Spreading a sexual rumor about someone.

Teaching sex education by using nude pictures from a men’s magazine.

Kissing someone.

Girls using vulgar language to a boy.

A teacher offering a better grade in exchange for sex.

Writing something sexual about another person on the bathroom wall or basketball court.
DO’S AND DON’TS

DON’T

• Make unwanted sexual demands or advances

• Touch a person who doesn’t want to be touched.

• Make sexually demeaning remarks or gestures to or about others.

• Laugh at other’s sexually harassing words or behavior.

DO

• Put yourself in the other person’s shoes. How would you feel?

• Ask if you would want this said or done to someone you care about— or if you would want them to see or hear your comment or behavior.

• Treat others in a fair and respectful way.

• Think about how you want others to treat you.
HIGH SCHOOL
LESSON XII
RAPE/DATE RAPE

Objectives
Students will
- Define rape and date/acquaintance rape
- Identify and dispel common myths about rape
- Know ways to prevent rape or date rape
- Understand rape and other sex crimes as violent, not sexual acts
- Identify medical, legal and social resources available to victims of sexual assaults
- Discuss the psychological processes involved for victims of sexual assault

Concepts
RAPE
1. All rapes should be reported to parents, counselor, nurse, doctor, or police (any adult who can help).
2. Rape victims are women, men, children, of all economic or ethnic groups.
3. Profile of a rapist
   A. 85% of all rapists have previous criminal records.
   B. 85% of all rapists did not complete high school.
   C. 75% are not strangers to their victims.
   D. Over 50% were drinking heavily or drunk at the time of the rape.
   E. Rape is not committed by men who are oversexed, as once commonly believed.
   F. Rape is committed by angry hostile people who want power and an opportunity to dominate others.
4. It is estimated that one-half million people are raped every year in the United States.
5. In the last few years, incidence of rape had increased by over forty per cent.
6. Rape is never a victim’s fault.
7. Regardless of how well a person knows the rapist, if sex is forced against a person’s will, it is rape.
8. One way to prevent rape from happening again is to report it. This can be difficult and embarrassing, but it is the victim’s responsibility. If the rape goes unreported, the rapist does not get needed help and will likely rape again.
9. Most victims are female, however, the number of male victims is rising. Usually the rapist is also a male. Many times these rapes are not reported.
10. Victims often think “it won’t happen to me” and don’t take appropriate precautions.
11. Many rapists were raped or sexually abused as a child, and lack the necessary skills for coping responsibly with every day life.
12. Rape victim usually experiences a three stage psychological reaction:
   A. The first, most devastating feeling, is the complete loss of control in the rape situation. Few people can understand the feeling of helplessness and terror that accompanies a physical, life threatening assault. The victim may be in a state of
shock, crying, hysterical, or she may be calm, controlled, quiet or dazed. No two are the same.

B. The second stage of the victims’ reaction begins within a few days or a few weeks after the attack. This stage is called “apparent resolution,” and during this time the woman may feel that she should not, or cannot, talk about her experience with those around her. She may fear that people will think she is crazy, or that she is acting abnormally. At this stage, it is usually common for victims to tell those around them that everything is OK. Unfortunately, this isn’t quite true, and the woman is actually experiencing a denial of some feelings of fear, anger, shame, guilt, embarrassment, and vulnerability.

C. The third stage of reaction is called “resolution.” This is the time when the victim can talk about what has happened to her, can verbalize her feelings about the attack, and can incorporate the experience into her life history without feeling abnormal or unwomanly. Generally, a woman’s long-term psychological reaction to a sexual assault will be determined by her previous history and her coping skills related to crisis situations.

DATE RAPE/ACQUAINTANCE RAPE

1. One of the most commonly reported cases of date rape involves women who meet men at social gatherings or bars or accept rides from friends.
2. Preventive techniques for date rape situations involve good decision-making skills in determining who to socialize with; who to invite into the home; who has access to information about a woman’s personal life.
3. It is very important for a woman to be clear and articulate about what is expected in a dating or social situation, to avoid misrepresentation that might be perceived by the man involved as an invitation.
4. Teenagers are often the victims of date rape situations because they have not developed an acute awareness of interpersonal communications.
5. Teens are at the highest risk of being assaulted of any group.
6. It has only been in the last few years that teens have begun reporting sex crimes to authorities.
7. One half of all victims of sex assault know who their assailant is.
8. The drug Flunitrazepam or brand name Rohypnol (ruffies, roche, R-2, rib, and rope) is also known as the “date rape” or “club drug.” Often taken to enhance other drugs, it is typically taken orally and has the effects of a sleeping pill. It is a physically and psychologically dangerous drug. Rohypnol is being used to lower the inhibitions of young ladies causing impaired judgement, impaired motor skills, and amnesia. Many young women have reported waking up in unfamiliar surroundings and having been sexually assaulted while under the influence of the drug.

Materials
- Chalkboard/flip chart
- Handout “Protection Against Date Rape/Acquaintance Rape”
- Handout “What to do if Raped”
- Handout “Protecting Yourself Against Rape”
**Activity Choices**

1. Discuss the fact that “Everyone has the right to say no, or to change their mind.” No one has the right to force themselves upon another.

2. Role-play ways to handle a situation where one student changes their mind about sexual activity. How can one be assertive without making the other angry?

3. Invite a speaker from the Rape Crisis Center to speak to the class. Have the class make a list of questions they might want to ask.

4. Have students make posters illustrating protection against rape.

5. Discuss with students that date rape is a growing concern and occurs more frequently than many people realize. It often is not reported. It is critical that students consider ways to protect themselves and avoid getting into situations where they have less chance to get help or get away if necessary.

6. Discuss the use of “date rape” drugs to physically and mentally disable the victim.

7. **Exceptional Education Inclusion Activity**
   - A. Allow students to work with a partner on the poster project.
   - B. Provide them with a list of ways to protect oneself from rape.

**Vocabulary**

1. rape
2. date rape
3. acquaintance rape
PROTECTION AGAINST DATE RAPE/ACQUAINTANCE RAPE

Listed below are rape prevention strategies.

1. Know something about the person you date (reputation, friends, etc.).

2. Plan the first few dates to be group activities.

3. Do not spend a lot of time alone or in isolated places.

REPORTING A RAPE

ONE WAY TO PREVENT RAPE FROM HAPPENING TO YOU AGAIN OR TO SOMEONE ELSE IS TO REPORT IT.

1. The rape victim must decide if she/he is going to file charges.

2. To prove rape, police must have evidence that
   A. sexual intercourse occurred.
   B. intercourse was committed by force or threat of force.
   C. there was lack of consent on the part of the person raped.
WHAT TO DO IF RAPED

STEPS TO TAKE IF RAPED:

1. Tell a parent or close friend.

2. Notify police immediately.

3. Do not take a shower, change clothes, or douche. This is very important since the police will need all possible evidence.

4. Get a physical examination as soon as possible. A hospital is probably best equipped to care for a rape victim.

5. At the hospital, the following procedures will be necessary:
   A. Pelvic examination- important for verifying the rape as well as the checking for injuries.
   B. Some hospitals will give the victim an antibiotic to fight possible infections.
   C. The nurse or doctor will talk to the victim about possible pregnancy and what can be done.

6. Find someone or a group to help work through the emotional shock of rape. This is very important.

7. It is critical that the victim talk about personal emotions, fears and concerns. Many communities have a rape crisis center with specially trained counselors for this purpose.
PROTECTING YOURSELF AGAINST RAPE

PERHAPS THE MOST IMPORTANT GUIDELINE TO USE IN PROTECTING YOURSELF IS TO EMPLOY COMMON SENSE.

1. Avoid risky situations.

2. It is safer to go places in groups.

3. Tell someone of your plans.

4. Walk briskly and with a purpose.

5. If someone is following you, or you feel threatened, go to a public place, run, yell fire, scream, or blow a whistle.

6. Stay in well-lighted, populated areas.

7. Have keys ready when approaching your vehicle or home.

8. Lock all doors and windows in a car and at home. Check inside the car before getting in.

9. Do not open doors to strangers.

10. Demand identification from all repairmen and service people who want to come into the home.

11. If car trouble occurs, stay locked inside the car with the windows up. Someone can help by calling the police.

12. Try to keep calm and think clearly.

13. Drugs and alcohol distort thinking and lower inhibitions. They cause one to be more vulnerable.

14. DO NOT HITCHHIKE! DO NOT PICK UP HITCHHIKERS!
Objectives
Students will:
- Discuss Arizona Laws as they pertain to the duties, responsibilities and rights of both parents for childbirth (see resource section)
- Discuss Arizona Law as they pertain to the financial responsibilities of parenting
- Discuss choices that may come about in the event of a pregnancy
- Discuss what constitutes “sexual conduct with a minor”
- Discuss what constitutes “sexual abuse”
- Discuss what constitutes “sexual assault”
- Discuss parental duties, responsibilities and rights

Concepts
1. Understand the financial and legal responsibilities of parenting and the legal liabilities as they relate to sexual intercourse with a minor.
2. A person commits a sexual act with a minor by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with any person under 18 years of age. Sexual conduct with a minor under 15 years of age is a Class 2 felony and is punishable. Sexual conduct with a minor 15 years or older is a Class 6 felony.
3. Students must be informed of those professionals who are obligated to report alleged misconduct including sexual misconduct. Professionals such as physicians, nurses, psychologists, school personnel, social workers, and police officers are obligated to report sexual molestation, abuse, or physical neglect to a municipal or county peace officer or to Child Protective Services of the State Department of Economic Security. Reports should be followed up in writing. Anyone making a report should be immune from any civil or criminal liability by reason of such action unless the person has been charged with or is suspected of abusing or neglecting the child or children in question.
4. Consent includes:
   A. Victim is coerced by the immediate use or threatened use of force against a person or property
   B. Victim is incapable of consent by reason of mental disorder, drugs, alcohol, sleep or any other impairment
   C. The victim is intentionally deceived as to the nature of the act
   D. The victim is intentionally deceived to erroneously believe that the person is the victim’s spouse

Activity Choices
1. Discuss the expenses involved in prenatal care, childbirth, post-natal care, and child care until the child reaches the age of majority (18 years).
2. Discuss choices available to both parents in the event of pregnancy.
   A. If not married, the woman may decide to:
1. Keep the child and seek support from the father.
2. Place the child up for adoption.
3. Name the natural father in a paternity suit in which he could be financially responsible until the child’s 18th birthday.
4. Have an abortion.

3. If the prospective father denies paternity, he may be asked to voluntarily submit to a blood test or the court will order a blood test at the expense of the father (approximately $300.00).
   A. Failure to answer the paternity suit or refusal to take the blood test could result in the court finding against the father and ordering him to pay support.
   B. By answering the paternity suit and taking the blood test, but still denying paternity, a trial will convene, testimony will be taken, the result of the testing will be reviewed along with other facts, and the court will decide.

4. Discuss the legal responsibilities and rights of the father. If he is found to be the father of the child or if he admits to being the father, he will:
   A. Be legally declared as the father.
   B. Be placed on the child’s birth certificate as the father.
   C. Be ordered to pay for the cost of birth.
   D. Be ordered to pay back support from the date of the child’s birth.
   E. Be ordered to pay current support that could automatically be deducted from the pay check.
   F. Be ordered to pay support even though he is not employed.
   G. Be required to provide insurance for the child and to help pay for the medical expenses not covered by insurance.
   H. Be required to have his parents pay for the birth if the father is under 18.
   I. Be held responsible for the support of one’s child until the child reaches the age of 18 years.
   J. Be entitled to the right of visitation. If the father and the mother are unable to agree on terms of visitation, the court can assist in resolving the terms of visitation.
   K. Petition the court for custody or joint custody. Legal action is required which could be costly and time consuming.
   L. Be placed on the child’s birth certificate. This may be done either by court declaration or by signing an acknowledgment of paternity on a form provided by the Vital Records Department.

Vocabulary
1. oral sex
2. sexual contact
3. intercourse
4. consent
High School Review Questions

This may be used as an oral or written review for students.
Directions: Choose the best answer for each question and write the corresponding letter in the blank.

1. _____ A virus that causes cold sores on or around the mouth, not considered a Sexually Transmitted Infection.
   A. gonorrhea   B. herpes simplex type I
   C. herpes simplex type II   D. syphilis

2. _____ A sexually transmitted virus that causes blister-like sores in the genital area, for which there is no present cure.
   A. herpes simplex type II   B. herpes simplex type I
   C. genital warts   D. syphilis

3. _____ A nonspecific STI with symptoms that men are more likely than women to notice.
   A. herpes simplex I   B. genital warts
   C. nongonococcal urethritis   D. herpes simplex II

4._____ The pea-sized glands in the male reproductive system are
   A. seminal vesicles   B. Cowpers gland
   C. epididymis   D. prostate gland

5. _____ The first menstrual cycle is called
   A. puberty   B. menopause
   C. the period   D. menarche

6. _____ Which is not a part of the vulva?
   A. hymen   B. labia majora
   C. clitoris   D. mons pubis

7. _____ In which part of the reproductive system does conception occur?
   A. ovary   B. uterus
   C. vagina   D. fallopian tube
8. _____ Self-actualization
   A. usually occurs during mid-life.
   B. is the acceptance of unfulfilled potential.
   C. is easier for men to achieve than women.
   D. is a lifelong process.

9. _____ Peer Pressure
   A. is usually healthful.
   B. is usually harmful.
   C. can be healthful or harmful.
   D. Increases with age.

10. _____ The fourth level in Maslow’s Hierarchy of Needs is

11. _____ The most common Sexually Transmitted Infection is
    A. genital herpes.   B. condom.
    C. chlamydia.   D. gonorrhea.

12. _____ Which method of birth control is ineffective in preventing pregnancy?
    A. withdrawal.   B. condom.
    C. pill.   D. IUD.

13. _____ Every state has laws about sexual abuse that
    A. requires school personnel to report suspected cases.
    B. removes children from the homes of their parents in all cases.
    C. allow physicians to treat the family privately without reporting the incident.
    D. all of the above are true.

14. _____ If a woman is raped she should
    A. shower immediately.
    B. change clothes immediately.
    C. not shower or change clothes.
    D. a and b are true.
15. _____ By definition, rape can occur when a
   A. male forces a female to have sexual intercourse.
   B. male forces his date to have sexual intercourse.
   C. husband forces his wife to have sexual intercourse.
   D. all of the above are true.

16. ____ The third step in the problem-solving approach involves
   A. applying the five criteria for responsibility.
   B. making a responsible decision.
   C. compromising.
   D. stating reasons for refusal.

17. _____ Genital warts are usually treated with
   A. tetracycline.      B. penicillin.

18. _____ Which is not associated with the second stage of labor?
   A. baby moves through the vagina.
   B. baby’s head crowns.
   C. episiotomy.
   D. afterbirth.

19. _____ Which method of birth control does not require a prescription from a
    physician?
   A. pill.       B. diaphragm.
   C. IUD.       D. condom.

20. _____ Rapists usually select women
   A. who are attractive.
   B. who are well dressed.
   C. whom they know or see frequently.
   D. all of the above are true.
Directions: Place a T next to each statement that is true and an F next to each statement that is false.

_____ 1. Vaginitis is a series of warts that appear in the genital area.

_____ 2. Gonorrhea is often without symptoms in females.

_____ 3. Pubic lice are usually treated with antibiotics.

_____ 4. Scabies does not have to be transmitted through sexual contact.

_____ 5. Both types of herpes are caused by a virus.

_____ 6. The family is the basic unit of society.

_____ 7. Child abuse can be physical, including sexual abuse and emotional abuse.

_____ 8. The lowest level of basic needs identified by Maslow was safety needs.

_____ 9. A healthful friendship would encourage one to act irresponsibly.

_____ 10. Estrogen stimulates the lining of the uterus to prepare for the fertilized egg.

_____ 11. Billions of sperm are produced in coiled tubes called vas deferens.

_____ 12. Moniliasis is an infection caused by a pathogen normally found in the vagina.

_____ 13. After a vasectomy, sperm continue to be produced.

_____ 14. The family provides the child’s first experiences of loving, learning, and well-being.

_____ 15. Rape can be committed against anyone.

_____ 16. Good friends accept their friend’s personal decisions and do not try to influence them.

_____ 17. All rape is a type of violence.

_____ 18. Dating is a worthwhile social experience even when there is no future in the relationship.

_____ 19. The father determines the sex of the baby.

_____ 20. The temperature in the testes is lower than in the rest of the body.
Matching Review

Directions: Match the items in Column I with the correct phrase in Column II. Write the letter of the correct phrase in the space at the left.

<table>
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<th>II</th>
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<td>_____ 1. sexuality</td>
<td>A. a violent act of unwanted sexual intercourse.</td>
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<td>_____ 2. chlamydia</td>
<td>B. incurable viral disease with painful blisters.</td>
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<td>_____ 3. mons pubis</td>
<td>C. ineffective birth control method.</td>
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<td>_____ 4. fallopian tubes</td>
<td>D. a nongonococcal urethritis organism.</td>
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<td>_____ 5. rape</td>
<td>E. outer lips of the vulva.</td>
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<tr>
<td>_____ 6. withdrawal</td>
<td>F. caused by lowered acidity.</td>
</tr>
<tr>
<td>_____ 7. genital herpes</td>
<td>G. sometimes called womb.</td>
</tr>
<tr>
<td>_____ 8. vaginitis</td>
<td>H. everything that makes one a male or female.</td>
</tr>
<tr>
<td>_____ 9. labia majora</td>
<td>I. a rounded fatty pad of tissue covered with pubic hair.</td>
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<tr>
<td>_____ 10. uterus</td>
<td>J. also called oviducts.</td>
</tr>
</tbody>
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HIGH SCHOOL REVIEW
TEACHER ANSWER KEY

Multiple Choice

1. b
2. a
3. c
4. b
5. d
6. a
7. d
8. d
9. c
10. b
11. c
12. a
13. a
14. c
15. d
16. a
17. c
18. b
19. d
20. c

True or False

1. False
2. True
3. False
4. True
5. True
6. True
7. True
8. False
9. False
10. True
11. False
12. True
13. True
14. True
15. True
16. True
17. True
18. True
19. True
20. True

Matching

1. h
2. d
3. i
4. j
5. a
6. c
7. b
8. f
9. e
10. g
# TEACHER RESOURCE MATERIAL
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DEVELOPMENTAL STAGES
OF THE SECONDARY SEX
CHARACTERISTICS
Teacher Resources

1. Male Genital Development
   A. Pre-puberty-usually none
   B. Initial enlargement of the scrotum and testes; reddening and texture changes of
      the scrotum.
   C. Initial enlargement of the penis; further growth of testes and scrotum.
   D. Further enlargement of the penis, testes and scrotum; growth in breadth and
      development of the glans.
   E. Adult in size and contour.

2. Pubic Hair Development
   A. Pre-puberty-hair over the pubic area similar to that on the abdomen.
   B. Sparse growth of long, straight, downy hair at the base of the penis or along the
      labia.
   C. Hair becomes darker, more coarse and curly; spreads sparsely over the entire
      pubic area.
   D. Further spread of hair distribution not extending to the thighs.
   E. Adult in amount and type.

3. Female Breast Development
   A. Pre-puberty-increased pigmentation of the papilla only.
   B. Enlargement of areolar diameter; small area of elevation around the papillae.
   C. Further elevation and enlargement of breasts and areolas, with no separation of
      the contours.
   D. Areolas and papillae project from the breast to form a secondary mound.
   E. Adult, with projection of the papillae only, recession of the areolas into the
      general breast contour.

4. Other Changes
   A. Pre puberty-usually none.
   B. Usually time of peak height velocity for girls.
   C. Usual point of onset of menstruation. Facial hair begins to grow and voice
      deepens for boys.
   D. Usual time of peak height velocity for boys; axillary hair begins to grow

* The A’s are corresponding time periods, as well as the B’s, C’s, etc.
BASIC PUBERTY RESOURCE INFORMATION

1. Fertilization occurs when an ovum and a sperm combine to form a new cell. A man places the erect penis in the woman’s vagina. Semen, containing sperm cells, is ejaculated into the vagina. Millions of sperm cells are deposited at one time. If an ovum (egg) is in the woman’s fallopian tube, a sperm may combine with the ovum and fertilize it. A single cell is formed. The cell divides into two cells and continues to divide. The fertilized ovum travels down the fallopian tube to the uterus where it attaches itself to the lining of the uterus. The developing ball of cells is called an embryo. This attachment of the embryo is the beginning of pregnancy.

2. Male Reproduction—While the female has a cycle that only produces one (97% of the time) egg per month, the male can produce about 150 million sperm per day. There is no monthly cycle for sperm. They begin to develop in the testes when the hormones become active in the male body (10-16 years), usually closer to 12-14 years of age. The same hormones that cause female eggs to start developing are active in the male and cause sperm to be produced in the testes.

3. Sperm start out in the testes where it is cool (1-8 degrees) lower than body temperature. The scrotum keeps the testes outside the body so they are cool. It takes about six weeks for sperm to develop in the testes. From there, they move into a coiled tube called the epididymis where they get lots of nourishment and mature so they can fertilize; this takes 10-20 days. Now they are ready for a long journey to the outside of the body. Sperm move through the vas deferens by muscle contractions of the tube. They cannot swim until they get into liquid. They travel from the scrotum into the body and to a holding area at the end of the vas deferens. When the male is sexually aroused, some sperm, sugary liquid from the seminal vesicle, and a little milky fluid from the prostate gland mix in the area called the ejaculatory duct. When the sperm (only about 5% of the mixture) and the liquid mix together, the sperm are able to swim. This mixture is called semen. Now the semen is ready to come out of the penis. By this time, the male has an erection (the penis is filled with blood and sticks out straight). Before the semen comes out, called ejaculation, little glands called Cowpers glands send out a few drops of liquid that clean out the pathway. Both urine and semen come out the same tube. When a male gets an erection, he cannot urinate at the same time. A muscle closes off the bladder. The Cowpers glands squirt out their cleaning fluid and the urethra is clean and ready for semen. When the male ejaculates, the semen (with sperm in it) shoots out the penis. This can happen during wet dreams, during masturbation or during sexual intercourse.

4. Voice changes in the male also take place in two stages. Some early voice changes take place prior to first ejaculation, but the deep tonal change tends to appear after the appearance of underarm hair and the period of maximum growth. Males may also be relieved to learn that the beard is the last thing to grow. Many men are unable to grow moustaches and beards throughout their twenties and sometimes never.

5. Female Reproduction—Many times when a female begins to menstruate, she is considered “a woman,” although she may not feel much different. Menstruation has a lot of names; the most common is “period.” It is the result of at least a month’s activity inside the female body. Usually between the ages of 9 and 18 years, a female
begins menstruating. Menstruation is made up of blood and tissue that come from the uterus and is no longer needed. It dribbles out of the female body through the vagina for two to eight days. Although the discharge is called “bleeding” and looks like bloods, not much of it is blood (usually less than 1/4 cup). The female isn’t bleeding as if she had a cut. The lining of the uterus, which is naturally cleaning itself out, no longer has fresh new blood flowing through it because the blood supply has been shut off to that part of the lining. So a female isn’t bleeding to death. During this time, the female wears either a sanitary napkin or a tampon to catch the discharge so it won’t stain clothes. She should change this every four hours or less, even if she is not flowing heavily. The first day of menses (men seez), a shorter word for menstruation, is called the first day of that menstrual cycle. A cycle usually lasts about a month. When a young female first starts her period, she probably will not have regular monthly cycles for a year or more. (Some are never regular). The cycle ends the day before the next period starts. It is usually 20-40 days long. What is happening when the female is not flowing? Her body is very active. While the uterus is cleaning out (menses), an egg is actively developing in the ovary. This usually takes about two weeks—this is the time of the cycle which is highly variable in time and may be affected by stress, illness, and many other factors. It may be just a few days to a month in length. After ovulation, the cycle length is very consistent—12 to 16 days in length, and is controlled by hormones. As the egg is maturing, a blister forms on the ovary. When the egg is mature, the blister pops the egg pops out of the ovary. This is called ovulation. The finger like ends of the oviduct swim around the ovary, pick up the egg and move it into the oviduct. Inside the oviduct are tiny little hairs that move the egg into the uterus. This usually takes three to five days. If fertilization, sperm and egg combining, is to take place, it happens here in the widest part of the oviduct. During the few weeks all this is going on, the uterus is building up its lining with fresh tissue and blood. By the time the egg arrives, the lining is rich and soft. It is ready if the egg is fertilized and can implant itself in the lining. That would start a pregnancy. If the egg is not fertilized, the lining breaks down in the uterus and dribbles out the vagina as the menses.
AUDIO VISUAL RESOURCES

FOURTH GRADE

Growing Up For Boys
15 minutes Marsh Media, 1995
Presents boys in grades 4-6 with a candid look at the basics of male anatomy and development, health, hygiene and good grooming. The video can also help ease some of the growing pains as boys seek to cope with the physical and psychological changes that are part of growing up.

Growing Up For Girls
15 minutes Marsh Media, 1995
Provides girls in grades 4-6 with clear, authoritative information about the female reproductive system, the emotional physical transformations of puberty, and the importance of good health and hygiene. This video encourages a positive body image as well as a sense of self-worth for girls as they face the challenges of change and growth.

Better Safe Than Sorry
15 minutes Altschul Group Corporation, 1990
Dramatizes various situations that students can identify and engage in problem-solving discussions. A group of youngsters ranging in ages five to nine are led through a discussion of simple rules created to help children prevent and/or deal with potential abuse. Four principal themes are reinforced throughout the film: Say no, get away, tell someone and be believed.

It’s a Change Thing
15 minutes Kotex, Kimberly-Clark Corporation, 1998
Video is directed at girls and provides reassurance that change is normal. Video discusses external and internal changes including body growth, menstruation, and emotions. This video may be used earlier to help girls who begin their cycles earlier than fourth grade. It is available from the school nurse.

Spanish Videos—may be used in 4th or 5th grade.
Break The Silence 30 minutes, child abuse.
Boy To Man, 20 minutes
Girl To Woman 20 minutes
FIFTH GRADE

**Break the Silence: Kids Against Child Abuse**  English and Spanish
30 minutes  AIMS Multimedia, 1998
Physical abuse, sexual abuse and neglect are explained in a way young children can understand. Four children talk candidly about their abuse and their abusers as they describe how adults use fear, manipulation and neglect to hurt children. As each story is told, animated versions of the child and the abuser help illustrate how the abuse happened and how it made the child feel.

**Feelings: Inside, Outside, Upside Down**
19 minutes  Sunburst, 1998
Examines the feelings of young people of both sexes toward the changes taking place in their bodies. Shows viewers how talking about these feelings with someone who has been through puberty can change their outlook.

**Don’t Stop Before You Get Started**
19 minutes  AIMS Multimedia, 1998
Promotes positive self-image in a lively, humorous manner that appeals to students in grades 5-9. Describes how a negative self-image limits growth, while a positive self-image can promote opportunities for having satisfying relationships, solving problems, and feeling good about oneself.

**Trust Me: Learning to Be Responsible**
23 minutes  Sunburst, 1996
Six scenarios explore issues of responsibility and help students work toward creating their own standards of responsibility: When must you take responsibility? What are your responsibilities as a student? Are you responsible for keeping a commitment even when you didn’t promise? How does the way you act affect the way grown-ups treat you? What are your responsibilities as a friend? What happens when your rights conflict with your responsibility?

**Boy to Man**  English and Spanish
20 minutes  United Learning an AGC Educational Media Company, 1992
Directed at male students, this video uses scenarios to provide students with an understanding of the physical and emotional changes of puberty. Provides factual information about male and female development.

**Girl to Woman**  English and Spanish
20 minutes  United Learning an AGC Educational Media Company, 1992
Directed at female students, this video uses scenarios to provide students with an understanding of the physical and emotional changes of puberty. Provides factual information about male and female development.

**It’s a Change Thing**
15 minutes  Kotex, Kimberly-Clark Corporation, 1998
Video is directed at girls and provides reassurance that change is normal. Video discusses external and internal changes including body growth, menstruation, and emotions. Available from the school nurse.

SIXTH GRADE

**Human Growth V**
21 minutes SVE and Churchill Media, 1998
Presents animation depicting maturation and the reproductive system. Also presents reactions, questions, observations and feelings of young people about the wonder that is changing them.

**Sexual Harassment: It’s Hurting People**
18 minutes Sunburst, 1994
Points out what viewers may not know about sexual harassment: that both girls and boys can be its victims; that it can involve the use of profanity, sexist terms, dirty jokes, or nasty rumors as well as unwanted physical contact; and that while harassers may not intend to hurt anybody and think their actions are funny, what they are really engaging in is unwelcome, obnoxious, and illegal behavior that is no laughing matter and has a hurtful effect. Calling sexual harassment a major offense that can lead to suspension, urges that it be taken seriously. Suggests steps students can take if it happens to them or if they see someone else sexually harassed. Urges that they also report these incidents to a parent, teacher, or principal.

**Update: Sexually Transmitted Diseases**
28 minutes Sunburst, 1995
Video revolves around true-to-life stories of teenagers who must deal with the harsh realities of Sexually Transmitted Infections (STIs). Interweaving these stories, two hotline counselors and an STI clinic doctor use detailed, candid language to discuss genital warts, chlamydia, herpes, HIV, and other common STIs, and the harm each can do if left untreated. Advises viewers with any symptoms of an STI to seek early treatment. Urges viewers who are sexually active to protect themselves against STIs through consistent and proper use of condoms, and calls abstinence the best choice for staying healthy.
SEVENTH/EIGHTH GRADE

**Human Growth V**
21 minutes SVE and Churchill Media, 1998
Updated video previously adopted by TUSD Governing Board presents animation depicting maturation and the reproductive system. Also presents reactions, questions, observations and feelings of young people about the wonder that is changing them.

**Fetal Development: A Nine Month Journey**
15 minutes Sunburst, 1988
Traces fetal development from the moment of fertilization of a human egg by just one of several million sperm to the emergence of an actual baby through the birth canal at nine months. Clearly details the embryo’s rapid development after it implants itself in the uterus. Marks off the development as the embryo becomes a fetus and begins to look more and more like a baby. Shows how the mother’s body adjusts to the growing fetus. Details how the mother’s body prepares itself for the imminent birth. Describes events in the birth canal as the baby prepares to be born.

**Abstinence: It’s the Right Choice**
22 minutes SVE and Churchill Media, 1995
Intertwines street interviews with footage of a group of curious teens, who learn refusal techniques and alternatives to engaging in sexual activity from an older sister and her boyfriend. In an informal discussion led by these experienced peer counselors, and with essential advice offered by a mom, the video emphasizes to teens that there has never been a better time to abstain.

**The Incurable STDs**
18 minutes United Learning, 1994
Describes and distinguishes AIDS and the 15 incurables nobody talks about. Details the plague of cervical cancer. Emphasizes that one mistake is one too many by reinforcing abstinence as the best prevention. Includes a student guide and 25 black line masters.

**Real People: Relationships, When They Hurt, When They Help**
28 minutes Sunburst, 1997
Explores relationship problems to help teens recognize the warning signs of an unhealthy relationship. Explains why teens might fall into a relationship trap, offers ways to break loose, rebuild their self-esteem, and gorge the healthy patterns that can enrich their lives. Lists resources teens in an unhealthy relationship can turn to for help.

**When Dating Turns Dangerous**
33 minutes Sunburst, 1995
Addresses the growing problem of dating violence, describes the patterns it takes and why abusers act the way they do, and how the abuse gradually destroys a victim’s self-esteem. Asserting that abusers will not change without treatment, offers effective strategies for helping a victim reestablish a normal life.
**Real People: When I Say Stop, I Mean Stop**  
25 minutes  
Sunburst, 1998  
Provides definitions, types and solutions to peer pressure and sexual harassment. Video allows students to critically think about potentially unsafe situations and how to handle them more responsibly. Includes a teacher’s guide, role-play guidelines, scenarios, and a questionnaire that allows students to rate comments as acceptable/unacceptable behaviors.

**Say No and Keep Your Friends**  
25 minutes  
Sunburst, 1994  
Camp “junior counselors” role-play assertiveness in a variety of situations with friends. Provides examples of assertiveness responses. Several opportunities are provided to stop video to discuss questions and responses.

**Teenage Sex: Resisting the Pressure**  
30 minutes  
Sunburst, 1992  
Designed for teenagers who need help in handling pressure to be sexually active. Affirming that everyone has the right to decide his or her own sexual behavior, emphasizes the importance of setting limits before a situation arises. Teaches basic assertiveness techniques to use in specific situations, helps viewers reach and enforce the decision to be abstinent.
NINTH – TWELFTH GRADES

What Teens Want to Know About Sex
28 minutes Sunburst, 1994
Presents the facts teens need to know for informed sexual decision-making. Provides answers to teens’ concerns about sexual development, conception, pregnancy, contraception, and STIs. Debunk myths about sex and carries a strong abstinence message.

Abstinence by Choice: Choosing to Be Disease-Free
22 minutes United Learning, 1998
Directed at the health and safety of teens, this video provides factual medical information about STIs. Video uses straightforward, honest discussion to explain in detail the hazards of sexual activity for teens, and to emphasize that because no form of protection is 100% effective, the safest choice is abstinence.

Abstinence by Choice: Emotional Choices: Not Just a Body
19 minutes United Learning, 1998
Video uses a group of insightful teens to examine the emotional impact of becoming sexually active, and of behaviors such as use of alcohol, which can put teens at risk. The self-affirming message, “Your worth the wait…give yourself time to be ready,” is clearly voiced through teen discussion and host presentation.

Abstinence by Choice: Physical Choices and Consequences: Pregnancy
16 minutes United Learning, 1998
Video makes a convincing argument for the choice of abstinence by illustrating the life-changing consequences of unplanned teen pregnancies. Once pregnant, an adolescent is forced to make many difficult decisions – none of which are easy or without consequences. The video encourages viewers to carefully think through consequences before they make the choice to have sex.

Abstinence by Choice: Social Choices and Consequences
17 minutes United Learning, 1998
This video explores the contemporary issues of date rape and sexual images in the media. Spontaneous teen discussions look at dating, the risks of becoming sexually active, and reasons to wait. Family influences are discussed and peer support and accountability are advocated. The conclusion presents a positive, upbeat message of staying healthy and keeping your future your own by choosing abstinence.

This Ain’t No Dress Rehearsal: Abstinence and Teens
27 minutes Sunburst, 1996
By using humor and old film clips, this video delivers a powerful abstinence message. Physician, Dr. John Young tells students there is “no dress rehearsal for life or sex.” The video explains how the most prevalent STIs among teens are contracted and the serious medical problems and emotional turmoil these diseases can precipitate. Young people
who have STIs offer poignant insights into why they chose to get sexually involved and how their disease has affected their life.

**STDs, AIDS and the Clean Love Solution**  
30 minutes United Learning, 1997  
Utilizes a story-line of two high school students who are doing a project to learn more about STIs and AIDS. They visit doctors, clinics, STI educators and young people who are infected with AIDS and other STIs. Video covers all common STIs without going into detailed symptoms. Video stresses communication between partners and abstinence. Emphasizes there is no such thing as safe sex.

**Just Like Us AIDS Prevention**  
28 minutes Sunburst, 1993  
This video provides interviews with HIV-positive, ethnically diverse young people, most of whom got the AIDS virus from heterosexual sex. The purpose of the video is to help students understand that anyone can get AIDS. Gives viewers an emotionally charged look at what it is like to have AIDS. Through these compelling interviews, abstinence is promoted.

**AIDS: One Teenager’s Story**  
32 minutes Sunburst, 1996  
This video is designed to break through teenagers’ sense of invulnerability and bring home the fact that AIDS can happen to them. Information is given on transmission, testing, treatment and emotional impact through the telling of one teen’s story. Emphasizes to take care of oneself and to be aware of the responsibility they have to protect themselves from sharing the depicted teenager’s fate.
With the increasing commitment to providing functional and age-appropriate instruction to students with disabilities, the Family Life Curriculum Committee included additional activities throughout the curriculum that are appropriate to the exceptional education population. Many of the concepts that are presented throughout the curriculum are applicable to every student, regardless of their level of intellectual functioning. The adaptations are required in presenting the concepts in a more concrete manner, (as through role-play) and in the natural environment with a variety of situations, both social and vocational.

Important to the success of any course is the presence of a qualified instructor. The following guidelines are suggested in determining such qualified people:

1. Person should have successfully taught disabled students and be well liked by parents and administrators.

2. Person should be comfortable discussing the topic of sexuality.

3. Person should serve as a good model in personal grooming and manners.

4. Person should be a creative teacher with an ability to use socio-drama, role playing and audiovisual approaches as techniques for curriculum development and teaching.

5. Person should display an openness, acceptance and sensitivity to religious and social beliefs different than his/her own.

The special education adaptations have been made on the premise that early and lifelong social/sexual training will allow students with disabilities to enjoy the kind of relationships that make life meaningful. These may include the following needs. (1)

1. A friend-someone to talk to, to share important things.
2. Some warmth-someone to touch us, to put their hand on our shoulder in a way that says, “I like you.”
3. Approval-some message from others that tells us, “I am ok.”
4. Dignity-some communications from others that we are of worth.
5. Social outlets-to avoid loneliness.
6. Affection-love; feeling and knowing we are loved. That is not necessarily sex.
7. Sexual satisfaction- purely biological need for sex and sexual stimulation, so small in comparison to other real human needs, but nevertheless a very genuine need.
Another aspect of sex education must be to teach personal safety and self-protection techniques. Students with disabilities may be more vulnerable than others to sexual abuse for several reasons. (2)

1. Offenders may think it is “safer” to assault someone with a disability. They may believe that physically disabled persons will not be able to defend themselves against assault, that blind persons will not be able to identify the attacker, that hearing impaired persons will not be able to call for help or talk to anyone about the assault, or that persons who are mentally disabled will not understand what is happening or will not be believed. Although these beliefs are not accurate, the fact that these misconceptions prevail may make offenders more likely to victimize individuals with disabilities.

2. Generally, children and adolescents with disabilities do not receive the same information that non-disabled persons of the same age group receive about sexual abuse. Disabled students do not receive this information if they are segregated in a special classroom where sexual abuse prevention information is not provided. If the students are mainstreamed, they may not be fully comprehending the information being presented in the regular classroom, because of the mode of presentation. Additionally, information available to the general public may not be accessible to persons with certain disabilities. For example, there is very little printed information about sexual abuse available in a form that blind persons can use easily. Information presented on radio and television may not be accessible to the hearing impaired persons. There is very limited information about sexual abuse which has been adapted for mentally disabled persons. This lack of information makes persons with disabilities more likely to believe myths about sexual abuse and less likely to understand the crime. Thus, they are more vulnerable to sexual abuse.

3. Persons with disabilities are often dependent upon professionals and others who provide services and care specific to the person’s disability. This dependence can increase a persons’ vulnerability to sexual abuse.

4. Sometimes, disabled persons request assistance from strangers who may take advantage of the situation and become abusive. Or, a stranger may offer assistance to disabled persons solely for the purpose of putting them in situations where they can be assaulted.

5. Some people feel that the best method of decreasing the vulnerability of individuals with disabilities is to severely limit life activities; deny opportunities to live independently, participate in community activities, attend evening classes. Shielding disabled persons from the outside world may lower self-confidence and foster an attitude of helplessness and dependence. While this protectiveness may limit the individual’s contact with strangers, it does not protect the individual from assaults by acquaintances, such as friends, family members and caretakers. Statistics show that in at least 60% of
reported sexual assault cases, the offender was known to the victim before the assault. Data from the Seattle Rape Relief Developmental Disabilities Project indicates that the incidence of acquaintance rape as opposed to sexual assault by strangers is substantially higher among disabled victims. (3)

6. Obtaining knowledge about sexual abuse is the first step toward its prevention. Thus, persons with disabilities should receive information about sexual abuse and its prevention. In addition, persons with disabilities should be made more aware of situations where they face increased vulnerability to sexual assault because of a disability, and should receive positive education and training about preventing sexual assault in these situations. It is only through such efforts that sexual abuse of persons with disabilities will be decreased.

7. Finally, it should be emphasized that addressing sexual behavior and intimacy for the special education population is closely related to teaching social skills in the broader sense. Intimacy, in this case, is not meant to be equated with physical pleasures derived from close contact. Rather, it is meant to include communicating, caring, responding and understanding the social implications of one’s behavior. The main emphasis should, therefore, be on developing social skills for school, work and home setting and maximizing opportunities for friendship development.

1. Edwards and Wapnick, Being Me. Ednick Commincations, Inc.

*This supplement is designed for the self-contained exceptional education classroom. Additional inclusion activities are included with the individual lessons.
Dear Parent or Guardian:

You have received information regarding the Family Life Curriculum to be taught in your child’s school. In addition, if you prefer your child not to attend, an alternative program ______________________ will be taught. A parent meeting was held to further assist you in making a family decision concerning permission for your child to participate in this unit of study.

Please complete this form and return it to your child’s school.

I request that ______________________ be placed in Tucson Unified School District’s

Student Name

Family Life Curriculum Program:
  1. Human Growth and Development
  2. Human Sexuality

____________________________                                                  __________________
Parent/Guardian Signature               Date

OR

I wish ________________________ to be placed in the alternative program.

Student Name

____________________________
Parent/Guardian Signature

Date

NOTE: IF NO DECISION IS MADE, THE STUDENT WILL BE PLACED IN THE ALTERNATIVE PROGRAM.
Dear Parents/Guardian:

Your son/daughter will have the opportunity to receive instruction in a unit of study entitled Family Life Curriculum, Part I Human Growth and Development, Part II Human Sexuality. The topics to be included are communication, choices, decision-making, changes during adolescence, and age appropriate anatomy and physiology of the reproductive system. The lessons are designed to help students gain an appreciation of the functions of the family unit and to begin to understand the growth and maturational changes that he/she is beginning to experience.

It is believed that this important educational activity is one that is best shared by the home and the school. You may wish to discuss topics with your son/daughter at the same time they are being presented at school.

A special meeting for parents and guardians concerning the Family Life Curriculum will be held at ______________________ on________________ at___________ O’clock. At this meeting you will have an opportunity to review the curriculum, preview the material and receive a content outline for your child’s grade level. Please plan to attend.

___________________________
Principal

___________________________
Teacher(s)
POSSIBLE STUDENT QUESTIONS

Directions: These previously asked questions are to assist the teacher in preparing to answer current student questions.

Fifth and Sixth Grade Boys

1. What will happen to a boy in the 6th grade? Can he make a woman pregnant?

2. If a man was raped, or a woman forced a little boy to have sex with her, could she have a baby?

3. Can a man make sperm on a woman’s pussy?

4. If a mother had twins in the tubes, would the mother or baby die?

5. When an 11 year old guy has sex with a 15 year old girl, can she have a baby?

6. When do we get our sperm?

7. How do we get our sperm?

8. What is a sperm?

9. If she has twins, is there pain on delivery?

10. What if she doesn’t want the baby and wants an abortion?

11. Can you do it without going inside a girl?

12. If a man raped a 6-year-old girl, can she get pregnant?

13. If a guy has STI on his penis, and a girl sucks it, will she get the STI in her mouth?

14. Will an STI go away by itself?

15. Can you have sex if you can’t have babies?

16. Why does the mother have to breastfeed the baby?

17. When you have sex with a woman, does sperm always come out?

18. What is an abortion?
19. How do they make babies for people who have trouble getting pregnant?

20. If a woman is pregnant and drinking or on heroin, or smoking will anything happen to the baby?

21. What is Viagra?

22. Is smoking bad for babies?

23. When a man has a sex operation to change into a girl, how do they change the penis into a vagina? Can they have babies?

24. Can a man have a baby?

25. When a woman and a man have sex, does it hurt?

26. Can a girl rape a boy?

27. How can a girl have sex with a girl?

**Fifth and Sixth Grade Girls**

1. How does the mother know when the baby will come out?

2. If the egg and sperm unite, do you always have a baby?

3. Can you have a baby when you’re 13?

4. How do you treat an STIs?

5. What is fondling?

6. Why don’t boys have babies instead of girls.

7. What is a sperm?

8. What is abortion?

9. What if the baby’s born dead?

10. Do other people know when you have a period?

11. Abortion and adoption, what is the difference?

12. What if you have one period, then no more?
13. What are the signs of a period starting?
14. Why do most women shave?
15. What happens to a man or woman in a sex change?
16. Can two women have a baby?
17. After a sex change, can a man still make a lady pregnant?
18. Can a 10 year old girl have a baby?
19. If you don’t eat will the baby die?
20. Can a sonogram tell if it’s a boy or girl?
21. If the male is stoned, will it be passed on to the baby?
22. How come the man can’t have the baby?
23. When they do a cesarean section, do they cut the vagina?
24. Can you get an STI from a doorknob?
25. How do they make babies outside the body?
26. How do they get the sperm from the men?
28. Is it true if you kiss for a long time you get pregnant easily?

**Middle School Boys**

1. Why do you sometimes get stiff when you’re not thinking about sex?
2. Why do you have to wear a jockstrap?
3. Is something wrong if you have one testicle lower than the other?
4. How tough is that hymen thing?
5. How soon does milk get into a girl’s breasts?
6. What are falsies, and why do some girls have to wear them?
7. How much blood do girls lose during their period?
8. Do girls want you not to know when their period is? Why should they hide it?
9. Can a girl still have periods when she’s pregnant?
10. Why do girls have to be so careful when they are menstruating?
11. How often should I have wet dreams?
12. Can you have wet dreams in the daytime?
13. Do girls have wet dreams?
14. Should you let your parents know when you start having them?
15. Do you automatically know how to have intercourse when you marry?
16. What exactly do you do when you screw?
17. How often do adults have intercourse?
18. Does everybody in high school screw?
19. What’s the soonest a boy should screw a girl?
20. What’s RH? Is that slang?
21. How do you know you won’t give your kid too many chromosomes?
22. How does Viagra work?

**Middle School Girls**

1. Can a boy get an erection from a girl sitting on his lap?
2. Why do some boys have skin over the end of their penis?
3. How big does the penis get when it gets big?
4. Does a boy have to shoot off his sperm before he can get his penis small again?
5. If boys don’t mature as fast as girls, how come they are interested in sex so soon?
6. What’s the clitoris for? Where actually is it?
7. How can I tell if I have a hymen?
8. Why is one breast sometimes bigger than the other?

9. How come some girls’ nipples are different from mine?

10. What if your vagina is too small for a penis?

11. Is it true girls can masturbate too? How?

12. Is there something wrong with me if I don’t want to try masturbating?

13. Do boys ever get cramps even though they don’t menstruate?

14. Do boys have something monthly they discharge?

15. Can I use tampons if I’m a virgin?

16. What’s the longest you can go without a period?

17. Can they give you medicine for irregular periods?

18. What kind of dreams are “wet” dreams that boys talk about?

19. What do boys do in case they have seminal emissions at school when they don’t expect them?

20. Can a boy control them, or have them whenever he wants?

21. How often do boys have them? On a regular schedule?

22. Is it just another term for masturbation?

23. Why do boys like to have intercourse more than girls?

24. My girl friend had intercourse with a boy and she didn’t get a baby, why was that?

25. Can sexual intercourse get to be habit forming?

26. Can a girl tell by intercourse if she’s what they call frigid?

27. Is it hard to give birth?

28. How do some babies get deformed? Did the couple have intercourse wrong?

29. What happens to the sperm that doesn’t enter the egg cell?

30. How is artificial fertilizing done?
31. Can animals and humans mate?

32. What are morning after pills?
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion</td>
<td>The natural or induced loss of an embryo or fetus before it can live outside the mother’s body. (Webster definition) For medical definition see high school lesson.</td>
</tr>
<tr>
<td>Abstinence</td>
<td>Refraining from sex.</td>
</tr>
<tr>
<td>Acne</td>
<td>A disorder of the skin caused by inflammation of the skin glands and hair follicles; chiefly found in adolescents and marked by pimples.</td>
</tr>
<tr>
<td>Acquired Immune Deficiency Syndrome AIDS</td>
<td>A breakdown of the functioning of the immune system that protects the body against infections due to the Human Immodeficiency Virus (HIV).</td>
</tr>
<tr>
<td>Adolescence</td>
<td>The period of life between puberty (appearance of secondary sex characteristics) and adulthood (cessation of major body growth).</td>
</tr>
<tr>
<td>Afterbirth</td>
<td>The placenta and fetal membranes expelled from the uterus following the birth of a child.</td>
</tr>
<tr>
<td>Amenorrhea</td>
<td>Absence of menstruation.</td>
</tr>
<tr>
<td>Amniocentesis</td>
<td>A medical procedure that enables a physician to examine the chromosomes and to study the body chemistry of an unborn child.</td>
</tr>
<tr>
<td>Amniotic sac</td>
<td>A thin membrane forming the closed sac or “bag of waters” that surrounds the unborn child within the uterus and contains amniotic fluid in which the fetus is immersed.</td>
</tr>
<tr>
<td>Anesthetic</td>
<td>A substance which has the power to produce a loss of feeling, particularly the sensation of pain.</td>
</tr>
<tr>
<td>Antibodies</td>
<td>A substance produced by the body tissue that has the power to kill or inhibit the growth of disease causing microorganisms.</td>
</tr>
<tr>
<td>Anus</td>
<td>The opening from the rectum for getting rid of solid waste.</td>
</tr>
<tr>
<td>Assertive</td>
<td>Bold and forward in manner.</td>
</tr>
<tr>
<td>Autonomous</td>
<td>Independent.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>--------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Birth Control</td>
<td>Controlling the number of children born in a family. Preventing or lessening the frequency of pregnancy through the use of pills, condoms, etc.</td>
</tr>
<tr>
<td>Birth Defects</td>
<td>Genetic conditions and many other types of diseases and disorders caused by a variety of factors existing at birth.</td>
</tr>
<tr>
<td>Breast</td>
<td>The upper anterior part of the chest. The mammary gland in the female which secretes milk for nourishment of young. During puberty, estrogens from the ovary stimulate growth and development of the breast.</td>
</tr>
<tr>
<td>Breast Cancer</td>
<td>Cancer of the breast, which may first appear as a lump, hard knot, or tissue thickening in the area between the armpit and the breast.</td>
</tr>
<tr>
<td>Breech Birth</td>
<td>A birth position in which the baby is presented and delivered buttocks first.</td>
</tr>
<tr>
<td>Cesarean Birth</td>
<td>(also cesarean section) Delivery of a child through a surgical incision in the abdominal and uterine walls.</td>
</tr>
<tr>
<td>Cartilage</td>
<td>An elastic tissue from which bone may later be formed through a process called calcification.</td>
</tr>
<tr>
<td>Cervical Cancer</td>
<td>Cancer of the cervix, which is diagnosed by means of a PAP smear.</td>
</tr>
<tr>
<td>Cervix</td>
<td>In the female the narrow portion or neck of the uterus, or womb, that forms its lower end and opens into the vagina.</td>
</tr>
<tr>
<td>Chancre</td>
<td>The first sign of syphilis; a reddish sore where the germ enters the body.</td>
</tr>
<tr>
<td>Child Abuse</td>
<td>Abuse of a child, which may be physical, sexual, or emotional.</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>(also mucopurulent cervicitis or nongonococcal urethritis) An infection characterized by heavy vaginal discharge, urethral discharge, frequent urination, recurring bladder infections, and infections of the eye and anus. Diagnosis is difficult; when identified, antibiotics must be taken by both partners. It is seen more frequently than gonorrhea today.</td>
</tr>
<tr>
<td>Chromosomes</td>
<td>Tiny structures within the nuclei of cells that help to determine inherited traits.</td>
</tr>
<tr>
<td>Cilia</td>
<td>The hair-like surface of a cell, often used for locomotion.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Circumcision</td>
<td>Clipping off of the foreskin of the penis.</td>
</tr>
<tr>
<td>Clinician</td>
<td>Physician or nurse practitioner with training in the area of medicine and health.</td>
</tr>
<tr>
<td>Clitoris</td>
<td>A small, highly sensitive nipple of flesh in the female, located just above the urethral opening in the upper triangle of the vulva.</td>
</tr>
<tr>
<td>Cold Sore</td>
<td>A blister that forms on or around the lips and is caused by a virus (see Herpes Simplex Type I).</td>
</tr>
<tr>
<td>Colostrum</td>
<td>A thin, milky fluid secreted by the female breast just before and after childbirth.</td>
</tr>
<tr>
<td>Conception</td>
<td>The fertilization of an egg by a sperm.</td>
</tr>
<tr>
<td>Condom</td>
<td>Male-A thin sheath of rubber or animal tissue that prevents sperm from entering the vagina. Female-a rubber sheath inserted into the vagina to prevent sperm from entering the vagina.</td>
</tr>
<tr>
<td>Congenital</td>
<td>Existing at or dating from birth.</td>
</tr>
<tr>
<td>Congenital Syphilis</td>
<td>A condition that occurs when a pregnant woman who has syphilis transfers the infection to her unborn child.</td>
</tr>
<tr>
<td>Contraception</td>
<td>Voluntary prevention of conception.</td>
</tr>
<tr>
<td>Contraceptive Sponge</td>
<td>A non-prescription, soft, round-shaped sponge that contains a spermicide. It kills sperm in order to prevent pregnancy.</td>
</tr>
<tr>
<td>Corpus Luteum</td>
<td>Part of the follicle left in the ovary following ovulation that form a temporary endocrine gland.</td>
</tr>
<tr>
<td>Cowpers Gland</td>
<td>A gland that supplies fluids that mix with the sperm to form semen.</td>
</tr>
<tr>
<td>Date Rape</td>
<td>Forced sexual intercourse involving a person whom the victim knows; also called acquaintance rape.</td>
</tr>
<tr>
<td>Dating</td>
<td>A sharing of social activities and time with members of the opposite sex.</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>A muscle that separates the chest and abdominal cavities. Also, a form of birth control A soft rubber cup that covers the cervix and blocks sperm from entering the uterus.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Dilation</td>
<td>Expanding of the cervix opening and the first stage of labor.</td>
</tr>
<tr>
<td>Douching</td>
<td>A process of rinsing out the vagina; not a method of birth control</td>
</tr>
<tr>
<td>Down’s Syndrome</td>
<td>A genetic disorder characterized by mild to serious physical and mental retardation, a result of chromosome abnormality in which an infant has inherited an extra chromosome.</td>
</tr>
<tr>
<td>Dysmenorrhea</td>
<td>Painful menstruation.</td>
</tr>
<tr>
<td>Etopic Pregnancy</td>
<td>The growth of a fertilized egg in a part of the body other than the uterus.</td>
</tr>
<tr>
<td>Ejaculation</td>
<td>Discharging or ejecting of semen from the penis.</td>
</tr>
<tr>
<td>Embryo</td>
<td>The unborn in its early stage of development—from one week following conception to the end of the second month in humans.</td>
</tr>
<tr>
<td>Emotions</td>
<td>A person’s feelings, which affect thinking, relationships with other people, and behavior.</td>
</tr>
<tr>
<td>Endometrium</td>
<td>A soft, spongy tissue that forms the inner lining of the uterus.</td>
</tr>
<tr>
<td>Epididymis</td>
<td>A large coiled tube that is located at the outer surface of each testicle and stores the sperm after they are produced.</td>
</tr>
<tr>
<td>Episiotomy</td>
<td>An incision made between the vagina and anus to prevent tearing during childbirth.</td>
</tr>
<tr>
<td>Erection</td>
<td>The stiffening and enlargement of the penis (or clitoris), usually as a result of sexual excitement.</td>
</tr>
<tr>
<td>Estrogen</td>
<td>A female sex hormone.</td>
</tr>
<tr>
<td>Fallopian Tube</td>
<td>The oviduct or egg-conducting tube that extends from each ovary to the uterus in the female.</td>
</tr>
<tr>
<td>Family</td>
<td>The basic unit of society.</td>
</tr>
<tr>
<td>Female Reproductive System</td>
<td>Cervix, fallopian tubes, ovaries, uterus, and vagina.</td>
</tr>
<tr>
<td>Female Sex Glands</td>
<td>The ovaries</td>
</tr>
<tr>
<td>Fertilization</td>
<td>The union of egg (ovum) and sperm (spermatozoan), which results in conception.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>----------------------</td>
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</tr>
<tr>
<td>Fertilized Egg</td>
<td>An ovum (egg) that has been joined with a spermatozoon (sperm) to start a new life.</td>
</tr>
<tr>
<td>Fetus</td>
<td>In humans, the unborn child from the third month after conception until birth.</td>
</tr>
<tr>
<td>Foreskin</td>
<td>The skin covering the tip of the penis or clitoris; prepuce.</td>
</tr>
<tr>
<td>Fraternal Twins</td>
<td>Two offspring developed from two separate ova (eggs) usually fertilized at the same time.</td>
</tr>
<tr>
<td>Genital Organs</td>
<td>(genitals or genitalia) The sex or reproductive organs.</td>
</tr>
<tr>
<td>Genital Warts</td>
<td>A Sexually Transmitted Infection in which pink or red warts with cauliflower tops appear.</td>
</tr>
<tr>
<td>Gonads</td>
<td>The organs of reproduction.</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>A contagious inflammation of the genital mucous membranes caused by the gonococcus bacteria. It is transmitted chiefly by sexual contact.</td>
</tr>
<tr>
<td>Heredity</td>
<td>The transmission of bodily traits and characteristics or of diseases from parents to offspring.</td>
</tr>
<tr>
<td>Herpes I</td>
<td>Common cold sore or fever blister. A viral infection consisting of vesicles and ulcers located mainly on the mouth.</td>
</tr>
<tr>
<td>Herpes II</td>
<td>A viral infection consisting of vesicles and ulcerations on the surface of the skin and mucous membranes of the genital area which can be transmitted by sexual contact.</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>A person who has sexual preference for people of the opposite sex.</td>
</tr>
<tr>
<td>Homosexuality</td>
<td>Sexual attraction to, or sexual activity with members of one’s own sex, not to be confused with gestures of friendship.</td>
</tr>
<tr>
<td>Hormones</td>
<td>Body chemicals that act as chemical regulators by stimulating a reaction in some part of the body by producing changes in body structures and by regulating the rate of body metabolism.</td>
</tr>
<tr>
<td>Hymen</td>
<td>The membranous fold that partly covers the external opening of the vagina in most virgin females, maidenhead.</td>
</tr>
<tr>
<td>Hysterectomy</td>
<td>Surgical removal of the uterus (pan hysterectomy includes removal of uterus, ovaries, and fallopian tubes).</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Identical Twins</td>
<td>Two offspring developed from one fertilized ovum (egg).</td>
</tr>
<tr>
<td>Immature</td>
<td>Not being ready to accept the responsibility for one’s own actions or being able to share with or help another when it may cause some discomfort. Anything that has not finished growing or developing.</td>
</tr>
<tr>
<td>Immunities</td>
<td>The ability of the body to resist the growth of disease causing microorganisms.</td>
</tr>
<tr>
<td>Impotence</td>
<td>The inability to get or maintain an erection.</td>
</tr>
<tr>
<td>Incest</td>
<td>Any form of sexual activity that occurs between blood relatives as well as step-parents and step-children.</td>
</tr>
<tr>
<td>Individuality</td>
<td>The characteristics or qualities that set one person apart from others.</td>
</tr>
<tr>
<td>Infertility</td>
<td>Not fertile. The inability to produce children.</td>
</tr>
<tr>
<td>Inherited Genes</td>
<td>A unit of a chromosome that determines the character and activities of a cell. Genes also give the body certain characteristics such as height, color of hair and eyes, etc.</td>
</tr>
<tr>
<td>Intercourse</td>
<td>Insertion of the penis into the vagina.</td>
</tr>
<tr>
<td>Labia</td>
<td>The outer and larger pair of lips and the inner and smaller pair of lips of the female external genitals (vulva).</td>
</tr>
<tr>
<td>Labia Majora</td>
<td>The outer fold of tissue on either side of the vaginal opening.</td>
</tr>
<tr>
<td>Labia Minora</td>
<td>The inner folds of tissue on either side of the vaginal opening.</td>
</tr>
<tr>
<td>Latent Syphilis</td>
<td>The third stage of syphilis, which usually begins about two or more years after the initial infection, when the individual feels that he/she is cured or never had the disease in the first place.</td>
</tr>
<tr>
<td>Lesbian</td>
<td>A female homosexual.</td>
</tr>
<tr>
<td>Male Reproductive System</td>
<td>Penis, scrotum, testicles, epididymis, vas deferens, seminal vesicles, prostate gland.</td>
</tr>
<tr>
<td>Masturbation</td>
<td>Self-stimulation of the genitals through manipulation; autoeroticism.</td>
</tr>
<tr>
<td>Menarche</td>
<td>The onset of menstruation in the female, occurring during puberty and ushering in the period of adolescence.</td>
</tr>
<tr>
<td><strong>Menopause</strong></td>
<td>The period of cessation of menstruation in the human female, occurring usually between the ages of 45 and 55; climacteric; change of life.</td>
</tr>
<tr>
<td><strong>Menstruation</strong></td>
<td>The discharge of blood from the uterus through the vagina that normally recurs at approximately four-week intervals in women between the ages of puberty and menopause.</td>
</tr>
<tr>
<td><strong>Minor</strong></td>
<td>Anyone under 18 years of age.</td>
</tr>
<tr>
<td><strong>Miscarriage</strong></td>
<td>Natural premature expulsion from the uterus of the product of conception-a fertilized ovum, embryo, or nonviable fetus.</td>
</tr>
<tr>
<td><strong>Molester</strong></td>
<td>A person who makes indecent sexual advances towards another without consent.</td>
</tr>
<tr>
<td><strong>Moniliasis</strong></td>
<td>A fungus or yeast infection caused by the overgrowth of a specific pathogen normally found in the vagina.</td>
</tr>
<tr>
<td><strong>Mons Pubis</strong></td>
<td>A rounded fatty pad of tissue covered with pubic hair, located in the front of the female body, directly on top of the pubic bone.</td>
</tr>
<tr>
<td><strong>Multiple Births</strong></td>
<td>A birth in which the mother delivers more than one child.</td>
</tr>
<tr>
<td><strong>Natural Birth</strong></td>
<td>Any birth not requiring outside help from drugs or instruments.</td>
</tr>
<tr>
<td><strong>Nocturnal Emission</strong></td>
<td>An involuntary male orgasm, ejaculation of semen during sleep; “a wet dream.”</td>
</tr>
<tr>
<td><strong>Nongonococcal Urethritis (NGU)</strong></td>
<td>A Sexually Transmitted Infection caused by several different kinds of bacteria-like organisms that effect the urethra in men and the cervix in women. It is also a non-specific Sexually Transmitted Infection.</td>
</tr>
<tr>
<td><strong>Oral Contraceptives</strong></td>
<td>A prescriptive method of contraception that contains hormones that work the same way as the natural female hormones (estrogen and progesterone); also called birth control pills.</td>
</tr>
<tr>
<td><strong>Orgasm</strong></td>
<td>The peak or climax of sexual excitement in sexual activity.</td>
</tr>
<tr>
<td><strong>Ovary</strong></td>
<td>The female sex gland, in which the ova are formed.</td>
</tr>
<tr>
<td><strong>Ovogenesis</strong></td>
<td>Formation and development of the ovum.</td>
</tr>
<tr>
<td><strong>Ovulation</strong></td>
<td>The release of a mature, unimpregnated ovum from one of the graafian follicles of an ovary.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-------------------------------</td>
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</tr>
<tr>
<td>Ovum</td>
<td>Female’s reproductive cell, egg.</td>
</tr>
<tr>
<td>Paternity</td>
<td>Fatherhood.</td>
</tr>
<tr>
<td>Pediculosis</td>
<td>An STI caused by pubic lice or crab lice.</td>
</tr>
<tr>
<td>Penis</td>
<td>The male organ for intercourse and urination.</td>
</tr>
<tr>
<td>Perinatal Periods Of Risk</td>
<td>A method for determining the major broad group of causes for infant and fetal deaths. In Pima County, most fetal and infant deaths are to babies who are very small. This research method says that these deaths are mainly due to the mother’s health before she got pregnant.</td>
</tr>
<tr>
<td>Pituitary Gland</td>
<td>The “mater gland” located in the head, that is responsible for the proper functioning of all the other glands, especially the sex glands, the thyroid, and the adrenals.</td>
</tr>
<tr>
<td>Placenta</td>
<td>The disc-like organ that connects the fetus to the uterus by means of the umbilical cord, and through which the fetus is fed and waste products are eliminated; the afterbirth.</td>
</tr>
<tr>
<td>Premature Birth</td>
<td>A birth of a baby weighing less than 5 pounds (2500 grams).</td>
</tr>
<tr>
<td>Premenstrual Syndrome (PMS)</td>
<td>A variety of symptoms that some females experience before their menstrual periods, including nervous tension, anxiety, irritability, bloating, depression, mood swings and fatigue.</td>
</tr>
<tr>
<td>Problem Solving Approach</td>
<td>A series of steps to apply to a situation to help make a responsible decision.</td>
</tr>
<tr>
<td>Progesterone</td>
<td>A female sex hormone.</td>
</tr>
<tr>
<td>Promiscuous</td>
<td>Engaging in sexual intercourse with many persons; engaging in casual sexual relations.</td>
</tr>
<tr>
<td>Prostate</td>
<td>The gland in the male that surrounds the urethra and the neck of the bladder.</td>
</tr>
<tr>
<td>Puberty (pubescence)</td>
<td>The stage of life at which a child turns into a young man or young woman; the reproductive organs become functionally operative and secondary sex characteristics develop.</td>
</tr>
<tr>
<td>Quadruplets</td>
<td>Multiple birth involving four children.</td>
</tr>
<tr>
<td>Quintuplets</td>
<td>Multiple birth involving five children.</td>
</tr>
</tbody>
</table>
Rape  Forcible sexual intercourse with a person who does not give consent or who offers resistance.

Rapist  One who commits rape.

Reproductive System  The body structures associated with procreation. The male reproductive system is continuous with the urinary system and has as its primary function the development of the male germ cells, spermatozoa. The female reproductive system is completely separate and serves a double purpose, since it not only develops the female germ cells, or ova, but also houses and nourishes the embryo through the nine months of its development into a complex organism.

Rhythm Method  A method of contraception that involves determining the fertile days of a woman’s menstrual cycle; also known as natural family planning.

Scrotum  The pouch suspended from the groin that contains the male testicles and their accessory organs.

Secondary Sex Characteristics  The characteristics that develop during puberty, including body hair and the development of breasts in the female and muscles in the male.

Self-Actualization  Reaching or striving for one’s full potential as a person.

Self-Concept  The sum total of how a person views him/herself.

Self-Esteem  Respect or worth one has for oneself.

Semen  The secretion of the male reproductive organs that is ejaculated from the penis at orgasm and contains, in the fertile male, sperm cells.

Seminal Vesicles  Two pouches in the male, one on each side of the prostate, behind the bladder, that are attached to and open into the sperm ducts. They secrete a fluid that mixes with the sperm to make them mobile and to provide nourishment.

Somniferous Tubules  Thread-like tubes in the testes that produce sperm.

Sexual Abuse  Inappropriate sexual behavior between adult and child, adult and adult, or child and child.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Attitudes</td>
<td>The feeling and ideas of an individual regarding sex, and male and female roles and relationships.</td>
</tr>
<tr>
<td>Sexuality</td>
<td>Sex role, sexual orientation, and feelings about oneself.</td>
</tr>
<tr>
<td>Sexually Transmitted</td>
<td>Another term used for venereal diseases; diseases passed through sexual contact.</td>
</tr>
<tr>
<td>Infections STIs</td>
<td>Sex role, sexual orientation, and feelings about oneself.</td>
</tr>
<tr>
<td>Sexual Maturity</td>
<td>State when sexual organs are fully developed and a person becomes capable of reproduction.</td>
</tr>
<tr>
<td>Siamese Twins</td>
<td>Pair of congenitally united twins, physically joined</td>
</tr>
<tr>
<td>Spermatogenesis</td>
<td>The formation of mature sperm.</td>
</tr>
<tr>
<td>Sperm Cells</td>
<td>The mature reproductive cell, or cells in the male capable of fertilizing the female egg, or ovum, and causing impregnation.</td>
</tr>
<tr>
<td>Spermicide</td>
<td>A chemical compound that kills sperm.</td>
</tr>
<tr>
<td>Spirochete</td>
<td>A small bacterium that causes syphilis.</td>
</tr>
<tr>
<td>Stereotype</td>
<td>An assumption that people in a particular group will think or act in a certain way.</td>
</tr>
<tr>
<td>Sterility (sterile)</td>
<td>The inability to produce offspring.</td>
</tr>
<tr>
<td>Sterilization</td>
<td>Any procedure (usually surgical) by which an individual is made incapable of reproduction.</td>
</tr>
<tr>
<td>Stillbirth</td>
<td>A full-term child born dead; also called stillborn.</td>
</tr>
<tr>
<td>Syphilis</td>
<td>A serious Sexually Transmitted Infection caused by the spirochete treponema palliduan that can affect any organ of the body. It is chiefly transmitted by sexual contact.</td>
</tr>
<tr>
<td>Testicle</td>
<td>The testes; the male sex gland.</td>
</tr>
<tr>
<td>Testosterone</td>
<td>The male sex hormone.</td>
</tr>
<tr>
<td>Toxic Shock Syndrome TSS</td>
<td>A disease associated with certain brands of tampons; symptoms are vomiting, dizziness, sudden high fever, diarrhea, and fainting.</td>
</tr>
<tr>
<td>Transparent Membrane</td>
<td>A thin tissue that forms a sac.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>---------------------</td>
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</tr>
<tr>
<td>Trichomoniasis</td>
<td>A sexually transmitted vaginal infection that is caused by a protozoan. It usually occurs at the end of a menstrual period, with symptoms of an odorous discharge, genital itching, and a burning sensation during urination from urethra and bladder infections.</td>
</tr>
<tr>
<td>Triplets</td>
<td>Multiple birth involving three children.</td>
</tr>
<tr>
<td>Tubal Ligation</td>
<td>Female sterilization that includes cutting and tying off the fallopian tubes so no eggs will reach the uterus.</td>
</tr>
<tr>
<td>Twins</td>
<td>Multiple birth with two children; Fraternal-two eggs fertilized, Identical-one egg fertilized and splits into two.</td>
</tr>
<tr>
<td>Umbilical Cord</td>
<td>The flexible structure connecting the fetus and the placenta; navel cord.</td>
</tr>
<tr>
<td>Urethra</td>
<td>The duct through which the urine passes from the bladder and is excreted from the body.</td>
</tr>
<tr>
<td>Urine</td>
<td>Waste water. The secretion of the kidneys that is stored in the bladder and periodically discharged from it by way of the urethra.</td>
</tr>
<tr>
<td>Uterine Lining</td>
<td>The innermost lining of the uterus also called the endometrium. This lining begins as a thin coating of the uterus which thickens and is shed during menstruation if pregnancy does not occur.</td>
</tr>
<tr>
<td>Uterus</td>
<td>The hollow pear-shaped organ in females within which the fetus develops in the womb.</td>
</tr>
<tr>
<td>Vagina</td>
<td>The canal in the female, extending from the vulva to the cervix, that receives the penis during sexual intercourse and through which an infant passes at birth.</td>
</tr>
<tr>
<td>Vaginitis</td>
<td>A sexually transmitted common vaginal infection in females.</td>
</tr>
<tr>
<td>Values</td>
<td>The principles that are important to a person.</td>
</tr>
<tr>
<td>Vas deferens</td>
<td>Ductus deferens. The sperm ducts in males, leading from the epididymis to the seminal vesicles and the urethra.</td>
</tr>
<tr>
<td>Virgin</td>
<td>A person who has not had sexual intercourse.</td>
</tr>
<tr>
<td>Vulva</td>
<td>The external sex organs of the female, including the nons veneris, the labia majora, the labia minora, the clitoris, and the vestibule.</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>The act of removing the penis from the vagina before ejaculation.</td>
</tr>
</tbody>
</table>
Yeast Infections  A vaginal infection caused by a fungus; symptoms include thick, white discharge and genital itching.
TEACHERS GLOSSARY OF SLANG TERMS

Directions: This list is not to be reproduced for student use but may be helpful for translating student words into correct terminology or to assist the teacher in answering student questions.

Breasts    tits, jugs, boobs, hooters
Clitoris    clit, buzzer
Contraception  birth control
Ejaculation  come (cum), get your rocks off, climax
Erection     hard on, boner, wood
Glans Penis  head
Heterosexual straight, regular
Homosexual  fag, gay, queer, fairy, cock sucker
Labia       lips
Lesbian      lez, dike, butch
Masturbation beat the meat, jack off, jerk off, play with yourself
Menstrucation period, curse, flagging, time of the month, on the rag
Nocturnal Emissions  wet dream
Orgasm      come, climax
Ovum        egg
Penis       dick, rod, tool, unit, prick, dong, cock, pecker, peter, schlong
Prostitution whole, hooker, lady of the evening
Semen       come (cum), wad
Sterilization safe, getting fixed
Testicles, Gonads balls, nuts, rocks, family jewels
Uterus      womb, baby basket, oven
Vagina      puss, pussy, beaver, twat, snatch, box, cunt
Venereal Disease/Sexually Transmitted Disease  VD, drip, dose, clap, syph, bed disease
Virgin      cherry, heifer
<table>
<thead>
<tr>
<th>Grades</th>
<th>Topic</th>
<th>Organization</th>
<th>Length</th>
<th>Number of Sessions</th>
<th>Cost</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>6th - 12th</td>
<td>Dating Violence</td>
<td><em>Kaity's Way</em></td>
<td>30 - 90 minutes</td>
<td>1 or 2 sessions</td>
<td>no cost, honorarium appreciated</td>
<td>Participants hear <em>Kaity's Story</em> which explains teen dating violence and gives a realistic account and identifies warning signs regarding teen dating violence. There is emphasis on expectations of a healthy dating relationship. <em>Kaity's Law</em> is explored and its purpose discussed. <a href="http://www.kaitysway.org">www.kaitysway.org</a></td>
</tr>
<tr>
<td>6th - 12th</td>
<td>Healthy Relationships</td>
<td><em>Emerge!</em></td>
<td>60 - 90 minutes</td>
<td>1 or 2 sessions</td>
<td>no cost</td>
<td>Attendees participate in activities to help identify qualities they look for in relationships and discuss whether these qualities are part of a healthy relationship. Participants also articulate their reasons for decisions they make about their behaviors in relationships and consider how to promote healthy relationships in the community. <a href="http://www.emergecenter.org">www.emergecenter.org</a></td>
</tr>
<tr>
<td>9th - 12th</td>
<td>Domestic Abuse 101 Presentation</td>
<td><em>Emerge!</em></td>
<td>60 - 120 minutes</td>
<td>1 session</td>
<td>no cost</td>
<td>This presentation provides a thorough overview of the dynamics of domestic abuse, including a definition of domestic abuse, power and control, effects of abuse on children, how to help, safety planning, and <em>Emerge!</em> services. <a href="http://www.emergecenter.org">www.emergecenter.org</a></td>
</tr>
<tr>
<td>6th - 12th</td>
<td>Bullying and Sexual Harassment</td>
<td><em>SACASA</em></td>
<td>50 minutes</td>
<td>1 session</td>
<td>no cost</td>
<td>This presentation walks students through the dynamics of bullying and sexual harassment. Differences between healthy and unhealthy behaviors are addressed. Students discuss how they can intervene to stop these behaviors and become a part of the solution. <a href="http://www.sacasa.org">www.sacasa.org</a></td>
</tr>
<tr>
<td>6th - 12th</td>
<td>Sexual and Relationship Violence</td>
<td><em>SACASA</em></td>
<td>300 minutes</td>
<td>6 (50 min.) sessions</td>
<td>no cost</td>
<td>This class, taught by trained peer educators, provides students information on boundaries, bullying, sexual harassment, dynamics of relationship/dating violence and red flags, sexual abuse, consent, sexual assault, and bystander intervention. <a href="http://www.sacasa.org">www.sacasa.org</a></td>
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<tr>
<td>Audience</td>
<td>Topic</td>
<td>Organization</td>
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<tr>
<td>Parents, Teachers, Administrators</td>
<td>Dating Violence</td>
<td>Kaity's Way</td>
<td>0.5 - 1.5 hours</td>
<td>1 or 2 sessions</td>
<td>no cost, honorarium appreciated</td>
<td><em>Kaity's Way</em> is the true story of a young girl caught up in the midst of dating violence; it gives a realistic account of teen dating violence, the warning signs to look for, and the expectations of a healthy dating relationship. Also <em>Kaity's Law</em> is explored and its purpose discussed. <a href="http://www.kaitysway.org">www.kaitysway.org</a></td>
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<tr>
<td>Parents, Teachers, Administrators</td>
<td>Domestic Abuse</td>
<td>Emerge!</td>
<td>1-6 hours</td>
<td>varies</td>
<td>no cost</td>
<td>This can be delivered as a short presentation or a long workshop. The short presentation provides a thorough overview of the dynamics of domestic abuse; including a definition of domestic abuse; it discusses power and control, the effects of abuse on children, how to help, safety planning, and Emerge! services. The long workshop is an in-depth look at domestic abuse including an examination of family, community, and societal structures that support and prevent it. <a href="http://www.emergecenter.org">www.emergecenter.org</a></td>
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<tr>
<td>Parents, Teachers, Administrators</td>
<td>Effects of Violence on Children</td>
<td>Emerge!</td>
<td>3.5 hours</td>
<td>1 session</td>
<td>no cost</td>
<td>Children are often witnesses to the abuse of a parent and are profoundly affected by it. This workshop will enable participants to understand risk and protective factors that determine how severely a child is impacted by abuse and to understand the behaviors that children who have witnessed abuse might exhibit. The workshop will explain how abuse affects family dynamics and will list parenting challenges faced by the victim as a result of the abuse. Participants must have attended the Domestic Abuse 101 Workshop. <a href="http://www.emergecenter.org">www.emergecenter.org</a></td>
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<tr>
<td>Parents, Teachers, Administrators</td>
<td>Sexual and Relationship Violence</td>
<td>SACASA, PCAO Victim Services Division</td>
<td>2 hours</td>
<td>1 or 2 sessions</td>
<td>no cost</td>
<td>During this presentation, participants will learn about boundaries, bullying, sexual harassment, dynamics of relationship/dating violence and red flags, sexual abuse, consent, sexual assault, Arizona laws related to sexual violence, survivor safety, appropriate resources and intervention, and mandated reporting. <a href="http://www.pcao.pima.gov">www.pcao.pima.gov</a></td>
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<tr>
<td>Parents, Teachers, Administrators</td>
<td>Bullying and Sexual Harassment</td>
<td>SACASA</td>
<td>2 hours</td>
<td>1 or 2 sessions</td>
<td>no cost</td>
<td>This presentation walks participants through the dynamics of bullying and sexual harassment. Differences between healthy and unhealthy behaviors are addressed. Participants discuss how they can intervene to stop these behaviors and become a part of the solution. Strategies for engaging students in prevention are also discussed. <a href="http://www.sacasa.org">www.sacasa.org</a></td>
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<tr>
<td>Parents, Teachers, Administrators</td>
<td>Sexual and Relationship Violence</td>
<td>SACASA, Pima Community College On-Line Course (EDU119A)</td>
<td>approx. 40 hours</td>
<td>8 online sessions</td>
<td>approx. $70 (tuition varies)</td>
<td>During this &quot;train the trainer,&quot; participants will learn about boundaries, bullying, sexual harassment, dynamics of relationship/dating violence and red flags, sexual abuse, consent, sexual assault, Arizona laws related to sexual violence, survivor safety, appropriate resources and intervention, mandated reporting, and presentation skills. This training includes tools for early intervention to interrupt the cycle of violence. When completed, participants will be equipped to teach both the two-hour adult prevention training and the six-session youth curriculum. <a href="http://www.sacasa.org">www.sacasa.org</a></td>
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<tr>
<td>Parents, Teachers, Administrators</td>
<td>Internet Safety, Cyber-bullying and On-Line Stalking</td>
<td>PCAO</td>
<td>1.5-3 hours</td>
<td>1 or 2 sessions</td>
<td>no cost</td>
<td>Attendees will learn definitions of bullying and cyber-bullying and how both are used to harm individuals and groups of people. Participants will learn methods to avoid situations that may serve to harm others. Identification of techniques used by bullies and the characteristics of their intended victims are discussed. The consequences and potential legal ramifications are outlined in this presentation. <a href="http://www.pcao.pima.gov">www.pcao.pima.gov</a></td>
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<td>Dating Matters: Understanding</td>
<td>60-minute interactive online curriculum</td>
<td>Dating Violence and Healthy Relationships</td>
<td>no cost</td>
<td>Educators can participate in this interactive training to help teens understand the risk factors and warning signs associated with teen dating violence. Developed by the Centers for Disease Control and Prevention (CDC) in partnership with Liz Claiborne Inc., Dating Matters will highlight the importance of promoting healthy relationships. Dating Matters uses a public health approach, helping teachers move from the problem to the solution. This curriculum focuses on primary prevention to stop violence before it occurs and uses a social-ecological model to highlight the complex interaction of individuals, relationship, community, and societal factors that cause violence. <a href="http://www.cdc.gov/violenceprevention/datingmatters.html">www.cdc.gov/violenceprevention/datingmatters.html</a></td>
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<td>Teen Dating Violence Prevention</td>
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<td>Love is Not Abuse</td>
<td>4 (45 minute) sessions to be conducted in a Health or English/Language Arts class</td>
<td>Dating Violence</td>
<td>no cost</td>
<td>This curriculum is a step-by-step guide to teaching high school students about the issue of dating violence. It also offers teachers detailed information about the scope of the problem and how to respond to students in need of assistance. Each lesson begins with a piece of poetry or literature that illustrates “a key dating-violence concept, allowing students to explore new perspectives through the eyes of a fictional character or author.” Love Is Not Abuse aims to raise awareness about the problem of dating violence, recommend resources for students in need, and help prevent dating violence from occurring in the future. <a href="http://www.loveisnotabuse.com">www.loveisnotabuse.com</a></td>
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<tr>
<td>Safe Place - Expect Respect</td>
<td>24-week support group, 8 (1 hour) youth leadership training sessions</td>
<td>Dating Violence and Healthy Relationships</td>
<td>$170</td>
<td>This is a school-based program for preventing teen dating violence and promoting safe and healthy relationships in middle and high school. Expect Respect engages the entire school community in preventing teen dating violence and promoting safe and healthy relationships. Learning about healthy relationships requires practicing healthy relationships. Expect Respect is based on an active and experiential learning process. Creative activities in all program components engage youth in exploring their experiences and beliefs and in taking a stand against violence. <a href="http://www.safeplace.org">www.safeplace.org</a></td>
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<td>For Teachers</td>
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<td>For High School Students</td>
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<td>School-Wide Initiative</td>
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A. A person who has been referred to juvenile court may apply for destruction of the person's juvenile court records.
B. If the records concern a referral or citation that did not result in further action or that resulted in diversion, placement in a community based alternative program, an adjudication of incorrigibility, the filing of a petition or citation for an offense other than a felony or the filing of a petition for a felony offense for which the person was adjudicated delinquent for an offense that was not classified as a felony, the person shall file an application with the juvenile court and shall serve a copy of the application on the county attorney in the county in which the referral was made. The person shall certify under oath that all of the following apply:
1. The person is at least nineteen years of age.
2. The person has not been convicted of a felony offense or adjudicated delinquent for an offense that would be a felony offense if committed by an adult.
3. A criminal charge is not pending.
4. The person has successfully completed all of the terms and conditions of court ordered probation, including the payment of all restitution.
C. Subsection B of this section does not apply to violations of section 28-1381, 28-1382 or 28-1383.
D. The juvenile court may order the destruction of records under subsection B of this section if the court finds all of the following:
1. The person is at least nineteen years of age.
2. The person has not been convicted of a felony offense.
3. The person was not adjudicated for an offense that would have been a felony offense if the person had been convicted as an adult.
4. The person successfully completed all of the terms and conditions of probation, including the payment of all restitution.
5. The destruction of the records is in the interests of justice.
6. The destruction of the records would further the rehabilitative process.
E. If the records concern a petition that resulted in an adjudication of delinquency for an offense classified as a felony or a petition or citation that resulted in an adjudication of delinquency for a violation of section 28-1381, 28-1382 or 28-1383, the person shall file the application with the juvenile court and shall serve a copy of the application on the county attorney in the county in which the referral was made. The person shall certify under oath that all of the following apply:
1. The person is at least twenty-five years of age.
2. The person has not been convicted of a felony offense.
3. The person successfully completed all of the terms and conditions of probation, including the payment of all restitution.
4. The destruction of the records would further the rehabilitative process.
F. The juvenile court may order the destruction of records under subsection E of this section if the county attorney does not object within ninety days after the date of the notice and the court finds that all of the following apply:
1. The person is at least twenty-five years of age.
2. The person has not been convicted of a felony offense.
3. The person has successfully completed all of the terms and conditions of probation, including the payment of all restitution.
4. The destruction of the records would further the rehabilitative process.
G. The juvenile court may store any records for research purposes.

8-350. Dangerous offenders; sex offenders; notification to schools; definition
A. A person who has been convicted of a violation or attempted violation of any of the following offenses or who has been convicted of an offense committed in another jurisdiction which if committed in this state would be a violation or attempted violation of any of the following offenses shall, within ten days after the conviction or within ten days after entering and remaining in any county of this state, register with the sheriff of that county:
1. Unlawful imprisonment pursuant to section 13-1303 if the victim is under eighteen years of age and the unlawful imprisonment was not committed by the child's parent.
1. Employed full time or part time in this state, with or without compensation, for more than fourteen consecutive days or for an aggregate period of more than thirty days in a calendar year.

2. Enrolled as a full-time or part-time student in any school in this state for more than fourteen consecutive days or for an aggregate period of more than thirty days in a calendar year.

A. A person who is required to register pursuant to this section is required to register for life.

B. Before the person is released from confinement the state department of corrections in conjunction with the department of public safety and each county sheriff may complete the registration of any person who was convicted of a violation of any offense listed under subsection A of this section. Within three days after the person's release from confinement, the state department of corrections shall forward the registered person's records to the department of public safety and to the sheriff of the county in which the registered person intends to reside. Registration pursuant to this subsection shall be consistent with subsection E of this section.

C. Notwithstanding subsection A of this section, the judge who sentences a defendant for any violation of chapter 14 or 35.1 of this title or for an offense for which there was a finding of sexual motivation pursuant to section 13-118 may require the person who committed the offense to register pursuant to this section.

D. The court may require a person who has been adjudicated delinquent for an act that would constitute an offense specified in subsection A or C of this section to register pursuant to this section. Any duty to register under this subsection shall terminate when the person reaches the age of twenty-five.

E. A person who has been convicted of or adjudicated delinquent and required to register in the convicting state for an act that would constitute an offense specified in subsection A or C of this section and who is not a resident of this state shall be required to register pursuant to this section if the person is either:

1. Employed full time or part time in this state, with or without compensation, for more than fourteen consecutive days or for an aggregate period of more than thirty days in a calendar year.

2. Enrolled as a full-time or part-time student in any school in this state for more than fourteen consecutive days or for an aggregate period of more than thirty days in a calendar year. For the purposes of this paragraph, "school" means an educational institution of any description, public or private, wherever located in this state.

F. Any duty to register under subsection D or E of this section for a juvenile adjudication terminates when the person reaches the age of twenty-five.

G. At the time of registering, the person shall sign a statement in writing giving such information as required by the director of the department of public safety, including all names by which the person is known. The sheriff shall fingerprint and photograph the person and within three days thereafter shall send copies of the statement, fingerprints and photographs to the criminal identification section within the department of public safety and the chief of police, if any, of the place where the person resides.

H. Upon the person's initial registration and every year after the person's initial registration, the person shall obtain a nonoperating identification license or a driver license from the motor vehicle division in the department of transportation. Notwithstanding sections 28-3165 and 28-3171, the license shall be valid for one year from the date of issuance, and the person shall submit to the department of transportation proof of the person's address. The motor vehicle division shall make a copy of the photograph available to the department of public safety and the chief of police, if any, of the place where the person resides.

I. Except as provided in subsection E or J of this section, the clerk of the superior court in the county in which a person has been convicted of any offense listed under subsection A of this section, has been ordered to register pursuant to subsection C or D of this section shall notify the sheriff in that county of the conviction within ten days after entry of the judgment.

J. Within ten days after entry of judgment, a court not of record shall notify the arresting law enforcement agency of an offender's conviction of a violation of section 13-1402. Within ten days after receiving this information, the law enforcement agency shall determine if the offender is required to register pursuant to this section. If the law enforcement agency determines that the offender is required to register, the law enforcement agency shall provide the information required by section 13-3825 to the department of public safety and shall make community notification as required by law.

K. A person who is required to register pursuant to this section because of a conviction for the unlawful imprisonment of a minor or the kidnapping of a minor is required to register, absent additional or subsequent convictions, for a period of ten years from the date that the person is released from prison, jail, probation, community supervision or parole and the person has fulfilled all restitution obligations. Notwithstanding this subsection, a person who has a prior conviction for an offense for which registration is required pursuant to this section is required to register for life.

A. A person who is at least eighteen years of age and who stands convicted of a dangerous crime against children in the first degree involving sexual assault of a minor who is twelve years of age or younger or sexual conduct with a minor who is twelve years of age or younger shall be sentenced to life imprisonment and is not eligible for suspension of sentence, probation, pardon release or confinement on any basis except as specifically authorized by section 31-233, subsection A or B until the person has served thirty-five years or the sentence is commuted. This subsection does not apply to masturbatory contact.
B. Except as otherwise provided in this section, a person who is at least eighteen years of age or who has been tried as an adult and who stands convicted of a dangerous crime against children in the first degree involving attempted first degree murder of a minor who is under twelve years of age or second degree murder of a minor who is under twelve years of age or sexual assault of a minor who is under twelve years of age or sexual conduct with a minor who is under twelve years of age may be sentenced to life imprisonment and is not eligible for suspension of sentence, probation, pardon or release from confinement on any basis except as specifically authorized by section 31-233, subsection A or B until the person has served thirty-five years or the sentence is commuted. If a life sentence is not imposed pursuant to this subsection, the person shall be sentenced to a presumptive term of imprisonment for twenty years.

C. Except as otherwise provided in this section, a person who is at least eighteen years of age or who has been tried as an adult and who stands convicted of a dangerous crime against children in the first degree involving attempted first degree murder of a minor who is twelve, thirteen or fourteen years of age, second degree murder of a minor who is twelve, thirteen or fourteen years of age, sexual assault of a minor who is twelve, thirteen or fourteen years of age, taking a child for the purpose of prostitution, child prostitution, sexual conduct with a minor who is twelve, thirteen or fourteen years of age or continuous sexual abuse of a child or involving or using minors in drug offenses shall be sentenced to a presumptive term of imprisonment for twenty years. If the convicted person has been previously convicted of one predicate felony the person shall be sentenced to a presumptive term of imprisonment for thirty years.

D. Except as otherwise provided in this section, a person who is at least eighteen years of age or who has been tried as an adult and who stands convicted of a dangerous crime against children in the first degree involving aggravated assault, molestation of a child, commercial sexual exploitation of a minor, sexual exploitation of a minor, child abuse or kidnapping shall be sentenced to a presumptive term of imprisonment for seventeen years. If the convicted person has been previously convicted of one predicate felony the person shall be sentenced to a presumptive term of imprisonment for twenty-eight years.

E. Except as otherwise provided in this section, a person who is at least eighteen years of age or who has been tried as an adult and who stands convicted of a dangerous crime against children involving sexual abuse under section 13-1404 is guilty of a class 3 felony and shall be sentenced to a presumptive term of imprisonment for five years, and unless the person has previously been convicted of a predicate felony, the presumptive term may be increased or decreased by up to two and one-half years pursuant to section 13-702, subsections C, D and E. If the person is sentenced to a term of imprisonment the person is not eligible for release from confinement on any basis except as specifically authorized by section 31-233, subsection A or B until the sentence imposed by the court has been served. The person is eligible for release pursuant to section 41-1604.07 or the sentence is commuted. If the convicted person has been previously convicted of one predicate felony the person shall be sentenced to a presumptive term of imprisonment for fifteen years and not eligible for suspension of sentence, probation, pardon or release from confinement on any basis except as specifically authorized by section 31-233, subsection A or B until the sentence imposed by the court has been served, the person is eligible for release pursuant to section 41-1604.07 or the sentence is commuted.

F. The presumptive sentences prescribed in subsections B, C and D of this section or subsection E of this section if the person has previously been convicted of a predicate felony may be increased or decreased by up to seven years pursuant to the provisions of section 13-702, subsections B, C and D.

G. Except as provided in subsection E of this section, a person sentenced for a dangerous crime against children in the first degree pursuant to this section is not eligible for suspension of sentence, probation, pardon or release from confinement on any basis except as specifically authorized by section 31-233, subsection A or B until the sentence imposed by the court has been served or commuted.

H. A person who stands convicted of any dangerous crime against children in the first degree pursuant to subsection C or D of this section having been previously convicted of two or more predicate felonies shall be sentenced to life imprisonment and is not eligible for suspension of sentence, probation, pardon or release from confinement on any basis except as specifically authorized by section 31-233, subsection A or B until the person has served not fewer than thirty-five years or the sentence is commuted.

I. Notwithstanding chapter 10 of this title, a person who is at least eighteen years of age or who has been tried as an adult and who stands convicted of a dangerous crime against children in the second degree pursuant to subsection C or D of this section is guilty of a class 3 felony and shall be sentenced to a presumptive term of imprisonment for ten years. The presumptive term may be increased or decreased by up to five years pursuant to section 13-702, subsections B, C and D. If the person is sentenced to a term of imprisonment the person is not eligible for release from confinement on any basis except as specifically authorized by section 31-233, subsection A or B until the person has served the sentence imposed by the court, the person is eligible for release pursuant to section 41-1604.07 or the sentence is commuted. A person who is convicted of any dangerous crime against children in the second degree having been previously convicted of one or more predicate felonies is not eligible for suspension of sentence, probation, pardon or release from confinement on any basis except as specifically authorized by section 31-233, subsection A or B until the sentence imposed by the court has been served, the person is eligible for release pursuant to section 41-1604.07 or the sentence is commuted.

J. Section 13-604, subsections M and O apply to the determination of prior convictions.

K. The sentence imposed on a person by the court for a dangerous crime against children under subsection D of this section involving child molestation or sexual abuse pursuant to subsection E of this section may be served concurrently with other sentences if the offense involved only one victim. The sentence imposed on a person for any other dangerous crime against children in the first or second degree shall be consecutive to any other sentence imposed on the person at any time, including child molestation and sexual abuse of the same victim.

L. In this section:
   1. "Dangerous crime against children" means any of the following committed against a minor under fifteen years of age:
      (a) Second degree murder.
      (b) Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument.
      (c) Sexual assault.
      (d) Molestation of a child.
      (e) Sexual conduct with a minor.
      (f) Commercial sexual exploitation of a minor.
      (g) Sexual exploitation of a minor.
A. It is unlawful for a person:
1. To intentionally brand, scarify, implant, mutilate, tattoo or pierce the body of a person who is under eighteen years of age without the physical presence of the parent or legal guardian of the person requesting the brand, scar, tattoo, implant, mutilation or piercing.
2. Who tattoos or pierces the body of another person to use a needle or any substance that will leave color under the skin more than once or to use a needle that is not sterilized with equipment used by state licensed medical facilities pursuant to title 36, chapter 4.
3. To engage in the business of tattooing, branding, scarifying, implanting, mutilating or body piercing out of a home or an impermanent structure, including a tent, trailer, trunk or other impermanent structure.
4. Who is not licensed pursuant to title 32 to administer anesthesia during the course of any procedure involving the branding, scarifying, tattooing, implanting, mutilating or piercing of the body of another person.

B. Subsection A, paragraph 1 does not apply to the ear piercing of a person who has written or verbal permission from a parent or legal guardian.

C. It is a defense to a prosecution for a violation of subsection A, paragraph 1 that the person requested age identification and relied in good faith on the accuracy of the information contained in the identification.

D. A person who violates this section is guilty of a class 6 felony.

E. For the purposes of this section:
1. "Implant", "mutilate", "brand", "scarify" or "pierce" means to mark the skin or other body part with any indelible design, letter, scroll, figure, symbol or other mark that is placed by the aid of instruments on or under the skin or body part and that cannot be removed without a surgical procedure or any design, letter, scroll, figure, symbol or other mark done by scarring on or under the skin or other body part. Implant does not include cosmetic implants.
2. "Tattoo" means to mark the skin with any indelible design, letter, scroll, figure, symbol or any other mark that is placed by the aid of needles or other instruments upon or under the skin with any substance that will leave color under the skin and that cannot be removed, repaired or reconstructed without a surgical procedure or any design, letter, scroll, figure, symbol or other mark done by scarring upon or under the skin

13-3611. Refusal or neglect to provide for spouse; classification

A married person, having sufficient ability to provide for his or her spouse's support or who is able to earn the means of such spouse's support, who knowingly fails or refuses to provide the spouse with necessary food, clothing, shelter or medical attendance, unless by such spouse's misconduct he or she was justified in so doing, is guilty of a class 6 felony.

13-3610. Abandonment of spouse; classification

A married person, having sufficient ability to provide for his or her spouse's support or who is able to earn the means of such spouse's support, who knowingly abandons and leaves such spouse in a destitute condition, is guilty of a class 6 felony.

13-3553. Sexual exploitation of a minor; classification

A. A person commits sexual exploitation of a minor by knowingly:
1. Recording, filming, photographing, developing or duplicating any visual depiction in which minors are engaged in exploitive exhibition or other sexual conduct.
2. Distributing, transporting, exhibiting, receiving, selling, purchasing, electronically transmitting, possessing or exchanging any visual depiction in which minors are engaged in exploitive exhibition or other sexual conduct.

B. Sexual exploitation of a minor is a class 2 felony and if the minor is under fifteen years of age it is punishable pursuant to section 13-604.01.

13-1401. Definitions

In this chapter, unless the context otherwise requires:
1. "Oral sexual contact" means oral contact with the penis, vulva or anus.
2. "Sexual contact" means any direct or indirect touching, fondling or manipulating of any part of the genitals, anus or female breast by any part of the body or by any object or causing a person to engage in such contact.
3. "Sexual intercourse" means penetration into the penis, vulva or anus by any part of the body or by any object or masturbatory contact with the penis or vulva.
4. "Spouse" means a person who is legally married and cohabiting.
5. "Without consent" includes any of the following:
   (a) The victim is coerced by the immediate use or threatened use of force against a person or property.
   (b) The victim is incapable of consent by reason of mental disorder, mental defect, drugs, alcohol, sleep or any other similar impairment of cognition and such condition is known or should have reasonably been known to the defendant. For purposes of this subdivision, "mental defect" means the victim is unable to comprehend the distinctively sexual nature of the conduct or is incapable of understanding or exercising the right to refuse to engage in the conduct with another.
   (c) The victim is intentionally deceived as to the nature of the act.
   (d) The victim is intentionally deceived to erroneously believe that the person is the victim's spouse.
13-1402. Indecent exposure; classifications
A. A person commits indecent exposure if he or she exposes his or her genitals or anus or she exposes the areola or nipple of her breast or breasts and another person is present, and the defendant is reckless about whether such other person, as a reasonable person, would be offended or alarmed by the act.
B. Indecent exposure is a class 1 misdemeanor. Indecent exposure to a person under the age of fifteen years is a class 6 felony.

13-1403. Public sexual indecency; public sexual indecency to a minor; classifications
A. A person commits public sexual indecency by intentionally or knowingly engaging in any of the following acts, if another person is present, and the defendant is reckless about whether such other person, as a reasonable person, would be offended or alarmed by the act:
   1. An act of sexual contact.
   2. An act of oral sexual contact.
   3. An act of sexual intercourse.
   4. An act involving contact between the person's mouth, vulva or genitals and the anus or genitals of an animal.
B. A person commits public sexual indecency to a minor if he intentionally or knowingly engages in any of the acts listed in subsection A and such person is reckless whether a minor under the age of fifteen years is present.
C. Public sexual indecency is a class 1 misdemeanor. Public sexual indecency to a minor is a class 5 felony.

13-1404. Sexual abuse; classifications
A. A person commits sexual abuse by intentionally or knowingly engaging in sexual contact with any person fifteen or more years of age without consent of that person or with any person who is under fifteen years of age if the sexual contact involves only the female breast.
B. Sexual abuse is a class 5 felony unless the victim is under fifteen years of age in which case sexual abuse is a class 3 felony punishable pursuant to section 13-604.01.

13-1405. Sexual conduct with a minor; classifications
A. A person commits sexual conduct with a minor by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with any person who is under eighteen years of age.
B. Sexual conduct with a minor who is under fifteen years of age is a class 2 felony and is punishable pursuant to section 13-604.01.

13-1406. Sexual assault; classification; increased punishment
A. A person commits sexual assault by intentionally or knowingly engaging in sexual contact with any person without consent of such person.
B. Sexual assault is a class 2 felony, and the person convicted shall be sentenced pursuant to this section and the person is not eligible for suspension of sentence, probation, pardon or release from confinement on any basis except as specifically authorized by section 31-233, subsection A or B until the sentence imposed has been served or commuted.

13-1410. Molestation of child; classification
A. A person commits molestation of a child by intentionally or knowingly engaging in or causing a person to engage in sexual contact, except sexual contact with the female breast, with a child under fifteen years of age.
B. Molestation of a child is a class 2 felony that is punishable pursuant to section 13-604.01.

13-1412. Lewd and lascivious acts; classification
A person who knowingly and without force commits, in any unnatural manner, any lewd or lascivious act upon or with the body or any part or member thereof of a male or female adult, with the intent of arousing, appealing to or gratifying the lust, passion or sexual desires of either of such persons, is guilty of a class 3 misdemeanor.

13-1417. Continuous sexual abuse of a child; classification
A. A person who over a period of three months or more in duration engages in three or more acts in violation of section 13-1405, 13-1406 or 13-1410 with a child under fourteen years of age is guilty of continuous sexual abuse of a child.
B. Continuous sexual abuse of a child is a class 2 felony and is punishable pursuant to section 13-604.01.
C. To convict a person of continuous sexual abuse of a child, the trier of fact shall unanimously agree that the requisite number of acts occurred. The trier of fact does not need to agree on which acts constitute the requisite number.
D. Any other felony sexual offense involving the victim shall not be charged in the same proceeding with a charge under this section unless the other charges felony sexual offense occurred outside the time period charged under this section or the other felony sexual offense is charged in the alternative. A defendant may be charged with only one count under this section unless more than one victim is involved. In more than one victim is involved, a separate count may be charged for each victim.

13-3603.01. Partial-birth abortions; classification; civil action; definitions
A. A person who knowingly performs a partial-birth abortion and who kills a human fetus is guilty of a class 6 felony.
B. Continuous sexual abuse of a child is a class 2 felony and is punishable pursuant to section 13-604.01.
C. The father of the fetus if married to the mother at the time she receives a partial-birth abortion and the maternal grandparents of the fetus if the mother is not at least eighteen years of age at the time of the partial-birth abortion may bring a civil action to obtain appropriate relief unless the pregnancy resulted from the plaintiff's criminal conduct or the plaintiff consented to the partial-birth abortion. Relief pursuant to this subsection includes the following:
1. Monetary damages for all injuries resulting from the partial-birth abortion, including psychological and physical damages.
1. If done intentionally or knowingly, the offense is a class 2 felony and if the victim is under fifteen years of age it is punishable
or health is endangered is guilty of an offense as follows:

D. A person who intentionally or knowingly engages in emotional abuse of a vulnerable adult who is a patient or resident in any

3. If done with criminal negligence, the offense is a class 6 felony.

2. If done recklessly, the offense is a class 3 felony.

C. Under circumstances other than those likely to produce death or serious physical injury to a child or vulnerable adult, any person
who causes or permits the person or health of such child or vulnerable adult to be injured or who causes or permits such child or

3. If done with criminal negligence, the offense is a class 4 felony.

B. Under circumstances likely to produce death or serious physical injury to any person who causes a child or vulnerable adult to suffer physical injury or, having the care or custody of such child or vulnerable adult, who causes or permits the person or health of such child or vulnerable adult to be injured or who causes or permits such child or vulnerable adult to be placed in a situation where person

6. "Vulnerable adult" means an individual who is eighteen years of age or older and who is unable to protect himself from abuse,
neglect or exploitation by others because of a mental or physical impairment.

4. "Physical injury" means the impairment of physical condition and includes but shall not be limited to any skin bruising, pressure
sores, bleeding, failure to thrive, malnutrition, dehydration, burns, fracture of any bone, subdural hematoma, soft tissue swelling,
injury to any internal organ or any physical condition which imperils health or welfare.

5. "Serious physical injury" means physical injury which creates a reasonable risk of death, or which causes serious or permanent
disfigurement, or serious impairment of health or loss or protracted impairment of the function of any bodily organ or limb.

6. "Vulnerable adult" means an individual who is eighteen years of age or older and who is unable to protect himself from abuse,
neglect or exploitation by others because of a mental or physical impairment.

B. Under circumstances likely to produce death or serious physical injury to any person who causes a child or vulnerable adult to suffer physical injury or, having the care or custody of such child or vulnerable adult, who causes or permits the person or health of such child or vulnerable adult to be injured or who causes or permits such child or vulnerable adult to be placed in a situation where person

or health is endangered is guilty of an offense as follows:
1. If done intentionally or knowingly, the offense is a class 2 felony and if the victim is under fifteen years of age it is punishable

pursuant to section 13-604.01.
2. If done recklessly, the offense is a class 3 felony.
3. If done with criminal negligence, the offense is a class 4 felony.

C. Under circumstances other than those likely to produce death or serious physical injury to a child or vulnerable adult, any person
who causes or permits the person or health of such child or vulnerable adult to be injured or who causes or permits such child or vulnerable adult to be placed in a situation where person or health is endangered is guilty of an offense as follows:
1. If done intentionally or knowingly, the offense is a class 4 felony.
2. If done recklessly, the offense is a class 5 felony.
3. If done with criminal negligence, the offense is a class 6 felony.

D. A person who intentionally or knowingly engages in emotional abuse of a vulnerable adult who is a patient or resident in any
setting in which health care, health-related services or assistance with one or more of the activities of daily living is provided or,
having the care or custody of such vulnerable adult, who intentionally or knowingly subjects or permits the vulnerable adult to be
subjected to emotional abuse is guilty of a class 6 felony.

E. This section does not apply to a health care provider as defined in section 36-3201 who permits a patient to die or the patient's
condition to deteriorate by not providing health care if that patient refuses that care directly or indirectly through a health care
directive as defined in section 36-3201, through a surrogate pursuant to section 36-3231 or through a court appointed guardian as
provided for in title 14, chapter 5, article 3.
F. This section does not apply to a vulnerable adult who is being furnished spiritual treatment through prayer alone and who would not
otherwise be considered to be abused, neglected or endangered if medical treatment were being furnished.

13-3623. Child or vulnerable adult abuse; emotional abuse; classification; exception; definitions
A. In this section, unless the context otherwise requires:
1. "Abuse", when used in reference to a child, means abuse as defined in section 8-201, except for those acts in the definition which
are declared unlawful by another statute of this title and, when used in reference to a vulnerable adult, means:
(a) Intentional infliction of physical harm.
(b) Injury caused by criminally negligent acts or omissions.
(c) Unlawful imprisonment, as described in section 13-1303.
(d) Sexual abuse or sexual assault.
2. "Child", "youth" or "juvenile" means an individual who is under eighteen years of age.
3. "Emotional abuse" means a pattern of ridiculing or demeaning the vulnerable adult, making derogatory remarks to the vulnerable
adult, verbally harassing the vulnerable adult or threatening to inflict physical or emotional harm on the vulnerable adult.
4. "Physical injury" means the impairment of physical condition and includes but shall not be limited to any skin bruising, pressure
sores, bleeding, failure to thrive, malnutrition, dehydration, burns, fracture of any bone, subdural hematoma, soft tissue swelling,
injury to any internal organ or any physical condition which imperils health or welfare.
5. "Serious physical injury" means physical injury which creates a reasonable risk of death, or which causes serious or permanent
disfigurement, or serious impairment of health or loss or protracted impairment of the function of any bodily organ or limb.
6. "Vulnerable adult" means an individual who is eighteen years of age or older and who is unable to protect himself from abuse,
neglect or exploitation by others because of a mental or physical impairment.

2. "Person" includes a physician who is licensed pursuant to title 32, chapter 13 or 17, a person who is legally authorized by this state
to perform abortions or a person who is not legally authorized by this state to perform abortions but who directly performs a partial-
birth abortion.

13-3824. Violation; classification
A. Within ten days after changing the person's address within a county or after changing the person's name, a person required to
register under the provisions of this article shall inform the sheriff in writing of the person's new address or new name. Within three
days after receipt of such information, the sheriff shall forward it to the criminal identification section within the department of public
safety and the chief of police, if any, of the place from which the person moves, and shall forward a copy of the statement, fingerprints
and photograph of such person to the chief of police, if any, of the place to which the person has moved.

B. Within seventy-two hours after a person moves from a county in which the person is registered, the person shall notify in writing
the sheriff of the county from which the person moves. If the person is subject to community notification requirements, the sheriff of
the county from which the person moves shall advise the local law enforcement agency of the county to which the person moves of
the move. If the person moves out of this state, the sheriff of the county from which the person moves shall advise the local law
enforcement agency in the jurisdiction to which the person moves. The local law enforcement agency shall contact the department of
public safety following ten days after being notified to determine if the person has reregistered. If the person has not reregistered, the
local law enforcement agency shall notify the local law enforcement agency in the county in which the person last resided. The local
law enforcement agency in the county in which the person last resided shall conduct an investigation and shall submit a report to the
appropriate county attorney.

13-3824. Violation; classification
A person who is subject to registration under this article and who fails to comply with the requirements of this article is guilty of a class 4 felony.

13-3825. Community notification
A. Within seventy-two hours after a person who was convicted is released from confinement or who was accepted under the interstate compact for the supervision of parolees and probationers and has arrived in this state, the agency that had custody or responsibility for supervision of the person who was convicted of committing an offense for which the person was required to register pursuant to section 13-3821 or that has accepted supervision under the interstate compact for the supervision of parolees and probationers shall provide all of the following information to the department of public safety by entering all of the following information into the sex offender profile and notification data base:
1. The offender's identifying information.
2. A risk assessment of the offender.
3. The offender's date of release from confinement or, if the offender is sentenced to probation without jail time, the date the sentence is imposed.
B. Following the tenth day after the person is released from confinement or, if the offender is sentenced to probation without jail time, the date the sentence is imposed, the department of public safety shall cross-reference the information the department receives pursuant to subsection A of this section with the sex offender registry to determine if the person is registered as required by section 13-3821. If the person is not registered, the department of public safety shall notify the county attorney in the county in which the person was convicted or the interstate compact administrator for this state. If the person is registered, the department of public safety shall forward the information the department received pursuant to subsection A of this section to the sheriff in the county where the person is registered.
C. After receiving the information pursuant to subsection B of this section, the sheriff shall forward the information to the chief law enforcement officer of the community in which the person resides. After reviewing the information received and any other information available to the local law enforcement agency, the local law enforcement agency shall categorize each offender and place each offender into a notification level. Within forty-five days, the local law enforcement agency shall notify the community of the offender's presence in the community pursuant to the guidelines established by the community notification guidelines committee. If the community does not have a chief law enforcement officer, the sheriff shall perform the duties of the local law enforcement agency.
D. If a person who has been convicted of an offense in another state registers pursuant to section 13-3821, subsection A, the sheriff in the county in which the person registers shall forward the information to the chief law enforcement officer of the community in which the person resides. The chief law enforcement officer shall contact the state in which the person was convicted and shall obtain information regarding the person. After reviewing the information received and any other information available, the local law enforcement agency shall complete the risk assessment, shall categorize the person, shall place the person into a notification level and shall enter the information into the computer system. If the law enforcement agency is unable to obtain sufficient information to complete the sex offender community notification risk assessment, the agency shall categorize the offender as a level two offender. Within forty-five days, the local law enforcement agency shall notify the community of the person's presence in the community pursuant to the guidelines established by the community notification guidelines committee. If the community does not have a chief law enforcement officer, the sheriff shall perform the duties of the local law enforcement agency.
E. On receiving notice pursuant to section 13-3822 that a person who is required to register has changed the person's address, the chief law enforcement officer of the community to which the person has relocated may notify that community of the person's relocation to the community, pursuant to subsection C of this section. If the community does not have a local law enforcement agency, the sheriff of the county to which the person has relocated shall notify the community of the person's relocation.
F. In cooperation with the county probation department or the state department of corrections, a law enforcement agency may delegate all or part of the notification process for offenders on community supervision to the county probation department or to the state department of corrections, as appropriate.
G. This section does not prohibit law enforcement officers from giving a community notice of any circumstances or persons that pose a danger to the community under circumstances that are not provided for under this section.
H. This section does not apply to persons subject to the registration requirements in section 13-3821 as a result of offenses adjudicated by a juvenile court.

13-1413. Capacity of minor sexual assault victim to consent to medical examination
Notwithstanding any other provision of the law, when it is not possible to contact the parents or legal guardian within the short time span in which the examination should be conducted a minor twelve years of age or older alleged to be the victim of a violation of section 13-1406 may give consent to hospital, medical and surgical examination, diagnosis and care in connection with such violation. Such consent shall not be subject to incapacity because of the victim's age. The consent of the parent, parents or legal guardian of such minor shall not be necessary to authorize such hospital, medical and surgical examination, diagnosis and care, and such parent, parents or legal guardian shall not be liable for payment for any services rendered pursuant to this section.

13-3604. Soliciting abortion; punishment; exception
A woman who solicits from any person any medicine, drug or substance whatever, and takes it, or who submits to an operation, or to the use of any means whatever, with intent thereby to procure a miscarriage, unless it is necessary to preserve her life, shall be punished by imprisonment in the state prison for not less than one nor more than five years.

13-3716. Notice of conviction of dangerous crime against children or child abuse; violation; classification
A. It is unlawful for a person who has been convicted of a dangerous crime against children as defined in section 13-604.01 or child abuse pursuant to section 13-3623, subsection B or subsection C, paragraph 1 to fail to give notice of the fact of the conviction to a business institution or organization when applying for employment or volunteering for service with any business institution or organization which sponsors any activity in which adults supervise children. Such business institutions or organizations include schools, preschools, child care providers and youth organizations.
B. A person who violates this section is guilty of a class 5 felony.

25-511. Failure of parent to provide for child; classification
A. Except as provided in section 25-501, subsection F, any parent of a minor child who knowingly fails to furnish reasonable support for the parent's child is guilty of a class 6 felony.
B. It is an affirmative defense to a charge of a violation of subsection A of this section that the defendant has complied with a valid court order that was in effect for the time period charged and that set forth an amount of support for the minor child or was unable to furnish reasonable support. Inability to furnish reasonable support is not a defense if the defendant voluntarily remained idle, voluntarily decreased his income or voluntarily incurred other financial obligations.

C. The trier of fact, in determining whether the defendant has failed to furnish reasonable support, shall consider all assets, earnings and entitlements of the defendant and whether the defendant has made all reasonable efforts to obtain the necessary funds. On a showing of previous employment or lack of a physical or mental disability precluding employment, the trier of fact may infer that the defendant is capable of full-time employment at least at the federal adult minimum wage. This inference does not apply to noncustodial parents who are under the age of eighteen and who are still attending high school.

25-501. Duties of support; exemption
A. Except as provided in subsection F of this section, every person has the duty to provide all reasonable support for that person's natural and adopted minor, unemancipated children, regardless of the presence or residence of the child in this state. In the case of mentally or physically disabled children, if the court, after considering the factors set forth in section 25-320, subsection A, deems it appropriate, the court may order support to continue past the age of majority. If a child reaches the age of majority while the child is attending high school or a certified high school equivalency program, support shall continue to be provided while the child is actually attending high school or the equivalency program but only until the child reaches nineteen years of age unless the court enters an order pursuant to section 25-320, subsection B.

25-807. Precedence of maternity and paternity proceedings; delay for blood or tissue tests; court order; evidentiary use; alternative tests
A. Proceedings to establish maternity and paternity shall have precedence over other civil proceedings. The case shall be set for trial within sixty days from the filing of an answer or oral denial by the defendant.

B. A delay in determining paternity in an action commenced prior to the birth of the child shall be granted until after the birth of the child for purposes of paternity tests if any party to the proceedings requests.

C. The court, on its own motion, or on motion of any party to the proceedings, shall order the mother, her child or children and the alleged father to submit to the drawing of blood samples or the taking of deoxyribonucleic acid probe samples, or both, and shall direct that inherited characteristics, including but not limited to blood and tissue type, be determined by appropriate testing procedures. An expert duly qualified as an examiner of genetic markers shall be agreed upon by the parties or appointed by the court to analyze and interpret the results and report to the court.

D. If the results of the blood tests indicate that the likelihood of the alleged father's paternity is ninety-five per cent or greater, the alleged father is presumed to be the parent of the child and the party opposing the establishment of the alleged father's paternity shall establish by clear and convincing evidence that the alleged father is not the father of the child.

E. The examiner's report shall be admitted at trial unless a timely written challenge to the examiner's report is filed with the court within twenty-one days of the initial trial date. If the results of the examiner's report have been challenged and on the reasonable request of a party, the court shall order an additional test to be made by the same laboratory or an independent laboratory at the expense of the party requesting additional testing.

F. If a timely written challenge is not filed pursuant to subsection E, the examiner's report is admissible in evidence without the need for foundation testimony or other proof of authenticity or accuracy.

G. The court shall, on application of either party, determine the proportion and time in which the initial testing costs shall be paid.

H. On motion of a party to the proceedings, the court may order that experts perform alternative or additional tests including medical, scientific and genetic tests.

25-810. Liability of parents if putative mother or father is a minor; periodic payments
A. Except as provided pursuant to section 25-501, subsection F, the parent or parents having custody or control of the putative mother or father may be joined as defendants in the action if the putative mother or father is a minor or was a minor at the time the action was commenced. The parents may be held jointly and severally liable with the minor until the minor reaches the age of majority.

B. If the results of the blood tests indicate that the likelihood of the alleged father's paternity is ninety-five per cent or greater, the alleged father is presumed to be the parent of the child and the party opposing the establishment of the alleged father's paternity shall establish by clear and convincing evidence that the alleged father is not the father of the child.

C. The court may also direct the defendant to pay the costs of litigation.

D. If the results of the blood tests indicate that the likelihood of the alleged father's paternity is ninety-five per cent or greater, the alleged father is presumed to be the parent of the child and the party opposing the establishment of the alleged father's paternity shall establish by clear and convincing evidence that the alleged father is not the father of the child.

25-809. Judgment
A. Except as provided in section 25-501, subsection F, if a defendant admits parentage or if the issue is decided in the affirmative in an action instituted during the child's minority, the court shall direct, subject to applicable equitable defenses and using a retroactive application of the current child support guidelines, the amount, if any, the defendant shall pay for the past support of the child and the manner in which payment shall be made. The court may also direct the defendant to pay the costs of litigation.

B. The court shall enter an order for support determined to be due for the period between the commencement of the proceeding and the date that current child support is ordered to begin. The court shall not order past support retroactive to more than three years before the commencement of the proceeding unless the court makes a written finding of good cause after considering all relevant circumstances, including:

1. The circumstances, conduct or motivation of the party who claims entitlement to past support in not seeking an earlier establishment of maternity or paternity.

2. The circumstances, conduct or motivation of the party from whom past support is sought in impeding the establishment of maternity or paternity.

3. The diligence with which service of process was attempted on the defendant.

C. The court shall also direct the amount the father shall pay for the actual costs of the pregnancy, childbirth and any genetic testing and other related costs subject to production of billing statements or other documentation. This documentation is prima facie evidence of amounts incurred and is admissible in evidence without the need for foundation testimony or other proof of authenticity or accuracy.

D. In any proceeding under this article the court shall order either parent or both parents to pay any monies reasonable and necessary for the support of the minor unemancipated child until the child reaches the age of majority or is emancipated. In determining the
amount of support for the child, the court shall apply the child support guidelines pursuant to section 25-320, subsection A. If a child reaches the age of majority while the child is attending high school or a certified high school equivalency program, support shall continue to be provided while the child is actually attending high school or the equivalency program but only until the child reaches nineteen years of age unless the court enters an order pursuant to subsection F of this section.

E. The court may modify an order of support pursuant to section 25-503, subsection D.

F. If the child is physically or mentally disabled and the court deems it appropriate, the court may order support to continue past the age of majority and to be paid to the custodial parent, guardian or child, even if at the time of filing the complaint the child has reached the age of majority.

G. After considering the financial resources of both parties and the reasonableness of the positions each party has taken throughout the proceedings, the court may order a party to pay a reasonable amount to the other party for the costs and expenses of maintaining or defending any proceeding under this article. The court may order the party to pay these amounts directly to the attorney. The attorney may enforce the order in the attorney's name with the same force and effect and in the same manner as if the order had been made on behalf of any party to the action. For the purposes of this subsection, "costs and expenses" includes attorney fees, deposition costs, appellate costs and other reasonable expenses the court determines were necessary.

H. The court has contempt powers to enforce its orders.

I. In any proceeding after judgment the court shall determine amounts owing under the existing orders of the court and shall provide for the payment of that amount.

J. The parties may terminate an action brought under this article by agreement and compromise only if the court has approved the terms of the agreement and compromise.
ARIZONA GUIDELINES FOR SEX EDUCATION

R7-2-303. Sex Education
A. Instruction in sex education in the public schools of Arizona shall be offered only in conformity with the following requirements.

1. Common schools: Nature of instruction; approval; format.
   a. Supplemental/elective nature of instruction. The common schools of Arizona may provide a specific elective lesson or lessons concerning sex education as a supplement to the health course study.
      i. This supplement may only be taken by the student at the written request of the student's parent or guardian.
      ii. Alternative elective lessons from the state-adopted optional subjects shall be provided for students who do not enroll in elective sex education.
      iii. Elective sex education lessons shall not exceed the equivalent of one class period per day for one-eighth of the school year for grades K-4.
      vi. Elective sex education lessons shall not exceed the equivalent of one class period per day for one-quarter of the school year for grades 5-8.
   b. Local governing board approval. All elective sex education lessons to be offered shall first be approved by the local governing board.
      i. Each local governing board contemplating the offering of elective sex education shall establish an advisory committee with membership representative of district size and the racial and ethnic composition of the community to assist in the development of lessons and advise the local governing board on an ongoing basis.
      ii. The local governing board shall review the total instructional materials for lessons presented for approval.
      iii. The local governing board shall publicize and hold at least two public hearings for the purpose of receiving public input at least one week prior to the local governing board meeting at which the elective sex education lessons will be considered for approval.
      iv. The local governing board shall maintain for viewing by the public the total instructional materials to be used in approved elective sex education lessons within the district.
   c. Format of instruction.
      i. Lessons shall be taught to boys and girls separately.
      ii. Lessons shall be ungraded, require no homework, and any evaluation administered for the purpose of self-analysis shall not be retained or recorded by the school or the teacher in any form.
      iv. Lessons shall not include tests, psychological inventories, surveys, or examinations containing any questions about the student's or his parents' personal beliefs or practices in sex, family life, morality, values or religion.

2. High Schools: Course offering; approval; format.
   a. A course in sex education may be provided in the high schools of Arizona.
   b. The local governing board shall review the total instructional materials and approve all lessons in the course of study to be offered in sex education.
   c. Lessons shall not include tests, psychological inventories, surveys, or examinations containing any questions about the student's or his parents' personal beliefs or practices in sex, family life,
morality, values or religion.

d. Local governing boards shall maintain for viewing by the public the total instructional materials
to be used in all sex education courses to be offered in high schools within the district.

3. Content of instruction: Common schools and high schools.

a. All sex education materials and instruction shall be age appropriate, recognize the needs of
exceptional students, meet the needs of the district, recognize local community standards and
sensitivities, shall not include the teaching of abnormal, deviate, or unusual sexual acts and
practices, and shall include the following:

i. Emphasis upon the power of individuals to control their own personal behavior. Pupils shall
be encouraged to base their actions on reasoning, self-discipline, sense of responsibility,
self-control and ethical considerations such as respect for self and others; and

ii. Instruction on how to say "no" to unwanted sexual advances and to resist negative peer
pressure. Pupils shall be taught that it is wrong to take advantage of, or to exploit, another
person.

b. All sex education materials and instruction which discuss sexual intercourse shall:

i. Stress that pupils should abstain from sexual intercourse until they are mature adults;

ii. Emphasize that abstinence from sexual intercourse is the only method for avoiding
pregnancy that is 100 percent effective;

iii. Stress that Sexually Transmitted Infections have severe consequences and constitute a
serious and widespread public health problem;

iv. Include a discussion of the possible emotional and psychological consequences of
preadolescent and adolescent sexual intercourse and the consequences of preadolescent
and adolescent pregnancy;

v. Promote honor and respect for monogamous heterosexual marriage; and

vi. Advise pupils of Arizona law pertaining to the financial responsibilities of parenting, and
legal liabilities related to sexual intercourse with a minor.

B. Certification of compliance. All districts offering a local governing board-approved sex education
course or lesson shall certify, under the notarized signature of both the president of the local
governing board and the chief administrator of the school district, compliance with this rule except as
specified in paragraph (C). Acknowledgment of receipt of the compliance certification from the State
Board of Education is required as a prerequisite to the initiation of instruction. Certification of
compliance shall be in a format and with such particulars as shall be specified by the Department of
Education.

C. All districts offering State Board approved sex education lessons or courses prior to the effective date
of this rule shall comply with this rule on or before June 30, 1990.

15-716. Instruction on acquired immune deficiency syndrome; department assistance

A. Each common, high and unified school district may provide instruction to kindergarten programs
through the twelfth grade on acquired immune deficiency syndrome and the human immunodeficiency
virus.

B. Each district is free to develop its own course of study for each grade. At a minimum, instruction shall:

1. Be appropriate to the grade level in which it is offered.
2. Be medically accurate.
3. Promote abstinence.
4. Discourage drug abuse.
5. Dispel myths regarding transmission of the human immunodeficiency virus.

C. No district shall include in its course of study instruction which:

1. Promotes a homosexual life-style.
2. Portrays homosexuality as a positive alternative life-style.
3. Suggests that some methods of sex are safe methods of homosexual sex.

D. At the request of a school district, the department of health services or the department of education shall review instruction materials to determine their medical accuracy.

E. At the request of a school district, the department of education shall provide the following assistance:

1. A suggested course of study.
2. Teacher training.
3. A list of available films and other teaching aids.

F. At the request of a parent, a pupil shall be excused from instruction on the acquired immune deficiency syndrome and the human immunodeficiency virus as provided in subsection A of this section. The school district shall notify all parents of their ability to withdraw their child from the instruction.