



**MILWAUKEE
PUBLIC SCHOOLS**

Human Growth and Development

High School

Curriculum and Instruction
Student Wellness and Prevention

11/10/2015

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**Milwaukee Public Schools
Curriculum and Instruction
Student Wellness and Prevention**

**Human Growth & Development Curriculum
High School Lessons**

OUTLINE

Unit 1- Reproductive Anatomy and Physiology

- Lesson 1- Just the Facts
- Lesson 2- Who's Who
- Lesson 3- Life Begins

Unit 2- Healthy Relationships

- Lesson 4- Components of Love/Healthy Relationship

Unit 3- Dating Violence

- Lesson 5- Signs Signs
- Lesson 6- Warning Signs
- Lesson 7- Personal Perspectives on Relationship Violence
- Lesson 8- Sexual Abuse-Myth and Fact
- Lesson 9- Sexting and Cyber Bullying

Unit 3- Family Planning and Contraception

- Lesson 10- Abstinence
- Lesson 11- Bag of Beans
- Lesson 12- Condom Line-up
- Lesson 13 & 14- Contraception Project (Reserve computer lab 2-days)
- Lesson 15- Parenting

Unit 4- STI/HIV/AIDS

- Lesson 16- The Dice Game
- Lesson 17 & 18- STI/HIV community Forums
- Lesson 19- Virus Invasion Simulation/Risky Business
- Lesson 20- Blood Lines

Unit 5- Review

- Lesson Additional Review Lesson- She's Too Young
- Lesson Additional Review Lesson- Alternate review: Assessment Basketball

Lessons that can be replaced by completing the Reducing the Risk curriculum

4, 5, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20

Milwaukee Public Schools
Curriculum and Instruction
Student Wellness and Prevention

INSTRUCTIONS FOR ASSESSMENT COMPLETION

- Please use the attached Assessment Tracking Form; make copies for yourself as needed
- Each grade level of the HGD course has a pre and post assessment and two additional assessments/quizzes that could be used for formative or summative assessments.
- The Assessment Tracking Form should be submitted to your school principal

AD= ADVANCED: Student performs this task at an advanced level and is significantly above the standard

PR= PROFICIENT: Student performs this task confidently and consistently and meets the standard

BA= BASIC: Student is improving in this skill or behavior; however they are below the standard

MI= MINIMAL: Student is beginning to develop in this skill or behavior; however they are significantly below the standard

High School HGD	Pre-Assessment	Post-Assessment	Quiz 1	Quiz 2
School Name: _____				
Teacher Name: _____				
# students _____				
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3.				
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5.				
6.				
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8.				
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11.				
12.				
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21.				

AD= ADVANCED: Student performs this task at an advanced level and is significantly above the standard

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High School HGD				
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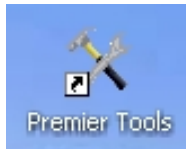
High School Instructions for Accommodations and Modifications

It is our responsibility as educators to ensure that students have access to the curriculum or information that we present as well as a way to demonstrate their understanding. It is important to realize that this may look different for some students.

<p>Accommodations for students with disabilities would include, but are not limited to:</p> <p>Directions: Accommodations are for clarification of directions and are separate from accommodations for test items. (Examples: Sign language for directions, explain or clarify directions, etc.)</p> <p>Content Presentation: Accommodations allow an assessment to be given to a student in a different format or mode of access that may be auditory, multi-sensory, tactile, or visual. (Examples: Large-print, audio recording, Braille, etc.)</p> <p>Response: Accommodations allow a student to respond to each test item or organize work using an assistive device. (Example: Student responds orally to a scribe who documents the student's answers, use of a graphic organizer, etc.)</p> <p>Setting: Accommodations allow a student to take an assessment in a different location or environment than the rest of his or her class. (Example: Individual testing, student stands or moves during testing, etc.)</p> <p>Timing/Scheduling: Accommodations increase the allowable length of time to complete an assessment or change the way the time is organized. (Example Extra time, testing across multiple days, etc.)</p>
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Area of Concern	Possible methods of addressing those needs.
<p><u>Reading/Writing</u>- Student is having difficulty reading instructions, content and/or completing an activity.</p>	 <ul style="list-style-type: none"> • Provide a Live Scribe Pen with pre-recorded directions and phrases on the worksheets; can also be used for notetaking • Provide a colored reading viewer to aid in focus, fluency, and overall comprehension • Upload all text to be read to a text reader • Create/provide a word box based on some general or key words mentioned during discussions; can be useful for students that have limited vocabulary and spelling skills. • **Use one of the many tools available on Premier (see document pertaining to using Premier with the HGD Curriculum for more information and details
<p><u>Fine Motor</u> - Student is having difficulty gripping paper, scissors or writing utensils when the task requires drawing, writing or manipulating paper.</p>	 <ul style="list-style-type: none"> • Provide pencil grips • Specialty lined paper • Use laminated tag board • Adapted Scissors • Allow use of tablet to draw with finger
<p><u>Language/Communication</u>- Student is having difficulty verbalizing and/or expressing his thoughts. **Contact speech/language pathologist for more information about this area of need</p>	 <ul style="list-style-type: none"> • Provide student with visual supports to encourage communication • May require a speech output device to aid in communication

**Note: These are all tools to support learning that could be used with any student. If a student with a disability requires one of these tools, it becomes assistive technology. Contact the Assistive Technology team via email at atteam@milwaukee.k12.wi.us if you want more information or have questions regarding a student's possible need for assistive technology.



Using Premier Tools to Increase Access to the Human Growth and Development Curriculum

ALL students and staff in MPS have **FREE** access to Premier Literacy on the computers both in the schools AND at the homes of the students. Premier is a software program that offers tools to increase access to students who are struggling with reading, writing, and studying tasks presented within their curriculum.

The HGD Curriculum has multiple lessons that Premier can help to remove barriers some students, especially students with special needs, may have to fully accessing the content within the curriculum. Premier also has tools students may use to demonstrate their knowledge.

In order to get Premier onto your school computers, review the [Premier Informational Flyer](#), where step-by-step directions are presented. If a student would like the program on their home computer, provide them with the [Premier At-Home Flyer](#). As both flyers state, for training and support in learning about and implementing this program with students, contact the Assistive Technology team at atteam@milwaukee.k12.wi.us.

The major tools that you may choose to use to increase access for students struggling with reading comprehension, sustaining focus, written composition, or vocabulary acquisition within some of the HGD lessons include the following:

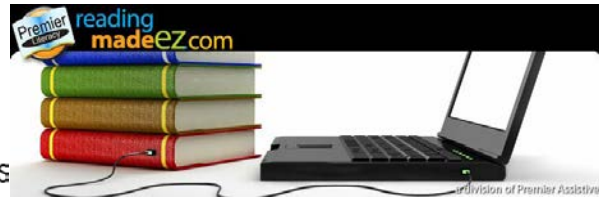
- Launch Pad (works with internet sites)
- Talking Word Processor (works with Word processing documents)
- PDF Equalizer (works with PDF documents)
- Worksheet Wizard (works with any worksheet that has been scanned into a computer)

These tools have features that include reading text out loud, highlighting and tracking text as it is read out loud, a talking dictionary, a summarizing tool for documents that are one page or more, and a word prediction component.

In the pages that follow, a specific description of each tool and how to use it is provided.



**MILWAUKEE
PUBLIC SCHOOLS**
DEPARTMENT OF SPECIALIZED SERVICES



District License - Premier Literacy

Premier Literacy's In-School Program provides reading, composition and study solutions for students on all computers in Milwaukee Public Schools. If you have used this Suite in the past, you know the positive effects it has made for many students.

Once Premier Literacy is loaded on your computers, you will have access to 2 different toolbars, an internet toolbar and a desktop toolbar.

The internet toolbar will appear each time you open Internet Explorer. Features on this toolbar include:

- Talking Pointer - click once on the Talking Pointer icon and it will read what you point to with your cursor
- Talking Dictionary - highlight a word, single click on the dictionary and the definition will be read to you
- Text-To-MP3

This Suite also includes a toolbar that installs on your desktop. A few features on this toolbar include:

- Talking Word Processor
- Word Prediction
- Text to Audio
- Universal Reader
- Talking Dictionary
- Talking Calculator

Each of these programs offers a video tutorial and online support at www.readingmadeeasy.com.

To request this software, call Tech support at 438-3400 and ask for Premier to be pushed to your computers.

If you have any questions feel free to email atteam@milwaukee.k12.wi.us.

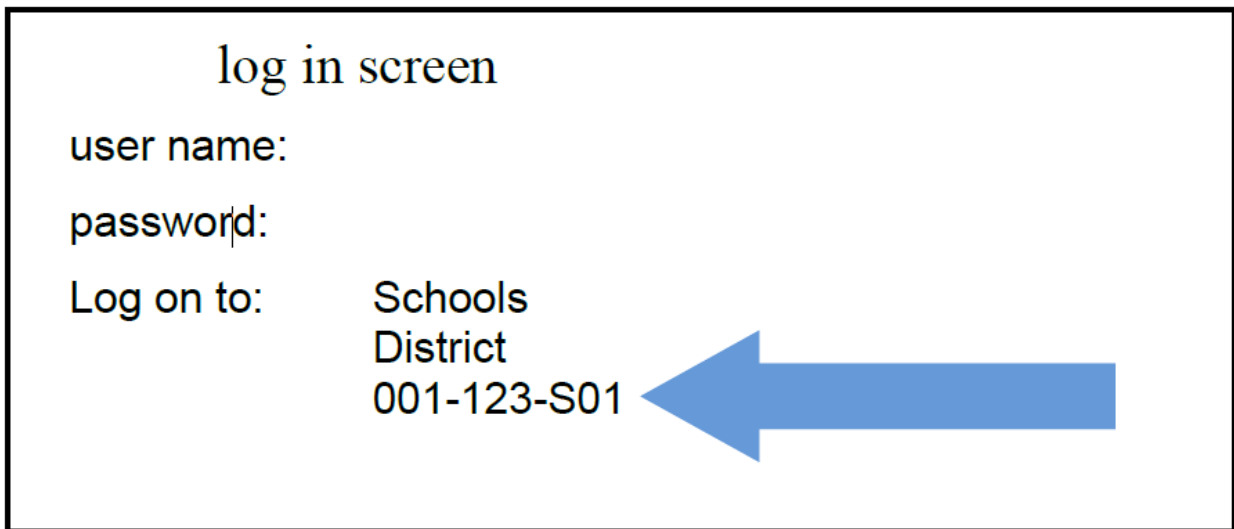
Your MPS Assistive Technology Team

How to get Premier Literacy loaded on your MPS computers

Call MPS Technology Support at 414 438-3400

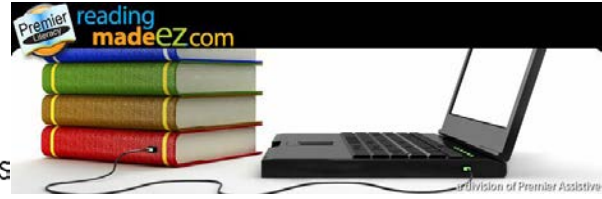
- You will need to give them the names of the computers on which you want Premier loaded.
- You can find this name/number in 2 places:

1. On the log in screen:



2. Under the My Computer icon:

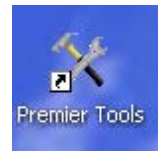




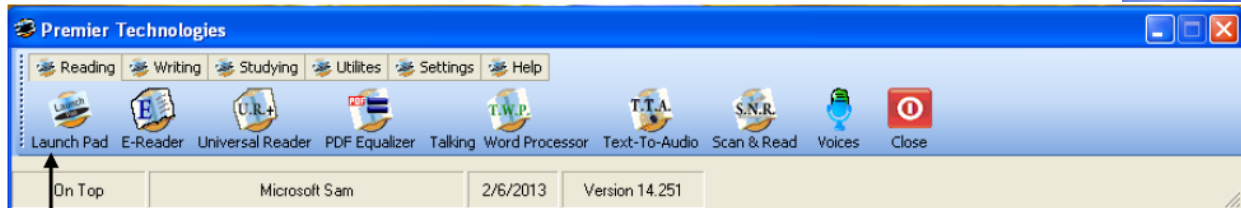
Attention - Parents and Students

We want to share some great news with you about our MPS **Premier AT Home** website where you can download **powerful reading, writing and studying tools** to be used **on your home computers**. This program is sponsored by MPS in conjunction with Premier Literacy.

Premier AT Home offers many tools. After downloading Premier (instructions on back) you will see this icon on your desktop.



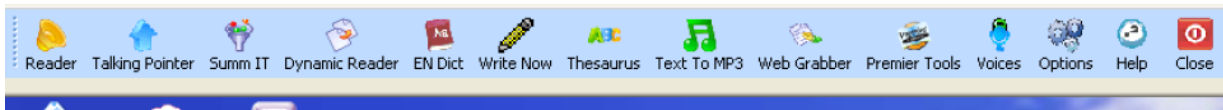
Click on the Premier Tools icon and you will see this toolbar.



A few features on this toolbar include:

- Word Prediction
- Text to Audio
- Universal Reader
- Talking Word Processor
- Talking Dictionary
- Talking Calculator

Click on the Launch Pad and this tool bar will appear at the top of your computer screen.



A few features on this toolbar include:

- Talking Pointer
- Talking Dictionary
- Dynamic Reader
- Text-To-MP3

**Video tutorials are available at www.readingmadeeasy.com for each Premier tool

We are excited to be able to offer these tools for use on your home computer. Follow the instructions on the back of this page to start using the tools today!

If you have any questions feel free to email atteam@milwaukee.k12.wi.us.

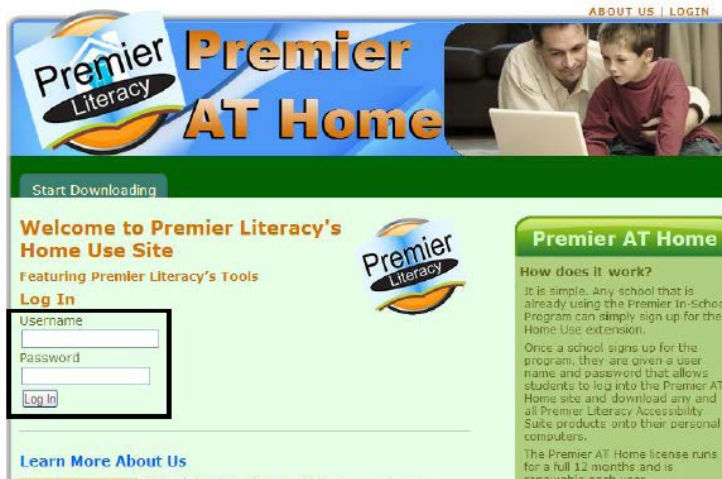
Your MPS Assistive Technology Team

LOGIN/DOWNLOAD INSTRUCTIONS

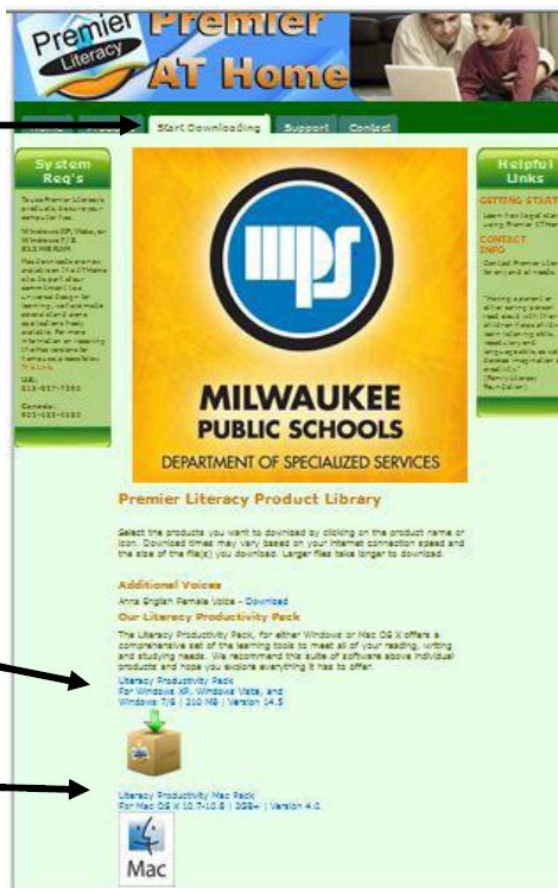
Premier AT Home can only be installed on computers owned by the MPS students, parents, and/or staff.

1. Go to www.premierathome.com. You will see this Log In screen

2. Type in Username
mpshome
Password
access
click
Log In



3. When you see this screen click on the Start Downloading Tab



4. Scroll down
- a. To download Premier to a Windows computer click here
 - b. To download Premier to a Mac computer click here

For technical assistance contact *Premier Assistive Technology* at 815 927-7390 Email CRS@readingmadeeasy.com or atteam@milwaukee.k12.wi.us

National Health Education Standards

Primary Focus

Standard 3 – Accessing Information

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

Secondary Focus

Standard 1- Core Concepts

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

Standard 2- Analyzing Influences

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

What You Need to Know

Students will:

- Generate examples of "mixed messages" that they are constantly exposed to regarding sexuality and sexual behavior. They will be introduced to the theme of personal responsibility and the power of their voices and choices.
- Demonstrate an understanding of the male and female reproductive systems by completing a worksheet during a class activity and by answering 80% of questions correctly on a written test.
- Comprehend concepts related to health promotion and disease prevention
- Access valid health information and health promoting products and services

Materials:

- YRBS worksheet
- Large glass bowl
- One gallon of whole milk (2% or skim will not work!)
- One package of four different colored food coloring bottles
- A bottle of DAWN DISH soap (Dawn is the only dish soap that will work!)
- Optional: pictures from magazines (i.e.: People, McCalls, Seventeen, YM, or ads from TV or a snippet from a day time soap opera showing sexual or seductive behavior)
- What is your Sexual Behaviors and Attitudes IQ worksheet for each student
- Homework worksheets
- Reproductive system sheets
- Reproductive system notes and signs

Procedures:

YRBS social norms stats game:

1. Pass out “What is your Sexual Behaviors and Attitudes IQ” worksheet.
2. Have students take a few minutes to answer each question. The teacher has two options on how to reveal the correct answers:
 - a. Give the kids the correct answers and move to discussion or
 - b. Play the “higher or lower” game. Start at the beginning of the row and have the student guess. If they are within five percent they win. If you have a reward or point system in your classroom you can decide the reward they might receive. If the student is more than five percent off say “higher” or “lower” and let the next person guess. Keep doing that until you get the correct answer.

3. Have the students put the correct answers next to their answers.
4. After you have given the correct answers for each question, ask students to raise their hands if most of their answers were higher than the correct answers. Most students will raise their hands.
5. Ask students why this has happened. Sample answers should include:
 - a. My friends are doing it.
 - b. People lie about what they are doing to try and fit in, so it seems like everyone is doing it.
 - c. They have seen people doing these things so they think everyone does it.
6. Make the point that less people are doing these things than they think.
7. There is trend data available comparing certain sexual behaviors between 2003 and 2009. This is available for teachers who want to show students how student behaviors have changed over time.

Bowl of Milk Activity

1. In the large glass bowl pour one gallon of whole milk Explain to the class that the bowl represents your teenage body and the milk represents a teenage brain.
2. Take one color of the food coloring (BLUE) and using only that color to represent Media, ask the students to share with the class the messages that they receive from media regarding sexual behavior. (i.e.: just do it, don't get caught, it feels good, no consequences, etc.) Each time a student shares a message they receive from the media, the instructor drops a drop of blue food coloring into the milk.
3. Take another color of food coloring (RED) and ask the class to identify what their parents/family says about sexual behavior and drop a drop of red dye in the milk for each message. (i.e.: I will disown you do, please be careful, do it carefully, etc.)
4. Take another color to represent church (GREEN) and than friends (YELLOW).
5. The bowl will be full of colorful and "mixed" up drops.
6. Ask the students to describe what they see in the bowl of milk. Ask the students to identify "How is the milk with the multiple colors like your brain, regarding all the messages you receive daily regarding sexual behavior?"
7. Final step in the activity, take the Dawn Dish Soap and tell the students that this represents the power of their individual choices based on their personal values in making sense out of the messages. Squeeze the Dawn in the middle of the milk. The colors will all move to the edge leaving the center white again.
8. Tell the students that they each can have the power to make safe legal, healthy and responsible sexual decisions- to make sense out of the swirling messages. This unit is designed to increase their power through knowledge gained from information from health experts, people who have stories to tell about choices they have made in their lives, each other in the class through our discussions, etc.

Reproductive system review

1. Pass out the male and female reproductive system sheets.
2. Put the reproductive system signs up around the room and have the kids walk around and fill in their sheets. Give students 15-20 minutes to complete this task. If you are not comfortable having kids move about the room for this activity the signs can always be used as overheads
3. Review the student's answers to make sure they all have correct information on their sheets.
4. Put up each overhead showing the male and female reproductive system.
 - a. Start with the male reproductive system.

1. Ask the students the purpose of the male reproductive system. Make sure they understand that the purpose is to produce sperm, and fertilize the egg. The main goal is to make a baby.
2. Go through the journey sperm take from the testicles to the outside of the body.
3. Follow this order: testicles, epididymis, van deferens, seminal vesicle, prostate gland, Cowper’s gland, urethra and out of the body. Use pg. 449 in the Glencoe Health teacher’s Edition as an explanation guide.
4. Go through it again, this time saying what each part does and have the kids recite back which body part you are talking about. Keep going through it until a majority of the class is giving the correct answers
5. Example of how the teacher can explain these parts in summary:

Path of a Sperm:

- a. Sperm is produced in the testicles
 - b. Sperm moves to the Epididymis where it matures and is stored
 - c. Sperm moves to the Vas Deferens where the mix with fluid from Seminal Vesicles, Prostate Gland. Cowper’s Gland
 - **Seminal Vesicles:** produces a thick secretion that nourishes the sperm to help it move easier
 - **Prostate Gland:** secretes a thin, milky fluid that protects the sperm from acid in the female reproductive system
 - **Cowper’s Gland:** before ejaculation it secretes a clear fluid that protects the sperm from the acid in the male urethra
 - b. Sperm travel through the urethra
 - c. Sperm leaves the male body through ejaculation
6. Inform the students that when a male ejaculates he releases 150-300 million sperm and it only takes one to fertilize the egg.
- b. Next explain the female reproductive system (Put up an overhead of the female reproductive system)

1. What is the main purpose of the female reproductive system? To have an egg fertilized and carry a developing baby
2. Start with where the eggs are made and work your way through the system.
3. Follow this order: ovary, fallopian tube, uterus, cervix, vagina.
4. Tell students that women are born with all their eggs in their ovaries. Once puberty starts, one egg is matured every month and travels through the female reproductive system to be fertilized by sperm.
5. Go through it again, this time saying what each part does and have the kids recite back which body part you are talking about. Keep going through it until a majority of the class is giving the correct answers. See pg. 453 in the Glencoe Health Teacher’s Edition as an explanation guide.
6. Example of how the teacher can explain these parts in summary:

Path of an Egg for Pregnancy:

- a. Ovary produces an egg
- b. Ovary releases the egg into the Fallopian Tube
- c. Fertilization Occurs and a Zygote is formed
 - **Fertilization:** Egg is penetrated by only one sperm then it closes - due to a chemical reaction
 - **Zygote:** egg and sperm form one cell

- d. The Zygote travels down the fallopian tube to the uterus – takes 3 to 5 days
 - *As the Zygote travels it begins to divide into a ball of many cells thus developing the genetic make of an embryo
 - **Embryo:** fertilization through 8 weeks
- e. Implantation of Embryo occurs
- f. Female is considered pregnant
 - **If Implantation does not occur the woman is not considered pregnant**

7. Keep the female reproductive system overhead up, now start with ejaculation in the woman during sex and follow the sperm as they try and find an egg.

- a. Ask if any of the students remember how many sperm are deposited inside the woman’s body during intercourse (150-300 million).
- b. explain that the woman’s vagina has an acid in it that kills many of the sperm and some sperm also attack to the wall of the vagina.
- c. The sperm then travel up the cervix and to the uterus. Many sperm that are looking for the egg get stuck here as well.
- d. The best place for an egg to be fertilized is the fallopian tube. Now there are some sperm that go to one tube, and some go to the other tube. If the sperm and egg meet in the fallopian tube, there are only about 50 sperm left.
- e. only ONE sperm can enter the egg. Once that happens the egg makes a protective layer that does not let any other sperm in. So how do you get twins? Two ways:
 - 1. Fraternal twins: This is when two separate eggs are fertilized. The twins have two separate sets of DNA and will not look the same.
 - 2. Biological twins: One sperm fertilizes one egg, and the egg immediately splits into two. These are two separate people with the same DNA. They are likely to look very similar.
- f. Now you have a fertilized egg that might implant into the uterus.
- g. In 9 months you could possibly have a baby.

See Handouts and teacher references regarding Path of A Sperm and Path of an Egg

Technology Resource:

Male internal anatomy: 2 min 15 sec animation explain erections, penis size, sperm production, ejaculation - <http://www.growingupcomesfirst.org/en/males/physiology>

Female ovulation and menstruation: 2min 50sec animation showing ovulation, implantation and menstruation in the female cycle - <http://www.growingupcomesfirst.org/en/females/physiology>

Lesson Extension

Have students explore the Growing Up Comes First website, an educational source about puberty and changes in the body. <http://www.growingupcomesfirst.org/en/home>

Students can explore the interactive body charts on http://kidshealth.org/teen/sexual_health/.

Male Reproductive Anatomy

Path of a Sperm:

- a. Sperm is produced in the testicles
- b. Sperm moves to the Epididymis where it matures and is stored
- c. Sperm moves to the Vas Deferens where the mix with fluid from Seminal Vesicles, Prostate Gland. Cowper’s Gland
 - **Seminal Vesicles:** produces a thick secretion that nourishes the sperm to help it move easier
 - **Prostate Gland:** secretes a thin, milky fluid that protects the sperm from acid in the female reproductive system
 - **Cowper’s Gland:** before ejaculation it secretes a clear fluid that protects the sperm from the acid in the male urethra
- d. Sperm travel through the urethra
- e. Sperm leaves the male body through ejaculation

Male Reproductive Anatomy

Path of a Sperm:

a. _____

b. _____

c. _____

- **Seminal Vesicles:**

- **Prostate Gland:**

- **Cowper’s Gland:**

d. _____

e. _____

Female Reproductive Anatomy

Path of an Egg for Pregnancy:

- a. Ovary produces an egg
- b. Ovary releases the egg into the Fallopian Tube
- c. Fertilization Occurs and a Zygote is formed
 - **Fertilization:** Egg is penetrated by only one sperm then it closes - due to a chemical reaction
 - **Zygote:** egg and sperm form one cell
- d. The Zygote travels down the fallopian tube to the uterus – takes 3 to 5 days
 - *As the Zygote travels it begins to divide into a ball of many cells thus developing the genetic make of an embryo
 - **Embryo:** fertilization through 8 weeks
- e. Implantation of Embryo occurs
- f. Female is considered pregnant

****If Implantation does not occur the woman is not considered pregnant**

Female Reproductive Anatomy

Path of an Egg for Pregnancy:

d. _____

e. _____

f. _____

- **Fertilization:**

- **Zygote:**

e. _____

*As the Zygote travels it begins to divide into a ball of many cells thus developing the genetic make of an embryo

- **Embryo:**

g. _____

h. _____

****If Implantation does not occur the woman is not considered pregnant**

What is your Sexual Behaviors and Attitudes IQ?
2013

1. What percentage of MPS high school students have ever had sexual intercourse (vaginal)? _____
2. What percentage of students had sexual intercourse for the first time before age 13?

3. What percentage of students had sexual intercourse with one or more people during the past three months? _____
4. Of students who had sexual intercourse during the past three months, what was the percentage who drank alcohol or used drugs before last sexual intercourse: _____
5. Of students who had sexual intercourse during the past three months, what was the percentage who used a condom during last sexual intercourse: _____
6. Among students who had sexual intercourse during the past three months, what percentage used birth control pills to prevent pregnancy. _____
7. What percentage of students has ever been taught about AIDS or HIV infection in school? _____
8. What percentage of students have ever given or received oral sex? _____
9. What percentage of high school girls who have had sex wish they would have waited longer to engage in sexual activity? _____

TEACHER ANSWER SHEET

What is your Sexual Behaviors and Attitudes IQ?

2013

1. What percentage of MPS high school students have ever had sexual intercourse? 52.4% a 10.7% point decrease and a 17% drop* from 2009 (63.1%)
2. What percentage of students had sexual intercourse for the first time before age 13? 10.9% a 1.3% point decrease and a 10.7% drop* from 2009 (12.2%)
3. What percentage of students had sexual intercourse with one or more people during the past three months? 34.3% a 9.7% point decrease and a 22% drop* from 2009 (44.0%)
4. Of students who had sexual intercourse during the past three months, what was the percentage who drank alcohol or used drugs before last sexual intercourse: 10.2% a 7.3% point decrease and a 41.7% drop* from 2009 (17.5%)
5. Of students who had sexual intercourse during the past three months, what was the percentage who used a condom during last sexual intercourse: 34.9% a 31.3% point decrease and a 47.3% drop* from 2009 (66.2%)
6. Among students who had sexual intercourse during the past three months, what percentage used birth control pills to prevent pregnancy 4.5% a 6.5% point decrease and a 59% drop* from 2009 (11%)
7. What percentage of students has ever been taught about AIDS or HIV infection in school? 79.3% a 5.8% point decrease and a 6.8% drop* from 2009 (85.1%)
8. What percentage of students have ever given or received oral sex? 46.6% a 0.2% point decrease and a 0.4% drop* from 2009 (46.8%)

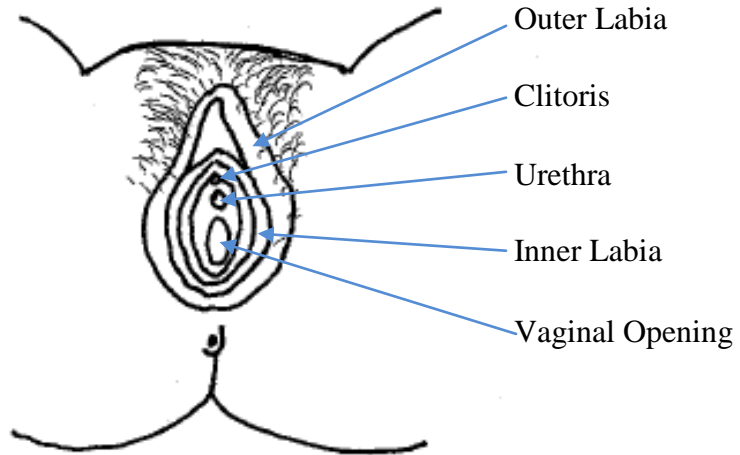
****Teachable Moment: teach students how to determine % drop. Take the difference in the two stats and then divide by the baseline number.***

Trend Data

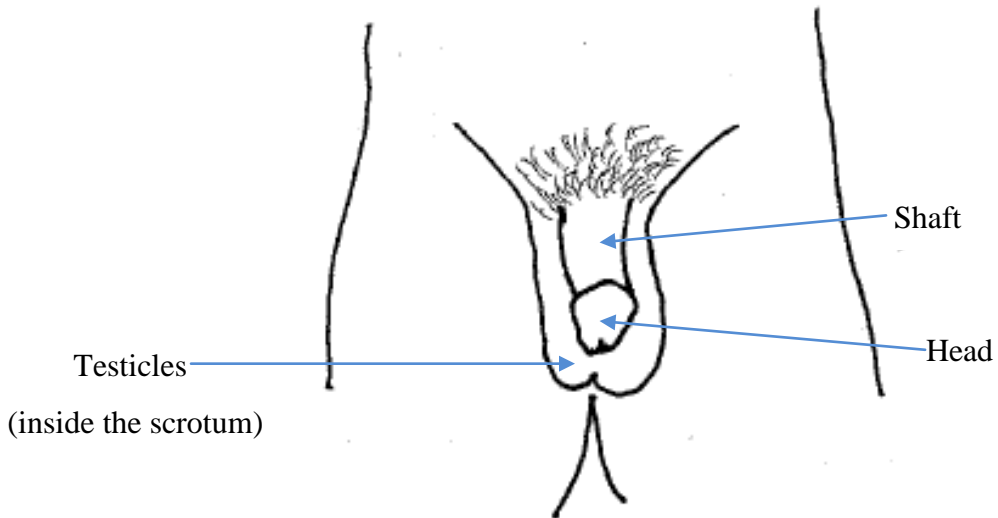
Behavior	2003	2011
Percentage of students who ever had sexual intercourse	59.8%	52.4%
Percentage of students who had sexual intercourse for the first time before age 13	11.1%	10.9%
Percentage of students who had sexual intercourse with four or more people during their life	22.1%	18.3%
Percentage of students who had sexual intercourse with one or more people during the past three months	39.9%	34.3%
Of students who had sexual intercourse during the past three months, the percentage who drank alcohol or used drugs before last sexual intercourse	17%	10.2 %
Of students who had sexual intercourse during the past three months, the percentage who used a condom during last sexual intercourse	70.5%	61.5%

External Reproductive Anatomy

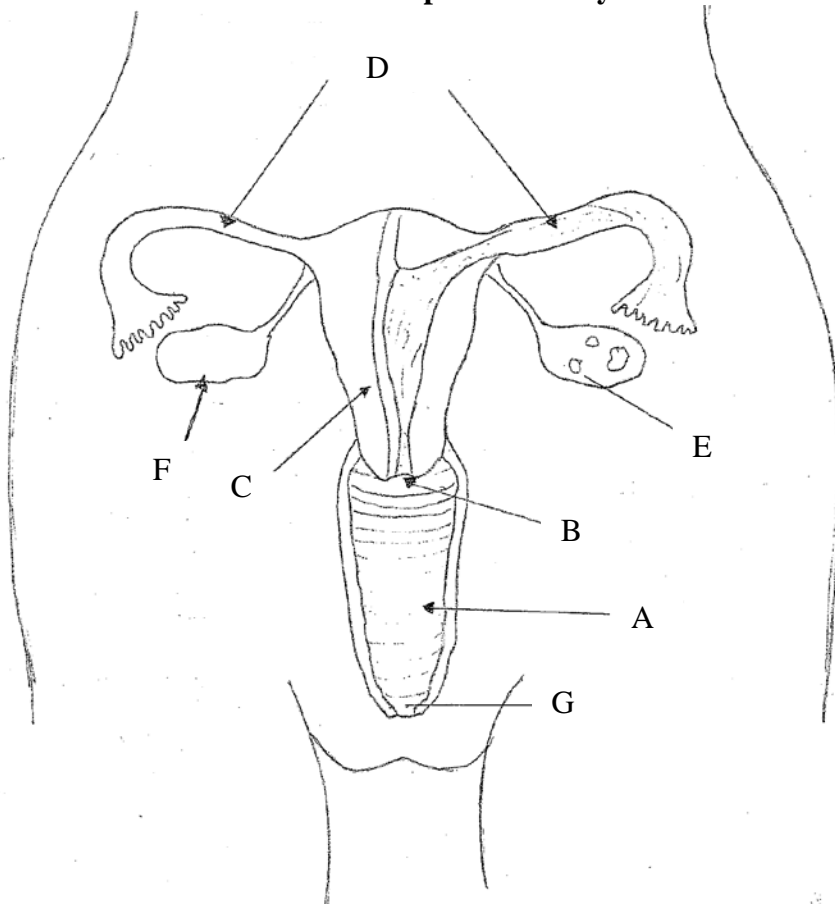
Female



Male



Internal Female Reproductive System



A _____

B _____

C _____

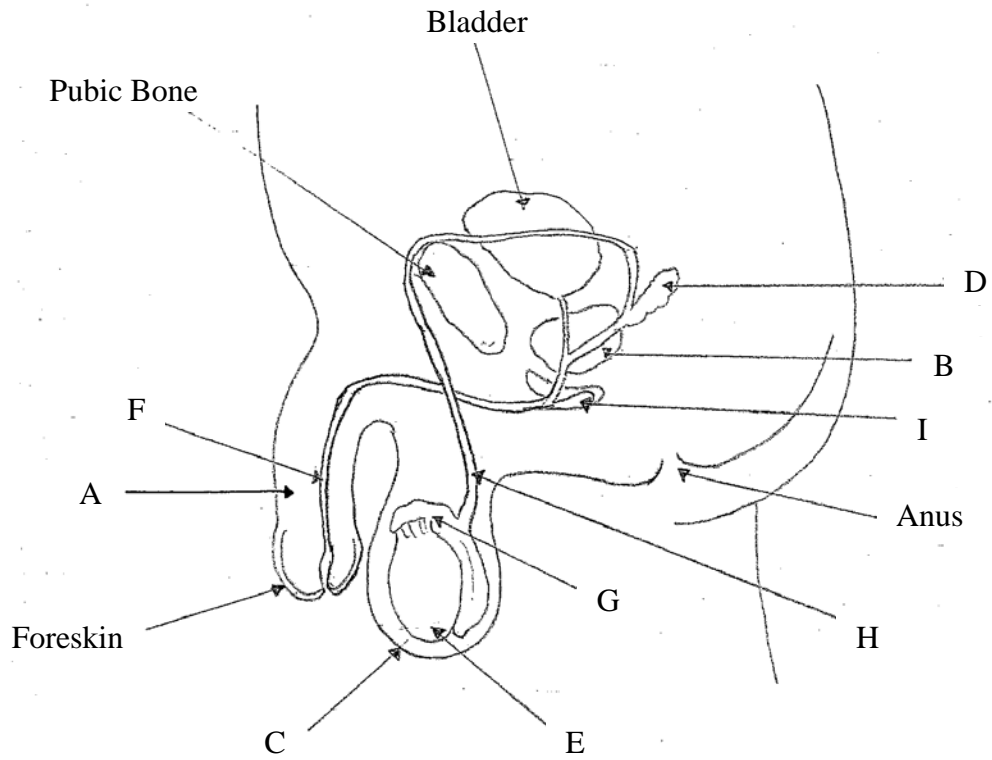
D _____

E _____

F _____

G _____

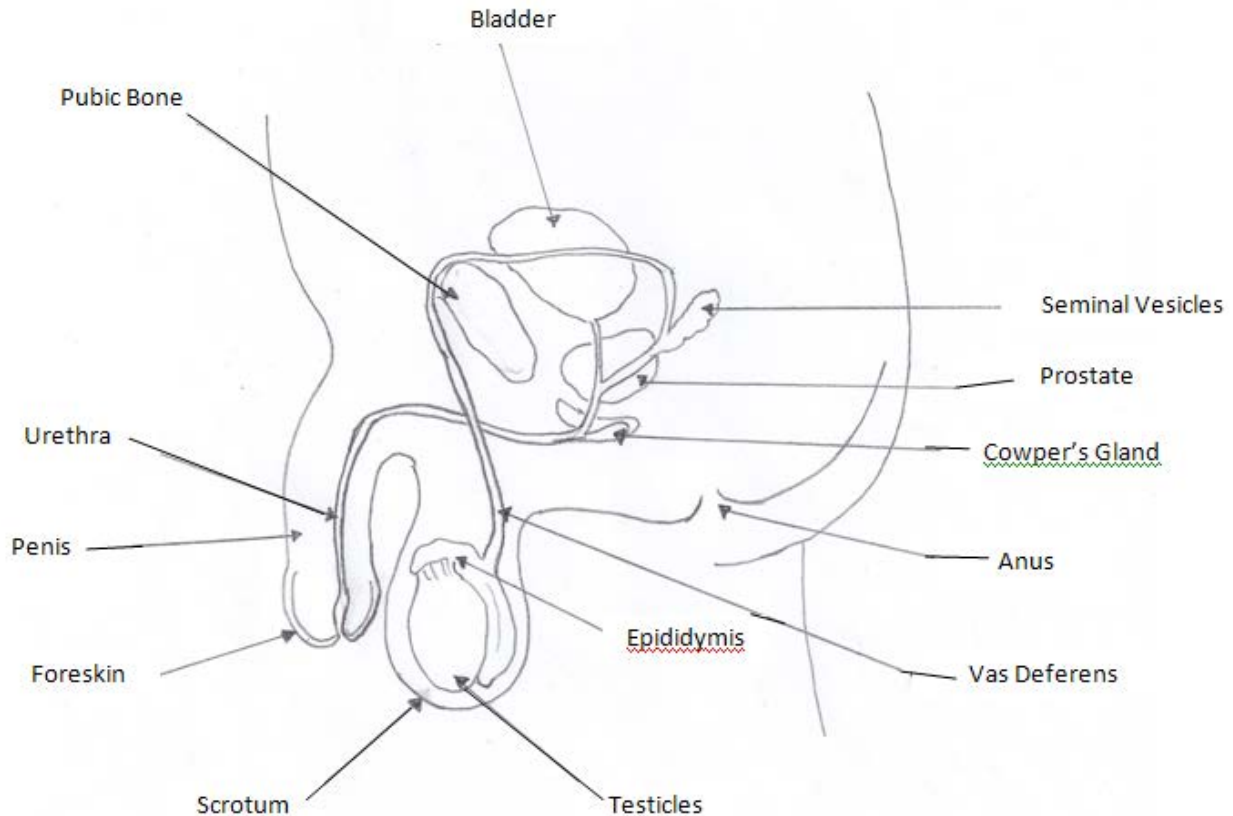
Male Reproductive System



- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____

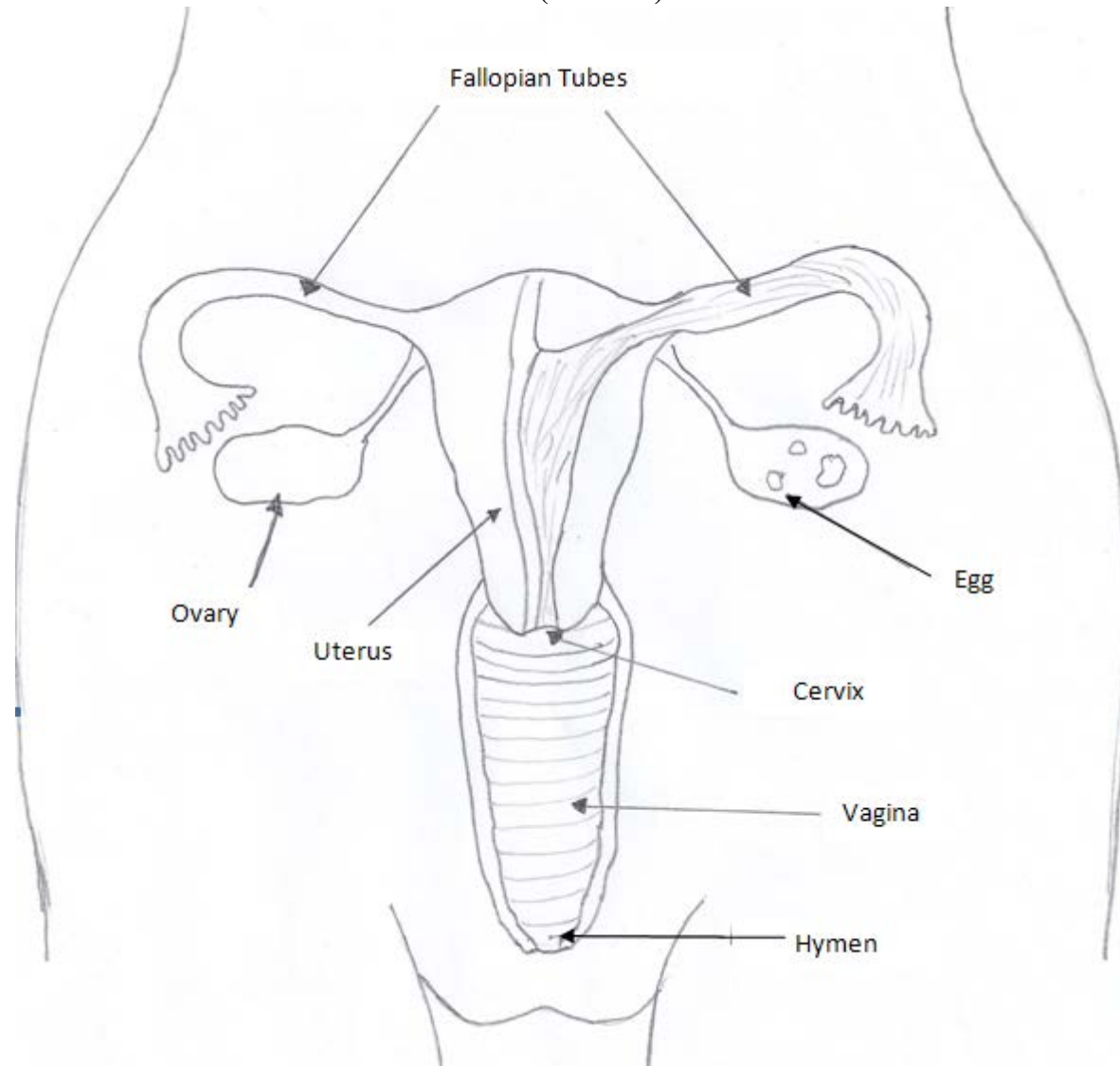
Male Reproductive System Answer Key

(Internal)



- A. **Penis** – The male sex organ; also used to urinate
- B. **Prostate Gland** – Gland next to the bottom of the bladder. It secretes a thin milky fluid that protects the sperm from acid in the female reproductive system.
- C. **Scrotum** – Sac of skin that holds the testicles, just underneath the penis.
- D. **Seminal Vesicles** – Two glands on either side of the bladder that secrete seminal fluid. It produces a thick secretion that nourishes the sperm to help it move easier.
- E. **Testicles** – Also called the testes; two oval-shaped organs that are contained in the scrotum. They produce the male hormone testosterone and sperm.
- F. **Urethra** – Tube that carries urine and semen out of the body, but not at the same time.
- G. **Epididymis** – Where sperm are matured and stored.
- H. **Vas Deferens** – Tubes in which sperm is combined with other fluids from the prostate gland and seminal vesicles to make semen.
- I. **Cowper's Gland**- Before ejaculation it secretes a clear fluid that protects the sperm from acid in the male urethra

**Female Reproductive System Answer Key
(Internal)**



- A. **Vagina** – A muscular passageway that lies between the bladder and the rectum. It serves as the female organ of intercourse, of the arriving sperm, the birth canal and the passageway for the menstrual flow.
- B. **Cervix** - The base of the uterus with a small opening between the uterus and vagina.
- C. **Uterus** – The organ that prepares each month to receive a fertilized ovum. It also prepares to support the fertilized ovum during pregnancy and to contract during childbirth to help with delivery.
- D. **Fallopian Tube** – The tubes that extend from near the ovaries to the uterus.
- E. **Egg** - Also called an ovum; the female reproductive cell.
- F. **Ovary** – The two almond-shaped glands that produce the egg (ova) and send out hormones.

Male A

Penis

The male sex organ; also used to urinate

Male B

Prostate Gland

Gland next to the bottom of the bladder. It secretes a thin milky fluid that protects the sperm from acid in the female reproductive system

Male C

Scrotum

Sac of skin that holds the testicles, just underneath the penis.

Male D

Seminal Vesicles

Two glands on either side of the bladder that secrete seminal fluid. It produces a thick secretion that nourishes the sperm to help it move easier.

Male E Testicles

Also called the testes; two oval-shaped organs that are contained in the scrotum. They produce the male hormone testosterone and sperm.

Male F Urethra

Tube that carries urine and semen out of the body, but not at the same time.

Male G Epididymis

Where sperm are matured and stored.

Male H Vas Deferens

Tubes in which sperm is combined with other fluids from the prostate gland, Cowper's gland, and seminal vesicles to make semen.

Female A

Vagina

A muscular passageway that lies between the bladder and the rectum. It serves as the female organ of intercourse, of the arriving sperm, the birth canal and the passageway for the menstrual flow.

Female B

Cervix

The base of the uterus with a small opening between the uterus and vagina.

Female C

Uterus

The organ that prepares each month to receive a fertilized ovum. It also prepares to support the fertilized ovum during pregnancy and to contract during childbirth to help with delivery.

Female D

Fallopian Tube

The tubes that extend from near the ovaries to the uterus.

Female E

Egg

Also called an ovum; the female reproductive cell.

Female F

Ovary

The two almond-shaped glands that produce the egg (ova) and send out hormones.

National Health Education Standards

Primary Focus

Standard 1- Core Concepts

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

Secondary Focus

Standard 4 – Interpersonal Communication

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

Standard 5 – Decision Making

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

What You Need to Know:

Students will:

- Review the steps in the menstrual cycle
- Develop/reinforce/improve knowledge of the male and female reproductive system.
- Compare and contrast, in a comfortable setting, the male and female reproductive organs identifying, which gender has what organs and which organs are found in both genders.

Materials:

- 15 envelopes each with 15-20 slips of paper, each separate piece of paper has written on it one name of a male or female reproductive organ.
 - Example of terms:
 - MALE: penis, foreskin, testicle, scrotum, vas deferens, prostate gland, etc.
 - FEMALE: ovary, fallopian tube, uterus, cervix, vagina, labia, etc.
 - BOTH: urethra, bladder, pubic bone, etc.
- Overhead of the menstrual cycle

Procedures:

Review.

Go through the 5 steps of the menstrual cycle

TEACHING NOTE: Every woman has a cycle unique cycle and it is important they use a calendar to determine their unique schedule. Also, it takes a few years from when a girls starts puberty before her cycle will regulate.

1. On days 1-4 menstrual flow leaves the body. Follicle-stimulating hormone (FHS) causes follicles to grow.
2. On days 5-12 estrogen causes the lining of the uterus to thicken and ova in the follicles to mature
3. On days 13-14 ovulation occurs and the egg is released into the fallopian tube
4. On days 15-20 the egg travels through the fallopian tube if the egg is fertilized. Most likely place for sperm to fertilize the egg.
5. On days 21-28 the egg sits in the uterus. If the egg is not fertilized menstruation begins and the next cycle starts.
6. POINT: make sure they understand that if you are counting the days of the menstrual cycle, DAY ONE of the new cycle is when the woman starts menstruating, NOT after she is done

Ask: ON which days is it most likely to get pregnant? Days 13-16 due to the fact sperm can live inside a female for up to 5-7 days. For example: If sperm enters the body on day 9. The sperm may be in the fallopian tubes on day 13-14 when the egg is released. Remember an egg has to be released in order for conception to begin.

Technology Note: There are various apps on the market that help women understand and track their menstrual cycle (Period Tracker, Love Cycles, Fertility Friend, My Cycles, etc.). Many older women use them to track fertility and increase likelihood of conception. Some teens have been using these apps for the opposite purpose and to decrease their risk of pregnancy. Discuss with students the pros and cons of these apps and reiterate that young women (especially those who have just begun to menstruate) have more irregular cycles and *calendar tracking will not always be effective*.

Additional resource: A graph showing hormonal changes in the menstrual cycle is included.

Who’s Who activity:

1. Each student partners with another student.
2. Student sits next to each other at a table.
3. Each set of two students are given one "Who's Who" envelope
4. The students are asked to take the terms out of the envelope and place them into three piles:
 - a. Female anatomy
 - b. Male anatomy
 - c. Both
5. Next, the students are asked to take the female reproductive organs and place them in *sequential* order for the Path of an egg for pregnancy. Repeat the sequence using the male organs- following the pathway of the sperm.
6. Another variation would be to compare a male organ with a female organ and explain their similarities
I.E.: The testicles and the ovary are similar since they both contain the reproductive sex cells.

penis

anus

testicles

pubic bone

scrotum

ovaries

epididymis

Fallopian tubes

vas deferens

uterus

seminal vesicle

cervix

prostate gland

vagina

Cowper’s gland

labia

endometrium

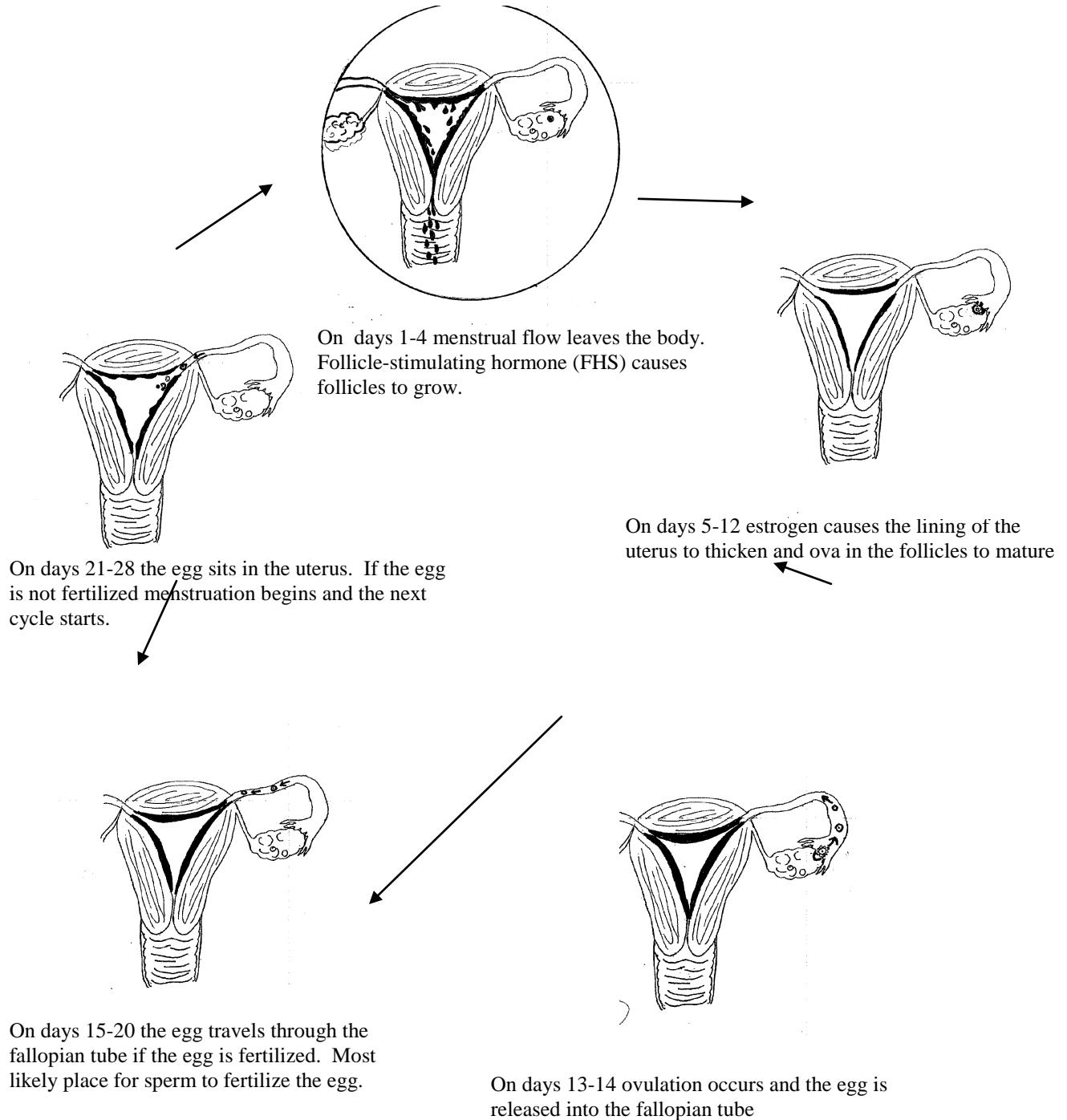
breast

urethra

bladder

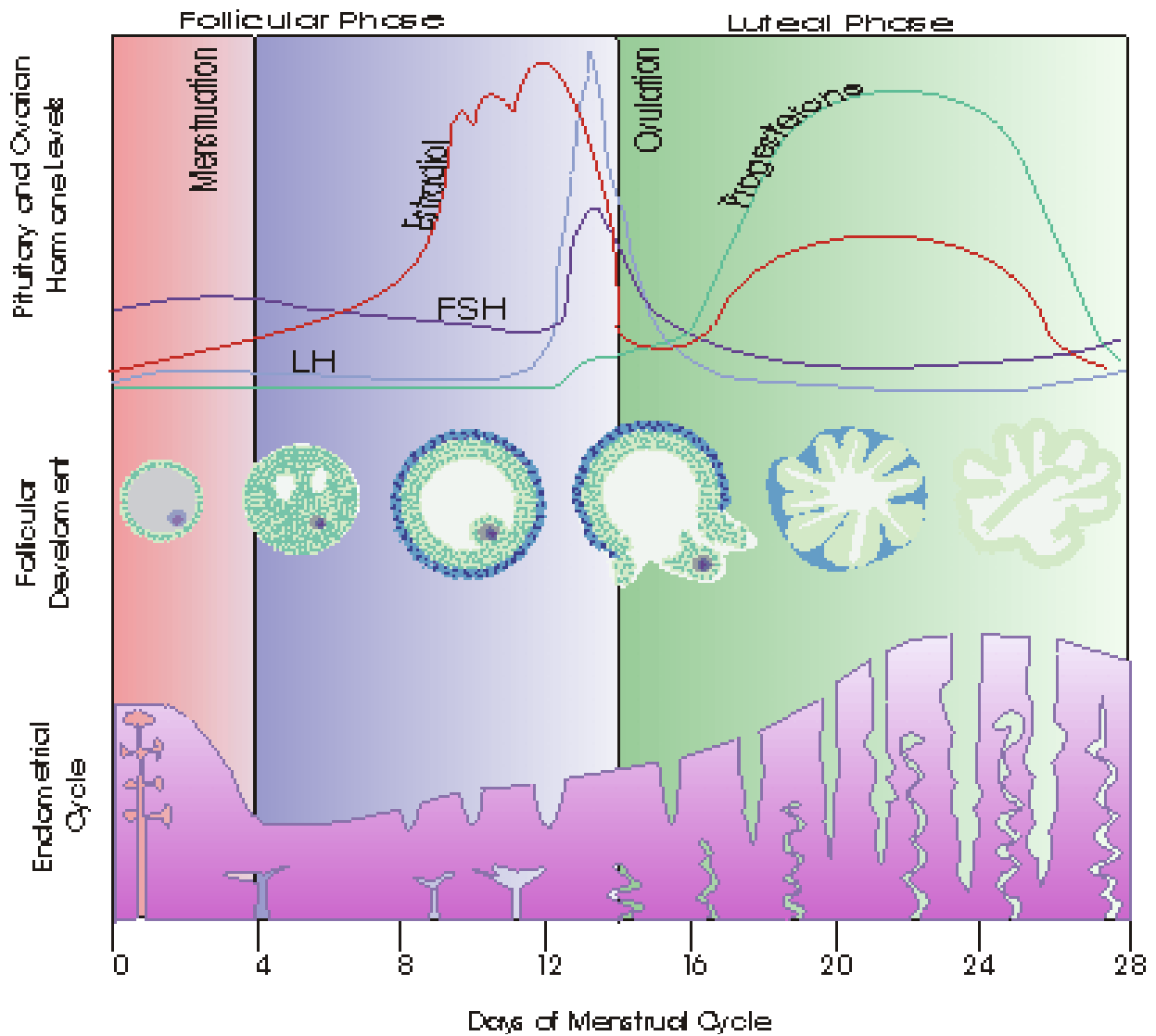
rectum

The Menstrual Cycle



Illustrations created by Margaret Lancelot, 2009

The Menstrual Cycle



Unit: Healthy Relationships
Lesson Number: 3
Grade Level: High School
“Life Begins”

Milwaukee Public Schools
Human Growth and Development Curriculum

National Health Education Standards

Primary Focus

Standard 1- Core Concepts

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

Secondary Focus

Standard 4 – Interpersonal Communication

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

Standard 5 – Decision Making

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

What You Need to Know:

Students will:

- understand the stages of fetal development
- understand the stages of childbirth

Materials:

- From Conception to Birth Worksheet
- The Screening Tests for Pregnancy handout

Procedures:

Activity #1:

- Divide students into 6 groups
- Have each group take out one piece of loose leaf paper
- Each group should brainstorm about what they think is the definition of each word.
Assign 2 groups the same word.
 - Pregnancy (2 groups)
 - Prenatal Development (2 groups)
 - Childbirth (2 groups)
- Once each group has written down their definition have them state to the class what they wrote.
- Once both groups have stated their definition for a single word, give students the provided definition.

Activity #2:

- Have students remain in their groups from activity #1
- Each group should pick a leader
- Hand out the “From Conception to Birth” Worksheet (one for each person in the group)
- Tape an extra worksheet up on the wall near each group
- Have the leader stand next to the worksheet taped to the wall with a marker
- When the teacher gives the signal to begin, each person in the group must communicate to their leader the proper order that events occurs during Prenatal Development. For example, the group will tell their leader which developmental event occurs day 1 or week 8, or month 5 to 7 and so on until their worksheet is completed.

Unit: Healthy Relationships
Lesson Number: 3
Grade Level: High School
“Life Begins”

Milwaukee Public Schools
Human Growth and Development Curriculum

- Once each group is finish give them the correct answers. Students should also fill in the correct answers on their individual worksheet.

Childbirth:

- Lecture on the 3 Stages of Childbirth
- Have students take notes during the lecture

**The “Screening Tests for Pregnancy” can be copied and given to student for additional information.

***You may also see pg. 472 of the Glencoe Health textbook as a reference for the Stages of Embryonic & Fetal Development.

***You may see pg. 477 of the Glencoe Health textbook for Childbirth Stages

Note: If students inquire about abortion, let them know that in the state of Wisconsin abortions are legal prior to 24 weeks of pregnancy. Counseling is required before terminating a pregnancy and teens under the age of 18 must have permission from an adult family member (or a judge) in order to have the procedure.

Name: _____

Hour: _____

From Conception to Birth Worksheet

_____ : Fertilization: sperm penetrates egg.

_____ : Embryo begins implantation in the uterus.

_____ : Heart begins to beat.

_____ : By the end of this week the backbone spinal column and nervous system are forming. The liver, kidneys and intestines begin to take shape.

_____ : By the end of this week the developing fetus is ten thousand times larger than the fertilized egg.

_____ : Eyes, legs, and hands begin to develop.

_____ : Brain waves are detectable; mouth and lips are present; fingernails are forming.

_____ : Eyelids, and toes form, nose distinct. The fetus is kicking and swimming.

_____ : Every organ is in place, bones begin to replace cartilage, and fingerprints begin to form, and the fetus can hear.

_____ : Teeth begin to form, fingernails develop. The fetus can hiccup, turn head, and frown.

_____ : The fetus can "breathe" amniotic fluid and urinate. The fetus can grasp objects placed in its hand; all organ systems are functioning. The fetus has a skeletal structure, nerves, and circulation.

_____ : Developed nerves, spinal cord, thalamus, and Vocal cords. The fetus can suck its thumb.

_____ : At this age, the heart pumps several quarts of blood through the body every day.

_____ : The fetus has an adult's taste buds.

- _____ : Bone Marrow is now beginning to form. The heart is pumping 25 quarts of blood a day. By the end of month 4 the fetus will be 8-10 inches in length and will weigh up to half a pound.
- _____ : The fetus can have dream (REM) sleep.
- _____ : The fetus practices breathing by inhaling amniotic fluid into its developing lungs. The fetus will grasp at the umbilical cord when it feels it. Most mothers feel an increase in movement, kicking, and hiccups from the fetus. Oil and sweat glands are now functioning. The fetus is now twelve inches long or more, and weighs up to one and a half pounds.
- _____ : Eyeteeth are present. Eyes open and close, skin begins to thicken, and a layer of fat is produced and stored beneath the skin. Antibodies are built up, and the heart begins to pump 300 gallons of blood per day. The fetus is using four of the five senses (vision, hearing, taste, and touch.) The fetus knows the difference between waking and sleeping, and can relate to the moods of the mother. Approximately one week before the birth the fetus stops growing, and "drops" usually head down into the pelvic cavity.

Pregnancy, Prenatal Development, and Childbirth

Pregnancy: The state of carrying a developing embryo or fetus within the female body. This condition can be indicated by positive results on an over-the-counter urine test, and confirmed through a blood test, ultrasound, detection of fetal heartbeat, or an X-ray. Pregnancy lasts for about nine months, measured from the date of the woman's last menstrual period (LMP). It is conventionally divided into three trimesters, each roughly three months long.

Prenatal development: refers to the process in which a baby develops from a single cell after conception into an embryo and later a fetus.

Childbirth: includes both labor (the process of birth) and delivery (the birth itself); it refers to the entire process as an infant makes its way from the womb down the birth canal to the outside world.

From Conception to Birth Worksheet Answer Key

Day 1: Fertilization: sperm penetrates egg.

Day 6: Embryo begins implantation in the uterus.

Day 22: Heart begins to beat.

Week 3: By the end of this week the backbone spinal column and nervous system are forming. The liver, kidneys and intestines begin to take shape.

Week 4: By the end of this week the developing fetus is ten thousand times larger than the fertilized egg.

Week 5: Eyes, legs, and hands begin to develop.

Week 6: Brain waves are detectable; mouth and lips are present; fingernails are forming.

Week 7: Eyelids, and toes form, nose distinct. The fetus is kicking and swimming.

Week 8: Every organ is in place, bones begin to replace cartilage, and fingerprints begin to form, and the fetus can hear.

Weeks 9 and 10: Teeth begin to form, fingernails develop. The fetus can hiccup, turn head, and frown.

Weeks 10 and 11: The fetus can "breathe" amniotic fluid and urinate. The fetus can grasp objects placed in its hand; all organ systems are functioning. The fetus has a skeletal structure, nerves, and circulation.

Week 12: Developed nerves, spinal cord, thalamus, and Vocal cords. The fetus can suck its thumb.

Week 14: At this age, the heart pumps several quarts of blood through the body every day.

Week 15: The fetus has an adult's taste buds.

Month 4: Bone Marrow is now beginning to form. The heart is pumping 25 quarts of blood a day. By the end of month 4 the fetus will be 8-10 inches in length and will weigh up to half a pound.

Week 17: The fetus can have dream (REM) sleep.

Months 5 and 6: The fetus practices breathing by inhaling amniotic fluid into its developing lungs. The fetus will grasp at the umbilical cord when it feels it. Most mothers feel an increase in movement, kicking, and hiccups from the fetus. Oil and sweat glands are now functioning. The fetus is now twelve inches long or more, and weighs up to one and a half pounds.

Months 7 through 9: Eyeteeth are present. Eyes open and close, skin begins to thicken, and a layer of fat is produced and stored beneath the skin. Antibodies are built up, and the heart begins to pump 300 gallons of blood per day. The fetus is using four of the five senses (vision, hearing, taste, and touch.) The fetus knows the difference between waking and sleeping, and can relate to the moods of the mother. Approximately one week before the birth the fetus stops growing, and "drops" usually head down into the pelvic cavity.

Child Birth:

- Stage 1:
 - Dilation
 - Early labor
 - Initial irregular uterine contractions
 - Dilation or Effacing of the cervix to begin the birthing process
 - Active labor
 - Contractions become more regular and intense
 - Go to the birthing center/hospital
 - Cervix continues to efface
- Stage 2
 - Woman begins to push
 - Fetus enters birth canal (vagina)
 - Birth occurs
- Stage 3
 - Contractions continue through delivery of placenta

Screening Tests during Pregnancy

Health care providers and reliable medical sources, such as the March of Dimes and the U.S. Centers for Disease Control and Prevention, can help you understand the risks and benefits of each test.

Purpose	Test name	Why performed	When performed	Who performed on/Sample
Genetic tests for inherited diseases	Genetic testing for inherited diseases	Check carrier status for certain genetic diseases to determine risk of having a baby with such a disease	Pre-conception or first trimester	Mother and father (blood sample)
	Genetic testing for hemoglobin disorders	Check carrier status for certain hemoglobin disorders to determine risk of having a baby with such a disease	Pre-conception or during pregnancy	Mother and father (blood sample)
	Cystic fibrosis carrier testing	Check carrier status for CF	Pre-conception or first trimester	Mother and father (blood sample)
Testing associated with health conditions of the mother that affect pregnancy	Immunity to rubella (German measles)	Check for immunity to the virus, which can cause birth defects	Pre-conception or first trimester	Mother (blood sample)
	Human immunodeficiency virus (HIV) antibody test	Check for HIV infection so steps can be taken to reduce likelihood of transmission to the baby	Pre-conception or first trimester; may be repeated in third trimester if at high risk	Mother (blood sample)
	Gonorrhea, chlamydia, and syphilis tests	Check for STD infections, which can cause miscarriage or infect the baby during delivery	Pre-conception or first trimester; may be repeated in third trimester if at high risk	Mother (cervical cells, urine or blood sample, depending on test)
	Pap smear	Detect abnormal cervical cells, inflammation, or STDs	Pre-conception or first trimester	Mother (cells from her cervix)
	Hepatitis B screening	Detect Hepatitis B infection	Pre-conception or first trimester; may be repeated in the third trimester if at high risk	Mother (blood sample)
	Varicella zoster viral testing	Check for immunity to chicken pox, which can	Pre-conception or first trimester	Mother (blood sample)

Health care providers and reliable medical sources, such as the March of Dimes and the U.S. Centers for Disease Control and Prevention, can help you understand the risks and benefits of each test.

Purpose	Test name	Why performed	When performed	Who performed on/Sample
		cause birth defects		
	TORCH panel	Check for infection with toxoplasmosis and other infectious diseases that can cause birth defects	Pre-conception or first trimester, if infections suspected	Mother (blood sample)
	Bacterial vaginosis	Detect infection, which can cause pre-term labor and birth	Pre-conception or whenever symptoms experienced	Mother (vaginal secretions)
	Urine culture for bacteriuria	Detect bacterial infection in the urinary tract, which can lead to kidney infection or increased risk of pre-term delivery and low birth weight	First prenatal visit or between 12 and 16 weeks of pregnancy; may be repeated in third trimester	Mother (urine sample)
	Group B streptococcus	Detect infection, which can harm the baby during birth and infect the mother’s uterus, urinary tract, and any incision made during a cesarean section	Between weeks 35 and 37 of pregnancy	Mother (specimen from vaginal and rectal areas)
Monitoring of pregnancy	Pregnancy test	Confirm pregnancy	First trimester	Mother (blood sample)
	Urine screen for sugar and/or protein	Check for signs of kidney or bladder infection, gestational diabetes, or preeclampsia	Each prenatal visit	Mother (urine sample)
	Hemoglobin test	Check for anemia	Pre-conception and/or early in the first trimester; repeated in third trimester	Mother (blood sample)
	Antibody screen	Check for potential	First trimester;	Mother (blood

Health care providers and reliable medical sources, such as the March of Dimes and the U.S. Centers for Disease Control and Prevention, can help you understand the risks and benefits of each test.

Purpose	Test name	Why performed	When performed	Who performed on/Sample
		incompatibility in blood type between mother and fetus (such as Rh factor antibodies)	repeated at week 28 of pregnancy	sample)
	Glucose challenge test/oral glucose tolerance test	Check for gestational diabetes	Between 24 and 28 weeks of pregnancy	Mother (blood sample)
	Platelet count	Detect a low count or other platelet problem; platelets are important for blood clotting in case of bleeding during delivery	Third trimester	Mother (blood sample)
Detection of fetal abnormalities or risk	First trimester Down syndrome screen	Assess risk of carrying a fetus with certain chromosomal abnormalities, such as Down syndrome	Usually between 10 weeks, 4 days and 13 weeks, 6 days of pregnancy	Mother (blood sample plus ultrasound)
	Triple marker or quad marker screen	Assess risk of carrying a fetus with certain chromosomal abnormalities and open neural tube defects	Between 15 and 20 weeks of pregnancy	Mother (blood sample)
	Chorionic villus sampling	Detect chromosomal disorders in the fetus	Between weeks 10 and 12 of pregnancy, if recommended	Mother (cells from the placenta)
	Amniocentesis	Detect certain birth defects and chromosomal abnormalities	Between 15 and 20 weeks of pregnancy, if recommended	Mother (amniotic fluid)
	Cordocentesis	Detect chromosome abnormalities, blood disorders, and certain infections	Between weeks 18 and 22 of pregnancy, if recommended	Mother/fetus (fetal blood sample obtained from vein in the umbilical cord)

Health care providers and reliable medical sources, such as the March of Dimes and the U.S. Centers for Disease Control and Prevention, can help you understand the risks and benefits of each test.

Purpose	Test name	Why performed	When performed	Who performed on/Sample
Fetal maturity/readiness for birth	Amniocentesis	Check fetal lung development	After week 32 of pregnancy if risk of pre-term delivery	Mother (amniotic fluid)
	Fetal fibronectin (fFN)	Detect fFN, negative result is highly predictive that pre-term delivery will NOT occur in the next 7-14 days	Between week 26 and 34 of pregnancy, if having symptoms	Mother (cervical or vaginal fluid sample)

National Health Education Standards

Primary Focus

Standard 2- Analyzing Influences

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

Secondary Focus

Standard 1- Core Concepts

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

Standard 7 – Self Management

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

What You Need to Know:

Students will:

- Define the concepts of intimacy, commitment and passion as elements of love and then analyze the impact on relationships when one or more of these components are missing.

Materials:

- Newsprint or other writing surfaces
- Types of Relationships worksheet for each student
- Dictionaries
- Red light/green light teacher resource sheet
- Red, yellow and green cards for each group

Procedures:

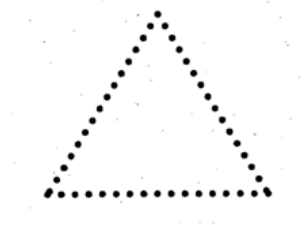
Looking for the right person activity

1. Go over the five stages of a healthy relationship
 - a. Initial attraction- Two people are attracted to each other and want to get to know each other better.
 - b. Friendship- As the two people get to know each other better, they find they have some things in common.
 - c. Close friendship- The two people get to know each other’s values and feelings and enjoy doing things together. This is considered “dating.”
 - d. Deep friendship- The two people confide in, trust, and support each other. This is considered “going out.”
 - e. Lifelong love- Two people feel they can commit to each other for life. This relationship may lead to marriage or a monogamous partnership.
2. Ask the kids a few questions:
 - a. How long should it take to make it through the five steps?
 - b. How long to many teenagers think it takes before they are in love?
 - c. If it is a healthy relationship, how long does it take before you really love someone? At what stage does that usually happen?
 - d. In a healthy relationship, when does sexual activity occur?
 - g. What is that relationship based on?

The three components of love activity:

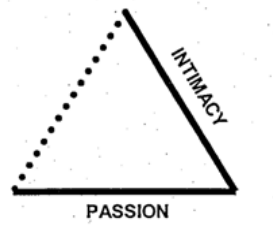
1. Divide the class into three, six or nine groups. Give each group one of these words: Commitment, Intimacy, and Passion. Ask them to develop a definition that they feel best fits the word and has meaning for them. They will use dictionaries, their own experiences and any articles you can find. (Optional: Begin the class by defining the words for the students and move on to procedure #2. Use the following definitions or ones you choose from another source:
Intimacy- feelings of emotional closeness that develop with concern and trust that allows the sharing of innermost thoughts with close family and best friends. An intimate friendship is a precedent to a romantic, loving relationship with one special person. Intimacy can be expressed through physical actions (holding hands, kissing, etc)
Passion- is a human drive that begins with physical attraction, fuels romantic involvement, and can culminate in and enhance sexual interaction. Passion without intimacy, boundaries, and commitment can lead to sexual manipulation and abuse.
Commitment- is the public promise within a intimate, passionate, and loving relationship to be supportive, exclusive, and faithful partners for life.
2. Bring the groups back together and have them post their definitions on newsprint for others to read. Ask students to walk around room and read the definitions. Then go back to their group and make any edits that they would like to their definition. This time ask them to write their definition on newsprint or poster board for more permanent use.
3. Bring the groups back together and explain that they have just defined the three components of love. When put together these definitions could be a definition of complete love. To test their work together tell them that you will read off a list of characteristics of a successful marriage or monogamous partnership and see if they have included them in their definitions of the three components. If they have not, ask them where they should go. LIST: Compatibility, friendship, similar interests, similar goals, make relationship a priority, ability to communicate, shared responsibilities, physical attraction, mutual concern, mutual respect, and ability to compromise. Add those you want to be sure the students consider.
4. Review and discuss the wide variety of relationship that can occur. Talk about the strengths and weaknesses of each type. Examples: **Nuclear**: Consists of a family in which there is a mother, a father, and one or more biological or adopted children living together. **Blended**: Made up of the biological mother or father, a step-parent, and the children of one or both parents. **Single-parent**: A single mother and her children or a single father and his children. Extended families: are the people who are outside the nuclear family but are related, such as aunts, uncles, grandparents, and cousins. **Adoptive families, and foster families, gay, lesbian, boyfriend and girlfriend**. In the end these are all families.
5. Pass out the Three components of Relationships page. You can pass out the descriptions and answers right away or after students have had time to discuss the various triangles in groups. Tell the students that the dotted line means that this component of the relationship is not there. For each variation ask the students to describe what kind of relationship this might be. Let them use their own words and examples to describe what they imagine such relationships to be. You may choose to use the handout and ask the students to think their answers through on the handout before discussing as a class. Towards the end of the discussion, ask how two people can build a missing component into a relationship.
6. The Types of Relationships worksheet could be used as an assessment activity after a class discussion.

Three Components of Relationships



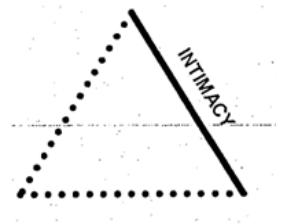
Nonlove

Ex: _____



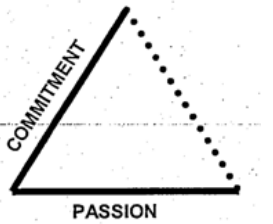
Romantic Love

Ex: _____



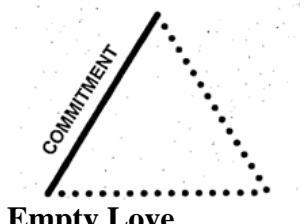
Dependant Love

Ex: _____



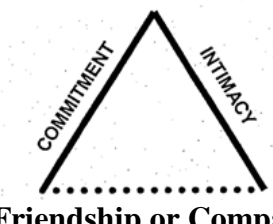
Fantasy Love

Ex: _____



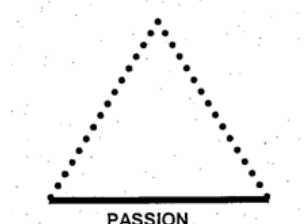
Empty Love

Ex: _____



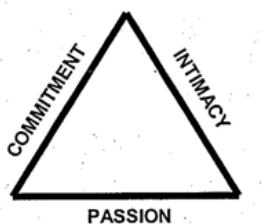
Friendship or Companionship

Ex: _____



Infatuation

Ex: _____



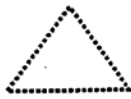
Real Love

Ex: _____

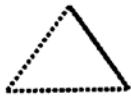
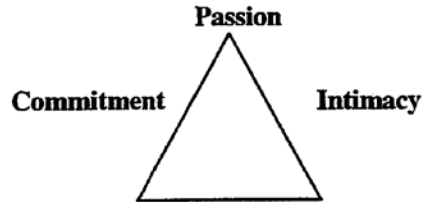
Name _____

Types of Relationships

Describe what a relationship might be like if it included only one or two of the components of the three components of love. A dotted line means that component is missing from the relationship.

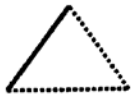


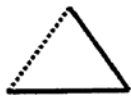
Example:
Nonlove- absence of all three parts



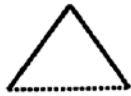
Example:
Friendship- contains only intimacy. I can talk to a good friend about my innermost thoughts.













Love with all three parts. Partners who have been committed to each other over time, have moments of passion for each other and share their innermost selves with each other.

THREE COMPONENTS DESCRIPTIONS AND EXAMPLES

Non-Love: No Components

An acquaintance or someone you have met but do not socialize with outside of a particular environment.

Example: You are introduced to Michael through your friend. You now know who Michael is when you see him, but you do not talk to him when your mutual friend is not present.

Romantic Love: Passion and Intimacy

A couple feels close to one another and they are physically attracted to each other. This is usually in the Romantic Stage of a relationship.

Example: Sara and Jan started dating a month ago. They spend a lot of time together and IM each other when they are not together. Sara thinks Jan is perfect. Jan thinks Sara is the perfect woman for her.

Dependent Love: Intimacy

An individual feels a closeness to someone but has no control over commitment.

Example: Jenny is 5 years old. She feels very connected to her mother, but she does not have control over when she sees her. Jenny's ability to spend time with her mother is dependent on her mom's initiative.

Empty Love: Commitment

A couple has decided to maintain the relationship but they do not share feelings of closeness and are not physically attracted to one another. This can sometimes be seen at the Stability Stage of a relationship.

Example: A couple that decides to stay married for their kids, but does not nurture their own relationship (i.e. sleep in separate bedrooms, does not spend time together without their kids).

Fantasy-Love:-Passion and Commitment

This is also called Fairytale Love. There is a physical attraction to the other person and a commitment has been made to maintain the relationship. This can sometimes be seen in the Romantic Stage of a relationship.

Example: Michael and Tisha have been dating for a couple of months. Michael is called to fight in Iraq. They decide to get engaged before he leaves for military service.

Infatuation: Passion

A physical attraction or relationships with someone without a commitment. This person might "fall in love" with the next attractive person that comes along.

Example: Sam has a crush on Sara. Sam does not talk to Sara, but might get the courage someday.

Friendship/Companionship: Commitment and Intimacy

Two people that have an emotional bond and wish to maintain the relationship.

Example: Kim and Becky are best friends. They both understand each other's personalities and support each other. Kim and Becky like going shopping and out to dinner at least one a month to keep in touch.

Real Love: Commitment, Passion and Intimacy

This is a relationship that has all the components. It has matured over time and requires effort to maintain. This can be witnessed in the Real Love stage of a relationship.

Example: Two people have been in an exclusive relationship for many years. Their relationship has survived many ups and downs. They have had to overcome money problems, unemployment and some health scares. They got through these rough times with good communication, compromise, cooperation and commitment.

Unit: Healthy Relationships

Lesson Number: 4

Grade Level: High School

“Components of Love/Healthy Relationship”

Milwaukee Public Schools

Human Growth and Development Curriculum

Types of Relationships worksheet

Answer key

Dependent Love: Intimacy

An individual feels a closeness to someone but has no control over commitment.

Example: Jenny is 5 years old. She feels very connected to her mother, but she does not have control over when she sees her. Jenny's ability to spend time with her mother is dependent on her mom's initiative

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Example: Kim and Becky are best friends. They both understand each other's personalities and support each other. Kim and Becky like going shopping and out to dinner at least one a month to keep in touch.

Developing a Healthy Relationship

Initial Attraction

Two people are attracted to each other and want to get to know each other better

Friendship

As the two people get to know each other better, they find they have some things in common.

Close friendship

The two people get to know each other’s values and feelings and enjoy doing things together. This is considered “dating.”

Deep friendship

The two people confide in, trust, and support each other. This is considered “going steady.”

Lifelong love

Two people feel they can commit to each other for life. This relationship may lead to marriage.

Unit: Dating Violence
Lesson Number: 5
Grade Level: High School
“Signs Signs”

Milwaukee Public Schools
Human Growth and Development Curriculum

National Health Education Standards

Primary Focus

Standard 7 – Self Management

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

Secondary Focus

Standard 1- Core Concepts

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

Standard 5 – Decision Making

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

What You Need to Know:

*****TRIGGER WARNING*****

It is important to inform your students, when beginning a discussion on sexual violence, sexual abuse, assault, rape and/or abusive relationships that these topics can be upsetting and disturbing to some people. If a school counselor, school psychologist, or social worker is available to sit in with your class during these discussions, they may be helpful in supporting or removing individuals who are having trouble during these conversations and role plays. Students who have witnessed or experienced violence or abuse in their past relationships or families may be triggered back into the trauma of their past. You may choose to give students permission to quietly remove themselves if they are feeling upset, so they may go talk to the school counselor, school psychologist, or social worker. Following up with these individuals later, in private, will help you determine if more support or intervention is needed to help a student handle, recover from or get out of an abusive relationship or situation.

Students will:

- Understand the different stages an abusive relationship goes through and compare them to the stages of a quality relationship.
- Recognize that some statements made about relationships are incorrect and explain why they are incorrect.
- Demonstrate a thoughtful response to the normative information they gathered in their class.

Materials:

- Teacher resource page with the three stages of an abusive relationship and true/false questions
- Copy of norms survey for each student
- Dating violence, what are the facts worksheet for each student

Procedures:

3 stages of an abusive relationship

1. Have the students write down the three steps of an abusive relationship. (Located on teacher resource page)
2. Explain that even in an abusive relationship the first stage is romantic. If it wasn't romantic it wouldn't continue to be a relationship.
3. The key is to look for the warning signs of the relationship moving from stage one to stage two. Those warning signs will be discussed in later lessons.

4. Have students compare what happens in a quality relationship and what happens in an abusive relationship.

Crazy love video: <https://www.youtube.com/watch?v=V1yW5IsnSjo>

- After going over how an abusive relationship starts, watch this video and answer these questions along the way.
- Have a spot on your paper to write down all the warning signs you hear and all the abuse talked about in the video.
- At 2:10 stop the video and ask, “Who can domestic violence happen to?” A: Anyone
- Stop the video at 2:58 and ask, “Which age group is three times more likely to be the victim of domestic violence?” A: 16-24
- Stop the video at 4:55 and ask, “What the class calls the first two stages of an abusive relationship and how does that compare to what was said in the video?” A: We call it the romantic stage. The video says you “seduce and charm the victim.” Very similar. In both cases the relationship starts well. In class we called the second stage “Tension building” and in the video she talks about “isolating the victim.” In that second stage there is conflict because one partner starts to try and control the other. This is also part of the warning signs lesson. Slowly and subtly controlling the partner is a warning sign that they might become abusive.
- Stop the video at 9:55 and ask, “What percentage of women in the United State experience domestic violence or stalking at some point in their life?” A: 1 in 3 or 33%
- Stop the video at 11:14 and ask, “What percentage of domestic violence murder happens after the relationship is over?” A: 70%

True and False questions

1. Ask questions and have students raise their hands to vote.
2. Have a student or two explain their answers.
3. Give the answers given in teacher handout.

Signs-signs activity

1. Students respond to “Dating Violence—What are the Facts” in small groups.
2. One representative from each group records her/his group’s answers on the board.
3. Teacher shares correct answers, noting patterns and differences related to gender and grade.
4. You then facilitate a discussion to help the class identify what facts related to dating violence teens need to know. Alternate strategy: have students return to their small groups and perform this activity on their own

ADDITIONAL ACTIVITY

Building Your Own Class Norms

1. Students respond to the survey questions individually.
2. The results are compiled by gender.
3. Compile positive answers to each of the questions by gender and determine the percentage by dividing the total number into the number of positive responses in male or female.

	<i>Example</i>
Grade 8-120 students	(64 male, 56 female)
43 positive male responses	(43/64 = .67 percent)
22 positive female responses	(22/56 = .39 percent)

This lesson will help teens understand the prevalence of dating violence within teen relationships based upon class perception. In addition, these norms can be compared to a sample college class, a sample high school class, and a sample middle school class.

MPS Youth Risk Behavior Survey

Percentage of students who were ever hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the past 12 months	2003	2005	2007	2009	2011	2013
Total	12.0	11.7	15.2	14.2	13.2	12.1
Male	12.3	11.5	14.5	11.8	13.2	10.5
Female	11.6	11.7	15.8	16.6	13.3	13.5

4. The students provide a written response to the questions after the findings are compiled.
5. The teacher then facilitates a discussion to help the class understand their class norms and compare it to the three examples in this section.

Teacher Resource page

Start the discussion by first describing the cycle of abuse on the board. Definitions and examples should be given for each stage:

Happy or romantic stage: In this stage, the relationship is going well. The partner is often loving and attentive. If abuse has just occurred, the partner is often apologetic and asks for forgiveness.

Tension-building stage: Increased conflict occurs during this stage.

Explosive stage: This is the stage where actual abuse occurs.

True or False Statements with Discussion:

1) After paying for a fancy dinner on a first date, it's not a big deal for someone to make their date kiss them even if the date says they do not want to.

[FALSE] Forcing someone to do something sexual, including kissing, that they don't want to do **is always** wrong and is sexual abuse. No matter how much money was spent on a date, you never "owe" someone anything sexual. Everyone has the right to determine what type of involvement s/he wants in a relationship.

2) If a guy is abusive when he's drunk or high, it doesn't count as abuse.

[FALSE] There is NEVER an excuse for using violence in a relationship. While some people do become abusive when they are drunk or high, the drug or alcohol is not the cause. In fact, batterers who do drink do not necessarily stop battering when they give up drinking.

3) It is common for an abuse victim to blame herself for what happened.

[TRUE] Many victims of abuse blame themselves. Yet, NO ONE can be held responsible for being the victim of abuse. Perpetrators choose to abuse, and they are the ones responsible for the abuse.

4) Jealousy is always a sign of true love.

[FALSE] Jealousy and possessiveness may be signs that the person sees their friend or partner as an object or a possession. It can reflect the person's own insecurity. Jealousy is a common early warning sign of abuse.

5) It's not OK for people to hit each other even when they are. "out of control".

[TRUE] Losing one's temper or being out of control is NEVER an excuse for violence and may be a way for one person to gain power and control over another

6) Its OK to tell the person you are dating who they can and cannot talk to.

[FALSE] A healthy relationship involves trust and interacting with others outside of the relationship. Controlling whom you can and cannot talk to is a sign of jealousy and possessiveness and is often a warning sign of an abusive relationship.

7) Only boys commit dating violence toward girls.

[FALSE] Girls can also commit dating violence. In addition, dating violence can occur in all relationships including boys toward boys, girls toward girls, boys toward girls, and girls toward boys. Abusing another person is never right.

8 Repeatedly calling a friend or partner bad or mean names is a type of abuse.

[TRUE] A relationship in which one person tries to hurt the other, even if it's by calling them names or humiliating them, is not healthy and, if done in a repeated pattern, is emotionally abusive.

Social Norms Quiz

1. Do you know someone who has been hit, slapped, or physically hurt by their boyfriend or girlfriend on purpose?	Yes	No
2. Do you know someone who has been repeatedly “put down” by their girlfriend or boyfriend?	Yes	No
3. Do you know someone who has been “threatened” by their girlfriend or boyfriend?	Yes	No
4. Do you know someone who has openly said that “he/she should put out if I spend a lot of money on a date”?	Yes	No
5. Do you know someone whose boyfriend or girlfriend tried to control who they spend their time with, how they dress or what they do?	Yes	No
6. Do you know someone whose boyfriend or girlfriend forced or pressured him or her to take part in some kind of sexual activity?	Yes	No
7. Do you know someone who has slapped or physically hurt their boyfriend or girlfriend on purpose?	Yes	No
8. Do you think friends can help friends who are being hurt or controlled by their boyfriend or girlfriend?	Yes	No
9. Do you think friends can help friends who are hurting or controlling their boyfriend or girlfriend?	Yes	No
10. Do you think dating violence incidents are more likely to occur to females?	Yes	No

Sample Response

**Perceptions and Class Norms on Dating Violence
 8th Grade Health Classes—Baraboo**

Figures reflect positive response to the question.

Question	Males N=59	Females N=51
1. Do you know someone who has been hit, slapped, or physically hurt by their boyfriend or girlfriend on purpose?	22%	39%
2. Do you know someone who has been repeatedly “put down” by their girlfriend or boyfriend?	28%	47%
3. Do you know someone who has been “threatened” by their girlfriend or boyfriend?	19%	32%
4. Do you know someone who has openly said that “he/she should put out if I spend a lot of money on a date”?	10%	18%
5. Do you know someone whose boyfriend or girlfriend tried to control who they spend their time with, how they dress or what they do?	36%	64%
6. Do you know someone whose boyfriend or girlfriend forced or pressured him or her to take part in some kind of sexual activity?	12%	52%
7. Do you know someone who has slapped or physically hurt their boyfriend or girlfriend on purpose?	17%	28%
8. Do you think friends can help friends who are being hurt or controlled by their boyfriend or girlfriend?	84%	96%
9. Do you think friends can help friends who are hurting or controlling their boyfriend or girlfriend?	76%	86%
10. Do you think dating violence incidents are more likely to occur to females?	67%	68%

**Perceptions and Class Norms on Dating Violence
 10th Grade Health Classes—Pardeeville**

Figures reflect positive response to the question.

Question	Males N=15	Females N=19
1. Do you know someone who has been hit, slapped, or physically hurt by their boyfriend or girlfriend on purpose?	33%	39%
2. Do you know someone who has been repeatedly “put down” by their girlfriend or boyfriend?	26%	72%
3. Do you know someone who has been “threatened” by their girlfriend or boyfriend?	40%	33%
4. Do you know someone who has openly said that “he/she should put out if I spend a lot of money on a date”?	40%	28%
5. Do you know someone whose boyfriend or girlfriend tried to control who they spend their time with, how they dress or what they do?	67%	56%
6. Do you know someone whose boyfriend or girlfriend forced or pressured him or her to take part in some kind of sexual activity?	13%	33%
7. Do you know someone who has slapped or physically hurt their boyfriend or girlfriend on purpose?	20%	33%
8. Do you think friends can help friends who are being hurt or controlled by their boyfriend or girlfriend?	74%	83%
9. Do you think friends can help friends who are hurting or controlling their boyfriend or girlfriend?	87%	77%
10. Do you think dating violence incidents are more likely to occur to females?	67%	100%

**Perceptions and Class Norms on Dating Violence
 Students in University of Wisconsin—Madison C and I 501**

Figures reflect positive response to the question.

Question	Males N=6	Females N=58
1. Do you know someone who has been hit, slapped, or physically hurt by their boyfriend or girlfriend on purpose?	66%	29%
2. Do you know someone who has been repeatedly “put down” by their girlfriend or boyfriend?	83%	60%
3. Do you know someone who has been “threatened” by their girlfriend or boyfriend?	66%	22%
4. Do you know someone who has openly said that “he/she should put out if I spend a lot of money on a date”?	33%	29%
5. Do you know someone whose boyfriend or girlfriend tried to control who they spend their time with, how they dress or what they do?	50%	75%
6. Do you know someone whose boyfriend or girlfriend forced or pressured him or her to take part in some kind of sexual activity?	53%	36%
7. Do you know someone who has slapped or physically hurt their boyfriend or girlfriend on purpose?	66%	24%
8. Do you think friends can help friends who are being hurt or controlled by their boyfriend or girlfriend?	83%	95%
9. Do you think friends can help friends who are hurting or controlling their boyfriend or girlfriend?	83%	90%
10. Do you think dating violence incidents are more likely to occur to females?	100%	95%

Dating Violence—What are the Facts? Answer Sheet

1. In a 2013 survey of Milwaukee public high school students, what percentage of females reported having been forced (verbally or physically) to take part in sexual activity?
 - a. 15.1 % (this is the % for grade 12)
 - b. 11.0% (correct answer grades 9-12)
 - c. 13.2%
 - d. 11.5% (this is the % for grade 11)

2. In a 2013 survey of Milwaukee public high school students, what percentage of males reported having been forced (verbally or physically) to take part in sexual activity?
 - a. 8.6% (correct answer for both genders grades 9-12)
 - b. 9.6% (this is the % for grade 12)
 - c. 7.7%
 - d. 12.4% (this is the % for grade 10)

3. In a 2013 survey of Milwaukee public high school students, what percentage of females reported having been hit, slapped, or physically hurt by their boyfriend or girlfriend on purpose?
 - a. 8.9% (this is the % for grade 9)
 - b. 13.5% (correct answer for grades 9-12)
 - c. 9.1 % (this is the % for grade 10)
 - d. 16.6%

4. In a 2013 survey of Milwaukee public high school students, what percentage of males reported having been hit, slapped, or physically hurt by their boyfriend or girlfriend on purpose?
 - a. 5.8% (this is the % for grade 11)
 - b. 11.5% (this is the % for grade 9)
 - c. 11.8%
 - d. 10.5 % (correct answer for grades 9-12)

5. Of females victimized by date rape, what percentage is between the ages of 14 and 17 years old?
 - a. 61%
 - b. 43%
 - c. 24%
 - d. 38% (correct answer)

Sources

Questions 1-2: 2013 MPS Youth Risk Behavior Survey

Questions 3-4: 2009 MPS Youth Risk Behavior Survey

Question 5: Robin Warsaw, *I Never Called It Rape: The MS. Report on Recognizing, Fighting and Surviving Date and Acquaintance Rape* (New York: Harper and Row, 1988)

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 - b. 9.6%
 - c. 7.7%
 - d. 12.4%

3. In a 2013 survey of Milwaukee public high school students, what percentage of females reported having been hit, slapped, or physically hurt by their boyfriend or girlfriend on purpose?
 - a. 8.9%
 - b. 13.5%
 - c. 9.1 %
 - d. 16.6%

4. In a 2013 survey of Milwaukee public high school students, what percentage of males reported having been hit, slapped, or physically hurt by their boyfriend or girlfriend on purpose?
 - a. 5.8%
 - b. 11.5%
 - c. 11.8%
 - d. 10.5 %

5. Of females victimized by date rape, what percentage are between the ages of 14 and 17 years old?
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Sources

Questions 1 -4: 2013 Milwaukee Youth Risk Behavior Survey

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Unit: Dating Violence
Lesson Number: 6
Grade Level: High School
“Warning Signs”

Milwaukee Public Schools
Human Growth and Development Curriculum

National Health Education Standards

Primary Focus

Standard 7 – Self Management

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

Secondary Focus

Standard 1- Core Concepts

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

Standard 5 – Decision Making

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

What You Need to Know:

Students will:

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

Materials:

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

Procedures:

Warning Signs

1. Pass out the two warning sign sheets, go around the room and have the students read them.
2. The teacher can add any clarifying statements after each example is given.
3. Have students add things they think are warning signs

Skits

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

Power Wheel

1. After the class has gotten the room back in order, have students read the power wheel. It's a good final activity that can give one last message that there are many subtle and not so subtle ways that someone can try and control you.
2. Throughout reading, ask class to add other behaviors they would add to the wheel that could be considered abusive. Remind students that one or two of these behaviors in a relationship may not mean it is abusive but they should think about if that is healthy to do with a partner and what to do or how to get help if they think their relationship is unhealthy. Common example of unhealthy

Unit: Dating Violence
Lesson Number: 6
Grade Level: High School
“Warning Signs”

Milwaukee Public Schools
Human Growth and Development Curriculum

behaviors that are considered ‘normal’ and healthy by many: jealousy and control over contact with other people is equated to love and caring in teen relationships.

3. There are probably many of the students who know a friend, mom, dad, sister, brother, or cousin who has had at least some of these things happen to them.
4. Finish off the lesson by reminding the students that there are plenty of places to get help. Go over some of the resources they have available.

<p>Signs of Physical Abuse- Does anyone you know: Punch, shove, bite, cut, choke, kick, burn or spit on you? Threaten or hurt you with an object or deadly weapon (a gun, knife, baseball bat, brick, chain, hammer, scissors, rope, belt buckle, extension cord, branch, bottle, acid, or scalding water)? Abandon you or lock you out of the house? Neglect you when you are sick or pregnant? Endanger you through reckless driving?</p> <p>Signs of Sexual Abuse- Does anyone you know: Force you to have sex when you don't want to? Force you to perform sexual acts you don't like? Force you to have sex with or to watch others? Threaten to hurt you if you don't desire sex? Commit sexual acts that you consider harmful?</p> <p>Signs of Destructive Acts- Does anyone you know: Break furniture, flood rooms, ransack or dump garbage in your house? Kill pets to punish or frighten you? Destroy clothing, jewelry, family photos or other personal items that he knows are important to you?</p> <p>Signs of Emotional Abuse- Does anyone you know consistently say or do things that shame, embarrass, ridicule or insult you and say: “You're stupid, filthy, lazy, fat, ugly, nasty, silly, etc.” “You can't do anything right.” “You'll never get a job.” “You don't deserve anything.” “Who'd want you?”</p> <p>Controlling behavior Checks your cell phone call log</p> <p>Does your partner Withhold affection to punish you? Threaten to hurt you? Forbid you to work, handle your own money, make decisions or socialize with your friends?</p>	<p>Does your partner (con't):</p> <p>Force you to give up your personal possessions? Tell you about his or her other partners to make you jealous? Accuse you of having affairs? Undermine your sense of power or confidence? Manipulate you with lies, contradictions or promises? Wants to get serious quickly, will not take no for an answer Is controlling and bossy. makes the decisions, does not take the others opinions seriously. uses put –downs when alone or with friends. Makes partner feel guilty, “if you really love me, you would...” Blames the victim for what is wrong, “it’s because of you that I get so angry.” Apologizes for violent behavior, “I’ll never do it again.” abuses alcohol and drugs tends to use violence to solve their problems</p> <p>Why Teens Stay in Violent Relationships Afraid parents will make them break up embarrassed or ashamed Afraid violence will get worse if they try to end it. Think it is their fault Think it is normal, no experience with relationships Believe that being with someone is the most important thing in their life. Think no one will believe them Thinks that they do not have any other friends</p>
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Power Wheel



Power & Control Key Ideas

Intimidation

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

Sexual abuse

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

Physical Abuse

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

Threats

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

Domination

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

Humiliation

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

Possessiveness

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

Minimization & Blame

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

**Add any other behaviors
you think would fit on the
Power and Control wheel**

Unit: Dating Violence

Lesson Number: 7

Grade Level: High School

“Personal Perspectives on Relationship Violence”

Milwaukee Public Schools

Human Growth and Development Curriculum

National Health Education Standards

Primary Focus

Standard 5 – Decision Making

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

Secondary Focus

Standard 1- Core Concepts

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

Standard 4 – Interpersonal Communication

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

What You Need to Know:

Students will:

- Students will analyze relationship violence and practice articulating what is acceptable and unacceptable behavior in a relationship to others.

Materials:

- Poster paper or board
- Markers
- index cards
- tape
- Red, Yellow, and Green cards or signs
- Red Light/Green Light teacher sheet

Procedures:

1. Draw the continuum below. Prepare one continuum for every 4 participants, pairs or 3s if your group is small:

Makes me feel good	Nothing wrong with it	I wouldn't like it but wouldn't do anything	I would tell them I didn't like it	I would stop seeing them	I would get help from someone I trust	I would call the police
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2. Make matching sets of behavior cards, one set for each group. This is a good opportunity to address specific behavior you see in the young people you work with. Create cards that might pertain to your students. Give each group two blank cards and have them add one positive behavior and one negative behavior. One behavior per index card 15 - 20 cards per set work well.

Possible behavior cards (all starting with) "My partner....."

- asked me if we are going too fast.
- won't talk to me if someone else compliments me.
- grabs my arm and pulls me away if I'm talking to someone besides them.
- yells at me then buys me jewelry.

- tells me what I can wear to school.
 - says I should give him/her oral sex if he/she took me out that night.
 - pressures me to have sex (oral, anal, vaginal) when I don't feel like it.
 - carries a gun in their car.
 - has been drinking alcohol and is pressuring me to have sex.
 - hits me when we fight.
 - doesn't like me working because other people talk to me.
 - screams at me and then says they only get that mad because they love me so much.
 - kisses me in the hallways even though I told them it makes me uncomfortable.
 - gives me hugs and kisses just for being me.
 - Makes me feel happy
 - Is supportive
 - Listens to my problems
3. Break up into groups of 2s, 3s, or 4s. Give each group a continuum and a set of cards. Have each group discuss where the cards should be taped on the continuum. Often groups will try to divide cards among each participant and each will individually place their cards on the continuum. REINFORCE GROUP DECISION-MAKING.
4. When all groups are finished, tape the timelines one above each other on a wall. Ask one group to volunteer to read off their continuum. When they are done ask others if there is anything they notice, major similarities or differences in the placement of things. If the group says they look pretty similar, go ahead and ask about where you see differences. Encourage any conversation that comes up around specific behaviors and how they make people think or feel. When someone explains how they would handle a specific situation, ask if anyone else in the group would act differently. Ask if anyone strongly disagreed with where their group decided a card should go.
5. Wrap up with processing questions such as:
- How was it to decide in your small groups how a behavior would make you feel?
 - Were these cards easy to place or difficult?
 - Did they seem realistic to teen relationships? What were some of the things you added to your cards? How do you feel about those things?
 - Do you think it's likely that when you are in a relationship, you and your partner may feel differently about someone of these actions and issues?
 - Brainstorm a list of how they might handle those differences if they really liked the other person.
6. Complete the activity with any questions the group may have.

Unit: Dating Violence

Lesson Number: 7

Grade Level: High School

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Red light/green light activity

1. Have the students get into groups of 3-5.
2. Randomly pick phrases from the teacher sheet provided
3. Give groups ten seconds to agree on which category the behavior belongs in by having the group leader raising the correct card.
4. Each group that has the correct answer gets a point. The group with the most points at the end wins the game.
5. Ask students if they have any more examples and where they should go.

Alternate directions:

1. As students are given an example, they get up and stand under a red, yellow, or green light sign.
2. Ask students why they agree or disagree with the place other students decided to stand.
3. If you have a classroom reward system in place this would be a great time to give “points” or “bucks” to students who stood under the correct sign.

Phrases for “Red Light/Green Light”

Green Light	Yellow Light	Red Light
Talk to each other	Embarrasses you	Is clingy
Trust each other	Is annoying at times	Is jealous
Support each other	Shows off	Feel unsafe
Feel happy around the person	Calls you on the phone often	Feel like they are a pain or nuisance
Share feelings	Is competitive	Have limited trust
Have freedom within the relationship	Makes plans and then breaks them	Tries to control and manipulate
Have more good times than bad	Tries to make you more like them	Makes you feel bad about yourself
Have fun together	Uses sarcasm	Does not make time for you
Do things together	Disagrees from time to time	Discourages you from being close to anyone else
Encourage other friendships	Have unequal power	Criticizes you
		Criticizes your friends

asked me if I we are going too fast.

won't talk to me if someone else
compliments me.

grabs my arm and pulls me away if I'm
talking to someone besides them.

yells at me then buys me jewelry.
tells me what I can wear to school.

tells me what I can wear to school

says I should give him/her oral sex if
he/she took me out that night.

pressures me to have sex (oral, anal,
vaginal) when I don't feel like it.

carries a gun in their car.

has been drinking alcohol and is
pressuring me to have sex.

hits me when we fight.

doesn't like me working because other
people talk to me.

screams at me and then says they only
get that mad because they love me so
much.

kisses me in the hallways even though I
told them it makes me uncomfortable.

gives me hugs and kisses just for being
me

makes me feel happy

is supportive

listens to my problems

Unit: Dating Violence
Lesson Number: 8
Grade Level: High School
“Sexual Abuse- Myth and Fact”

Milwaukee Public Schools
Human Growth and Development Curriculum

National Health Education Standards

Primary Focus

Standard 7 – Self Management

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

Secondary Focus

Standard 1- Core Concepts

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

Standard 2- Analyzing Influences

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

- sources of information for their effectiveness, reliability and authenticity.

What You Need to Know:

*****TRIGGER WARNING*****

It is important to inform your students, when beginning a discussion on sexual violence, sexual abuse, assault, rape and/or abusive relationships that these topics can be upsetting and disturbing to some people. If a school counselor, school psychologist, or social worker is available to sit in with your class during these discussions, they may be helpful in supporting or removing individuals who are having trouble during these conversations and role plays. Students who have witnessed or experienced violence or abuse in their past relationships or families may be triggered back into the trauma of their past. You may choose to give students permission to quietly remove themselves if they are feeling upset, so they may go talk to the school counselor, school psychologist, or social worker. Following up with these individuals later, in private, will help you determine if more support or intervention is needed to help a student handle, recover from or get out of an abusive relationship or situation.

Students will:

- Discern between stereotypes around sexual abuse and the facts.
- Prepare plans for safety in relationships.
- Understand Wisconsin laws on sexual assault.

Teachers need to set limits on personal disclosure within the class and provide names of appropriate support staff if they do want to talk further with someone about the topic.

Materials:

- Myth and Fact statements on separate sheets of paper for students to use to find the matching statements.
- Worksheets:
 - Teen Sexual Assault and Abuse Information Sheet
 - A Teen’s Guide to Safety Planning
 - Teens and the Law pre/post test
 - Wisconsin Child Sexual Assault Laws

Unit: Dating Violence
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Procedures:

1. Students get into 11 groups. Give them a myth card and inform them that they have five minutes to develop a fact. Each group will report and the class can discuss the validity of the fact produced. The teacher resource page includes sample “fact” answers. Those sample answers can be used to enhance student’s answers or clarify questions that arise during debate.
2. Handout, “Teen Sexual Assault and Abuse Information Sheet”. Discuss the problem of gender equity when it comes to sexual abuse. Ask students if they feel information should be directed to both males and females? What are the pros and cons of this?
3. Handout, “A Teen’s Guide to Safety Planning”. Have students work in pairs to identify how the safety plan is useful for someone in an abusive relationship. Do they think anything is missing from the plan? Encourage them to visit www.loveisrespect.org for further information and support.
4. Handout, “The Sex Offender Registry and Sexual Assault Laws worksheets”. Have students take the “Teens and the Law” pretest. Then pass out the three handouts pertaining to the sex offender registry and the sexual assault laws. Have kids look at the facts, then see if they can correct any wrong answers in the post test column. Follow up by going through the questions and asking the students what was surprising to them. Do they think most kids know this information? Might this change student behavior?

Lesson Extensions:

Statistics group work:

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

Videos:

Planned Parenthood of Wausau video on teens, the law and sexual behavior- 414-289-3767 for Milwaukee-based Maurice Ritz lending library at Planned Parenthood.

Interactive:

Project the website <http://www.kickbackapp.org/> to the class and have them collectively discuss how to effectively communicate what you want to your date. Discuss the risky situations that arise at parties and the impact drugs and alcohol have on decision-making.

Guest Speakers:

Pathfinders (414) 964-2565
Planned Parenthood of WI Community Education Department (414) 289-3786
Sexual Assault Treatment Center (414) 219-5555

Websites:

Wisconsin Coalition Against Sexual Assault www.wcasa.org
[Information sheet on Child Sexual Assault Laws: http://www.wcasa.org/file_open.php?id=5](http://www.wcasa.org/file_open.php?id=5)
[National Domestic Violence Hotline and Break the Cycle: www.LoveIsRespect.org](http://www.LoveIsRespect.org)

Myth sheets to pass out to groups

Myth #1: Victims provoke sexual assaults when they dress provocatively or act in a promiscuous manner.

Myth #2: If a person goes to someone's room or house or goes to a bar, he or she assumes the risk of sexual assault. If something happens later, he or she can't claim that he or she was raped or sexually assaulted because he or she should have known not to go to those places.

Myth #3: It's not sexual assault if it happens after drinking or taking drugs.

Myth #4: Most sexual assaults are committed by strangers. It's not rape if the people involved knew each other.

Myth #5: Rape can be avoided if people avoid dark alleys or other "dangerous" places where strangers might be hiding or lurking.

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Myth #6: A person who has been sexually assaulted will be hysterical.

Myth #7: If a sexual assault is not immediately reported to the police it must have been okay.

Myth #8: Only young, pretty women are assaulted

Myth #9: It's only rape if the victim puts up a fight and resists.

Myth #10: Someone can only be sexually assaulted if a weapon was involved.

Myth #11: Rape is mostly an inter-racial crime.

Myth #12: As long as both partners are under the age of 18 neither can be charged with a sex crime.

Myth #1: Victims provoke sexual assaults when they dress provocatively or act in a promiscuous manner.

Fact: Rape and sexual assault are crimes of violence and control that stem from a person's determination to exercise power over another. Neither provocative dress nor promiscuous behaviors are invitations for unwanted sexual activity. Forcing someone to engage in non-consensual sexual activity is sexual assault; regardless of the way that person dresses or acts.

Myth #2: If a person goes to someone's room or house or goes to a bar, he or she assumes the risk of sexual assault. If something happens later, he or she can't claim that he or she was raped or sexually assaulted because he or she should have known not to go to those places.

Fact: This "assumption of risk" wrongfully places the responsibility of the offender's actions with the victim. Even if a person went voluntarily to someone's residence or room and consented to engage in some sexual activity, it does not serve as blanket consent for all sexual activity. If a person is unsure about whether the other person is comfortable with an elevated level of sexual activity, the person should stop and ask. When someone says "No" or "Stop", that means STOP. Sexual activity forced upon another without consent is sexual assault.

Myth #3: It's not sexual assault if it happens after drinking or taking drugs.

Fact: Being under the influence of alcohol or drugs is not an invitation for nonconsensual sexual activity. A person under the influence of drugs or alcohol does not cause others to assault him or her; others choose to take advantage of the situation and sexually assault him or her because s/he is in a vulnerable position. Many state laws hold that a person who is cognitively impaired due to the influence of drugs or alcohol is not able to consent to sexual activity. The act of an offender who deliberately uses alcohol as a means to subdue someone in order to engage in non-consensual sexual activity is also criminal.

Myth #4: Most sexual assaults are committed by strangers. It's not rape if the people involved knew each other.

Fact: Most sexual assaults and rapes are committed by someone the victim knows. Among victims aged 18 to 29, two-thirds had a prior relationship with the offender. During 2000, about six in ten rape or sexual assault victims stated the offender was an intimate, other relative, a friend or an acquaintance-. A study of sexual victimization of college women showed that most victims knew the person who sexually victimized them. For both completed and attempted rapes, about 9 in 10 offenders were known to the victim. Most often, a boyfriend, ex-boyfriend, classmate, friend, acquaintance, partner, or co-worker sexually victimized the women. Sexual assault can be committed within any type of relationship, including in marriage, in dating relationships, or by friends, acquaintances or co-workers. Sexual assault can occur in heterosexual or same-gender relationships. It does not matter whether there is a current or past relationship between the victim and offender; unwanted sexual activity is still sexual assault and is a serious crime.

IQ

Myth #5: Rape can be avoided if people avoid dark alleys or other "dangerous" places where strangers might be hiding or lurking.

Fact: Rape and sexual assault can occur at any time, in many places, to anyone. According to a report based on FBI data, almost 70% of sexual assault reported to law enforcement occurred in the residence of the victim, the offender, or another individual. As pointed out above in Fact #4, many rapes are committed by people known to the victim. While prudent, avoiding dark alleys or "dangerous" places will not necessarily protect someone from being sexually assaulted.

Myth #6: A person who has been sexually assaulted will be hysterical.

Fact: Victims of sexual violence exhibit a spectrum of responses to the assault which can include: calm, hysteria, withdrawal, anger, apathy, denial, and shock. Being sexually assaulted is a very traumatic experience. Reactions to the assault and the length of time needed to process through the experience vary with each person. There is no "right way" to react to being sexually assaulted. Assumptions about a way a victim "should act" may be detrimental to the victim because each victim copes with the trauma of the assault in different ways which can also vary over time.

Myth #7: If a sexual assault is not immediately reported to the police it must have been okay.

Fact: There are many reasons why a sexual assault victim may not report the assault to the police. It is not easy to talk about being sexually assaulted. The experience of re-telling what happened may cause the person to relive the trauma. Other reasons for not immediately reporting the assault or not reporting it at all include fear of retaliation by the offender, fear of not being believed, fear of being blamed for the assault, fear of being "re-victimized" if the case goes through the criminal justice system, belief that the offender will not be held accountable, wanting to forget the assault ever happened, not recognizing that what happened was sexual assault, shame, and/or shock. In fact, reporting a sexual assault incident to the police is the exception and not the norm. From 1993 to 1999, about 70% of rape and sexual assault crimes were not reported to the police. Because a person did not immediately report an assault or chooses not to report it at all does not mean that the assault did not happen.

Victims can report a sexual assault to criminal justice authorities at any time, whether it be immediately after the assault or within weeks, months, or even years after the assault.

Myth #8: Only young, pretty women are assaulted

Fact: This stems from the myth that sexual assault is based on sex and physical attraction. Sexual assault is a crime of power and control and offenders often choose people whom they perceive as most vulnerable to attack or over whom they believe they can assert power. Sexual assault victims come from all walks of life. They can range in age from the very old to the very young. Many victims of sexual violence are under 12. Sixty-seven percent of all victims of sexual assault reported to law enforcement agencies were juveniles (under the age of 18); 34% of all victims were under age 12. One of every seven victims of sexual assault reported to law enforcement agencies were under age 6. Men and boys are sexually assaulted. Persons with disabilities are also sexually assaulted. Assumptions about the "typical" sexual assault victim may further isolate those victimized because they may feel they will not be believed if they do not share the characteristics of the stereotypical sexual assault victim.

Myth #9: It's only rape if the victim puts up a fight and resists.

Fact: Many states do not require a victim to resist in order to charge the offender with rape or sexual assault. In addition, there are many reasons why a victim of sexual assault would not fight or resist her attacker. He/She may feel that fighting or resisting will make her attacker angry, resulting in more severe injury. He/She may not fight or resist as a coping mechanism for dealing with the trauma of being sexually assaulted. Many law enforcement experts say that victims should trust their instincts and

intuition and do what they think is most likely to keep them alive. Not fighting or resisting an attack does not equal consent. It may mean it was the best way she knew how to protect herself from further injury.

Myth #10: Someone can only be sexually assaulted if a weapon was involved.

Fact: In many cases of sexual assault, a weapon is not involved. The offender often uses physical strength, physical violence, intimidation, threats, or a combination of these tactics to overpower the victim. As pointed out in Fact #4, most sexual assaults are perpetrated by someone known to the victim. An offender often uses the victim's trust developed through their relationship to create an opportunity to commit the sexual assault. In addition, the offender may have intimate knowledge about the victim's life, such as where she lives, where she works, where she goes to school, or information about her family and friends. This enhances the credibility of any threats made by the offender since he has the knowledge about her life to carry them out. Although the presence of a weapon while committing the assault may result in a higher penalty or criminal charge, the absence of a weapon does not mean that the offender cannot be held criminally responsible for a sexual assault.

Myth #11: Rape is mostly an inter-racial crime.

Fact: The vast majority of violent crimes, which include sexual assaults and rapes, are intra-racial, meaning the victim and the offender are of the same race⁽⁸⁾. This is not true, however, for rapes and sexual assaults committed against Native women. American Indian victims reported that approximately 8 in 10 rapes or sexual assaults were perpetrated by whites⁽⁹⁾. Native women also experience a higher rate of sexual assault victimization than any other race⁽¹⁰⁾.

Myth #12: As long as both partners are under the age of 18 neither can be charged with a sex crime.

Fact: Anyone who has sexual intercourse with a person who has not attained the age of 12 years can be convicted of a felony with a mandatory minimum sentence of 25 years in prison.

Whoever has sexual intercourse with a child who is not the defendant's spouse and who has attained the age of 16 years is guilty of a Class A misdemeanor.

Notes

1. Greenfeld, Lawrence A., *Sex Offenses and Offenders: An Analysis of Data on Rape and Sexual Assault*, Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics (1997).

2. Bureau of Justice Statistics, *Crime Characteristics: Violent Crime - Victim/Offender Relationship* (last revised Dec. 20, 2001) <http://www.ojp.usdoj.gov/bjs/cvict_c.htrtu.

3. Fisher, Bonnie S., Francis T. Cullen and Michael G. Turner, *The Sexual Victimization of College Women* Washington, DC: U.S. Department of Justice, National Institute of Justice and Bureau of Justice Statistics, N O 182369 (December 2000).

4. *Id.*

5. Snyder, Howard N., *Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics*, Washington, DC: American Statistical Association and U.S. Department of Justice, Bureau of Justice Statistics, NCJ 182990 (July 2000).

Unit: Dating Violence
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Teen Sexual Assault and Abuse Information Sheet

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

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

Date/acquaintance rape is sexual assault perpetrated by someone known to the victim such as: a friend, an employer, a date or someone the victim/survivor recently met. It is almost entirely perpetrated by males against females. It is NEVER the victim/survivor's fault no matter what she wore, where she was, whether or not she fought back or whether or not she was drinking. The perpetrators are 100% responsible for their actions. Rape, including date/acquaintance rape, is violence where sex is used as the weapon.

Date/acquaintance rapists often believe myths such as: women owe men sex if they spend money on her; some women play hard to get and say "no" when they mean "yes" and women enjoy being pursued by an aggressive male.

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

HERE ARE THE NATIONAL FACTS:



SEXUAL ASSAULT IN THE U.S.

- 1 in 5 women and 1 in 71 men will be raped at some point in their lives (a)
- 51.1% of female victims of rape reported being raped by an intimate partner and 40.8% by an acquaintance (a)
- 52.4% of male victims report being raped by an acquaintance and 15.1% by a stranger (a)
- 91% of the victims of rape and sexual assault are female, and 9% are male (n)
- In 8 out of 10 cases of rape, the victim knew the perpetrator (k)
- 8% of rapes occur while the victim is at work (d)

COST/IMPACT OF SEXUAL ASSAULT

- Each rape costs approximately \$151,423 (c)
- Annually, rape costs the U.S. more than any other crime (\$127 billion), followed by assault (\$93 billion), murder (\$71 billion), and drunk driving, including fatalities (\$61 billion) (k)
- 81% of women and 35% of men report significant short- or long-term impacts such as Post-Traumatic Stress Disorder (PTSD) (a)
- Health care is 16% higher for women who were sexually abused as children and 36% higher for women who were physically and sexually abused as children (l)

CHILD SEXUAL ABUSE

- 30% of women were between the ages of 11 and 17 at the time of their first completed rape (a)
- 12.3% of women were age 10 or younger at the time of their first completed rape victimization (a)
- 27.8% of men were age 10 or younger at the time of their first completed rape victimization (a)
- More than one-third of women who report being raped before age 18 also experience rape as an adult (a)
- One in four girls and one in six boys will be sexually abused before they turn 18 years old (e)
- 96% of people who sexually abuse children are male and 76.8% of people who sexually abuse children are adults (m)
- 34% of people who sexually abuse a child are family members of the child (m)
- In 2009, about one-third of arrests for internet sexual offenses in which the victim was identified involved child sexual abuse (l)
- It is estimated that 325,000 children per year are currently at risk of becoming victims of commercial child sexual exploitation (l)
- The average age at which girls first become victims of prostitution is 12-14 years old and the average age at which boys first become victims of prostitution is 11-13 years old (l)
- Only 12% of child sexual abuse is ever reported to the authorities (g)

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HERE ARE THE FACTS FOR WISCONSIN:

Based on Reports made to Law Enforcement in 2010:

Offenses

- There were 4,857 sexual assaults reported to law enforcement in 2010, up 5% from 4,627 in 2009.
- Forcible Fondling accounted for 45% of the reported Sexual Assaults, while Forcible Rape comprised of 24%.
- The overall clearance rate for sexual assaults reported in 2010 was 52%, down from 57% in 2009.

- Weapons were used in 1,115 incidents, less than 23% of Wisconsin’s sexual assaults; most often used were Hands/Fist/Feet (80%).
- Over half of all sexual assaults were reported within one day of the incident.
- The Victim Residence and the Offender Residence categories combined, comprised of nearly two-third of the location sites in reported sexual assaults.

Victims

- A five-year trend shows Juveniles had been the highest victimized population, with juveniles aged 15 and under represented nearly two-thirds of all victims in 2010.
- Females represented nearly 85% of sexual assault victims, and were most often victims of Forcible Fondling and Forcible Rape.
- The vast majority of sexual assault victims sustained no physical injury.
- Sexual assault victims and their offenders are most often of the same race.

Relationships

- In over half of all reported sexual assaults, the offender was a non-family member who was known by the victim.
- Both Domestic and Non-Domestic sexual assault reports have held a steady rate since 2006, with most reported cases Non-Domestic in nature.
- The most common offense in Domestic cases was Forcible Fondling, usually by Other Family, followed by Statutory Rape most often by Boyfriend/Girlfriend.
- The relationship most often reported as involved in all sexual assaults was Acquaintance of the victim.

Offenders

- There were 5,287 offenders reportedly involved in the 4,857 sexual assault cases in 2010.
- Over two-thirds of sexual assault offenders were between the ages of 11 and 30 years old.
- While Adults were consistently involved in most sexual assaults over the last five years, both Adults and Juvenile offender rates have remained steady since 2006.
- More than 90% of sexual assault offenders reported to law enforcement in Wisconsin were male.
- The most often cited sexual assault for both Juvenile and Adult offenders was Forcible Fondling.
- Juveniles offenders (aged 0-17 years old) were reported in sexual assaults at a comparable rate to Adults.

[Source: <https://wilenet.org/html/justice-programs/programs/justice-stats/library/sexual-assault/2010-sexual-assaults-in-wi.pdf>]



love is respect org

1-866-331-9474 1-866-331-8453 TTY

A TEEN'S GUIDE TO SAFETY PLANNING

WHY DO I NEED A SAFETY PLAN?

Everyone deserves a relationship that is healthy, safe and supportive. If you are in a relationship that is hurting you, it is important for you to know that *the abuse is not your fault*. It is also important for you to start thinking of ways to keep yourself safe from the abuse, whether you decide to end the relationship or not. While you can't control your partner's abusive behavior, you *can* take action to keep yourself as safe as possible.

WHAT IS A SAFETY PLAN?

A safety plan is a practical guide that helps lower your risk of being hurt by your abuser. It includes information *specific to you and your life* that will help keep you safe. A good safety plan helps you think through lifestyle changes that will help keep you as safe as possible at school, at home and other places that you go on a daily basis.

HOW DO I MAKE A SAFETY PLAN?

Take some time for yourself to go through each section of this safety planning workbook. You can complete the workbook on your own, or you can work through it with a friend or an adult you trust.

Keep in Mind:

- In order for this safety plan to work for you, you'll need to fill in personalized answers, so you can use the information when you most need it.
- Once you complete your safety plan, be sure to keep it in an accessible but secure location. You might also consider giving a copy of your safety plan to someone that you trust.
- Getting support from someone who has experience working with teens in abusive relationships can be very useful.

MY SAFETY WORKBOOK - PAGE 1

Staying Safe at School:

The safest way for me to get to and from school is:

If I need to leave school in an emergency, I can get home safely by:

I can make sure that a friend can walk with me between classes. I will ask: _____ and/or _____

I will eat lunch and spend free periods in an area where there are school staff or faculty nearby. These are some areas on campus where I feel safe:

_____, and _____

I could talk to the following people at school if I need to rearrange my schedule in order to avoid my abuser, or if I need help staying safe at school:

School Counselor

Coach

Teachers: _____

Principal

Assistant/Vice principal

School security

Other: _____

If I live with my abuser, I will have a bag ready with these important items in case I need to leave quickly (check all that apply):

Cell phone & charger

Spare money

Keys

Driver's license or other form of ID

Copy of Restraining Order

Birth certificate, social security card, immigration papers and other important documents

Change of clothes

Medications

Special photos or other valuable items

If I have children—anything they may need (important papers, formula, diapers)

Staying Safe at Home:

I can tell this family member about what is going on in my relationship:

There may be times when no one else is home. During those times, I can have people stay with me. I will ask:

The safest way for me to leave my house in an emergency is:

If I have to leave in an emergency, I should try to go to a place that is public, safe and unknown by my abuser. I could go here:

and/or here: _____

I will use a code word so I can alert my family, friends, and neighbors to call for help without my abuser knowing about it. My code word is:

MY SAFETY WORKBOOK - PAGE 2

Staying Safe Emotionally:

My abuser often tries to make me feel bad about myself by saying or doing this:

When he/she does this, I will think of these things I like about myself:

_____ and _____

I will do things I enjoy, like:

_____ and _____

I will join clubs or organizations that interest me, like:

_____ or _____

If I feel down, depressed or scared, I can call the following friends or family members:

Name: _____

Phone #: _____

Name: _____

Phone #: _____

Name: _____

Phone #: _____

Name: _____

Phone #: _____

During an emergency, I could call the following friends or family members at any time of day or night:

Name: _____

Phone #: _____

Name: _____

Phone #: _____

Name: _____

Phone #: _____

Name: _____

Phone #: _____

Getting Help in Your Community:

For emergencies: 911

National Teen Dating Violence Hotline: 1.866.331.9474

Local police station: _____

Phone #: _____

Address: _____

Local domestic violence organization: _____

Phone #: _____

Address: _____

Local free legal assistance: _____

Phone #: _____

Address: _____

Nearest youth shelter: _____

Phone #: _____

Address: _____

MY SAFETY WORKBOOK - PAGE 3

These are things I can do to help keep myself safe everyday:

- I will carry my cell phone and important telephone numbers with me at all times.
- I will keep in touch with someone I trust about where I am or what I am doing.
- I will stay out of isolated places and try to never walk around alone.
- I will avoid places where my abuser or his/her friends and family are likely to be.
- I will keep the doors and windows locked when I am at home, especially if I am alone.
- I will avoid speaking to my abuser. If it is unavoidable, I will make sure there are people around in case the situation becomes dangerous.
- I will call 911 if I feel my safety is at risk.
- I can look into getting a protective order so that I'll have legal support in keeping my abuser away.
- I will remember that the abuse is not my fault and that I deserve a safe and healthy relationship.

These are things I can do to help keep myself safe in my social life:

- I will ask my friends to keep their cell phones with them while they are with me in case we get separated and I need help.
- If possible, I will go to different malls, banks, grocery stores, movie theaters, etc. than the ones my abuser goes to or knows about.
- I will not go out alone, especially at night.
- No matter where I go, I will be aware of how to leave safely in case of an emergency.
- I will leave if I feel uncomfortable in a situation, no matter what my friends are doing.
- I will spend time with people who make me feel safe, supported and good about myself.

These are things I can do to stay safe online and with my cell phone:

- I will not say or do anything online that I wouldn't in person.
- I will set all my online profiles to be as private as they can be.
- I will save and keep track of any abusive, threatening or harassing comments, posts, or texts.
- I will never give my password to anyone other than my parents or guardians.
- If the abuse and harassment does not stop, I will change my usernames, email addresses, and/or cell phone number.
- I will not answer calls from unknown, blocked or private numbers.
- I can see if my phone company can block my abuser's phone number from calling my phone.
- I will not communicate with my abuser using any type of technology if unnecessary, since any form of communication can be recorded and possibly used against me in the future.

Unit: Dating Violence
Lesson Number: 8
Grade Level: High School
 “Sexual Abuse- Myth and Fact”

Milwaukee Public Schools
 Human Growth and Development Curriculum

Where to get help

<p>WISCONSIN COALITION AGAINST SEXUAL ASSAULT, INC. ~Provides information and referrals to sexual assault agencies throughout Wisconsin~</p> <p>600 Williamson St, Ste. N-2 Madison, Wisconsin 53703 Phone (608) 257-1516 TTY (608) 257-2537 Fax (608) 257-2150 wcasa@wcasa.org</p>	<p>Milwaukee SEXUAL ASSAULT TREATMENT CENTER (SATC) ~In an emergency, for treatment, access SATC through Aurora Sinai Emergency room at 13th & State St.~</p> <p>960 N. 12th Street, Room 2120, Heart Institute Milwaukee, WI 53201 Phone: (414) 219-5850 Crisis Line: (414) 219-5555 TTY: (414) 219-7570 www.aurorahealthcare.org</p>
<p>Milwaukee PATHFINDERS 4200 N. Holton St. Milwaukee, WI 53212 Phone: (414) 964-2565 Crisis Line: (414) 271-9523 TTY: (414) 271-0102 www.pathfindersmke.org</p>	

“Teens and the Law” Pre/Post Test

Take this pretest to determine your knowledge of the law when it comes to sexual activity and the consequences for breaking the law. Then look at the three handouts provided by the teacher and see if you need to make any changes.

Question	Pre test	Post test
Under Wisconsin law, how old do you have to be to legally consent to sexual intercourse?	_____	_____
A 1 st degree sexual assault (class B felony) is sexual contact or intercourse with anyone under the age of _____?	_____	_____
How many years of jail time can someone get for being convicted of a class B felony?	_____	_____
A 2 nd degree sexual assault (class C felony) is sexual contact or intercourse with anyone under the age of _____?	_____	_____
How many years of jail time can someone get for being convicted of a class C felony?	_____	_____
What can the penalty be if a 17 year old is caught having sex with a 15 year old?	_____	_____
Can two 16 or two 17 year old student be convicted of having sexual intercourse?	_____	_____
If you are convicted of a sex crime, what might you have to register as?	_____	_____
If you are registered as a sex offender, who has access to that information?	_____	_____

“Teens and the Law” Pre/Post Test

Teacher answer key

Take this pretest to determine your knowledge of the law when it comes to sexual activity and the consequences for breaking the law. Then look at the three handouts provided by the teacher and see if you need to make any changes.

Question	Pre test	Post test
Under Wisconsin law, how old do you have to be to legally consent to sexual intercourse?	18	_____
A 1 st degree sexual assault (class B felony) is sexual contact or intercourse with anyone under the age of _____?	13	_____
How many years of jail time can someone get for being convicted of a class B felony?	40	_____
A 2 nd degree sexual assault (class C felony) is sexual contact or intercourse with anyone under the age of _____?	16	_____
How many years of jail time can someone get for being convicted of a class C felony?	25	_____
What can the penalty be if a 17 year old is caught having sex with a 15 year old?	Class C felony	_____
Can two 16 or two 17 year old student be convicted of having sexual intercourse?	yes	_____
If you are convicted of a sex crime, what might you have to register as?	Sex offender	_____
If you are registered as a sex offender, who has access to that information?	everyone	_____

Wisconsin Coalition Against Sexual Assault *Information Sheet Series*

Sex Offender Registry

This information sheet provides a general overview of sex offender registration. For more information, please contact the Wisconsin Coalition Against Sexual Assault or the Wisconsin Department of Corrections.

What is the Sex Offender Registry?

The Sex Offender Registry is an accessible database maintained by the Wisconsin Department of Corrections. It is designed to protect the public by providing a means for monitoring and tracking the whereabouts of sex offenders in the community.

NOTE: While the bulk of the Registry requirements became effective December 25, 1993, some were added in later years. Thus, not all offenders are required to comply with the same provisions.

Who is placed on the Sex Offender Registry? (The following list is not exhaustive.)

- Individuals convicted or adjudicated for a sex crime in Wisconsin
- Individuals who are found not guilty of a sex crime by reason of mental disease or defect
- Individuals who are found to be sex predators by law in Wisconsin
- Individuals who, although they aren't found guilty of a sex crime, were convicted in Wisconsin of certain crimes that were found by a court to be sexually motivated and for whom registration is necessary to protect the public
- Individuals who were convicted by another state, the federal government, or the military for crimes that are comparable to sex crimes in Wisconsin
- Individuals who are on the sex offender registry in other states but who now reside, work, or attend school in Wisconsin

What is a sex crime?

Over 30 crimes are defined as “sex crimes” that require registration under the circumstances described above. They include but are not limited to: 1st, 2nd, and 3rd degree sexual assault, 1st and 2nd degree sexual assault of a child, and many other felonies, sexual and non-sexual.

Are there exceptions to registration?

Yes. In general, the Registry exempts offenders who are under 19 years old and commit certain crimes against victims close to the offender's age. The exemption only applies if the offense involved no force or violence. Also, juveniles adjudicated delinquent in some circumstances may be able to ask the court for an exception to registration.

How long do offenders remain on the Registry?

In general, most individuals—including all juveniles—are required to register for 15 years. However, individuals with multiple convictions, sex predators under Wisconsin law, or offenders convicted of 1st and 2nd degree sexual assault, 1st and 2nd degree sexual assault of a child, or repeated acts of sexual assault of a child may be required to register for life.

Unit: Dating Violence
Lesson Number: 8
Grade Level: High School
“Sexual Abuse- Myth and Fact”

Milwaukee Public Schools
Human Growth and Development Curriculum

Who can access the Registry?

Victims of crimes, law enforcement officials, the general public, and interested organizations can access the Registry, but not all information on the registry is available to each of these groups. For example, no information about minors is accessible to the public, and no information about juvenile adjudications is accessible to the public.

Where do I find the Registry?

The Registry is accessible by phone at 1-800-398-2403 or the internet at <http://offender.doc.state.wi.us/public>. Phone access requires the caller to provide detailed offender information and provides offender specific information. Internet access can provide offender specific information and can also provide information about sex offenders by location.

[Source: http://www.wcasa.org/pages/Resources-Info_Sheets-WI-Sex-Offender-Registry-2010.php]

GUIDELINES ON “TEENS” AND THE LAW
 This information does not constitute legal advice.

QUESTIONS	RESPONSES
<p>“SEXUAL INTERCOURSE:” In Wisconsin, can an individual engage in “sexual intercourse” with a minor, a child who has not yet attained the age of 18? What if the two individuals are both 16 or 17 years of age?</p>	<p><i>According to Wisconsin law, it is illegal for any person, regardless of their age, to engage in sexual intercourse with a child who has not yet attained the age of 18. This means that two teens, both aged 16, who say that the sexual intercourse is voluntary still risk prosecution.</i></p> <ul style="list-style-type: none"> • It is considered 1st degree sexual assault if the child has not yet attained the age of 13. • It is considered 2nd degree sexual assault if the child has not yet attained the age of 16. • It is considered a Class A misdemeanor if the child is 16 or older. <i>(WI statutes 948.02, 948.09.)</i>
<p>“SEXUAL CONTACT” AGE 0-16: In Wisconsin, can a person engage in “sexual contact” with a child aged 0-16 years of age?</p>	<p>It is illegal for any person, regardless of their age, to have “sexual contact” with a person under 16 years of age. <i>(WI s. 948.02.)</i></p>
<p>“SEXUAL CONTACT” AGE 16-18: In Wisconsin, can an individual engage in “sexual contact” with a child aged 16-18 years of age?</p>	<p>Wisconsin statutes are silent as to whether a child aged 16 or older may consent to “sexual contact.” This has been interpreted to mean that “sexual contact” with a child 16 or older is not automatically against the law.</p>
<p>CHILD ABUSE RESTRAINING ORDER: Can a parent or guardian obtain a Child Abuse Restraining Order (WI s. Section 813.12) against the person with whom their 16 or 17 year old child is engaging in sexual intercourse? <i>(For example a parent wants to get the Child Abuse Restraining order against 16-year-old daughter’s 26-year-old “boyfriend.”)</i></p>	<p>No, because the definition of “child abuse” used to provide reasons for the Restraining Order does not include the sexual assault law referring only to 16 and 17 year olds. <i>(WI s. 948.09)</i> (Whoever has sexual intercourse with a child who is not the defendant’s spouse and who has attained the age of 16 is guilty of a Class A misdemeanor.)</p>

MANDATED REPORTING:

Do mandated reporters report “voluntary” sexual intercourse between 16 and 17 year olds?

- Mandated reporters are required to report “child abuse” or “neglect.” The definition of “child abuse” does **not** include the sexual assault law referring only to 16 and 17 year olds, s. 948.09 (Whoever has sexual intercourse with a child who is not the defendant’s spouse and who has attained the age of 16 is guilty of a Class A misdemeanor.) This exclusion has been interpreted to mean that “**voluntary” sexual activity of a 16 or 17 year old, though still illegal, need not be reported as child abuse;** **UNLESS** the reporter suspects such things as: that coercion has been used, the sexual intercourse occurred or is likely to **occur with someone who is in a position of power or authority over the teen, or** he or she has **reasonable doubt** as to the **voluntariness** of the child’s participation in the sexual contact or intercourse. *These ideas about when a mandated reporter may want to report are not Wisconsin law, they are only ideas to consider when talking with a 16-17 year old about their sexual activity.*
- However, if a reporter suspects any elements under Wisconsin’s sexual assault laws s. 940.225, such as use of force or non-consent, the reporter shall report the sexual abuse.
- **Social workers for child protective services (CPS) can be good resources!** You may call CPS workers with questions about when to make a report. Asking a question is not reporting. However remember that if you give identifying information about a possible victim or offender, CPS must move forward on your statements.

This information sheet was created in 1999 by the Wisconsin Coalition Against Sexual Assault (WCASA). WCASA is a membership organization of sexual assault centers and other organizations and individuals throughout Wisconsin working to end sexual violence. For information sheets on additional topics or for membership information, contact WCASA, 600 Williamson St. Suite N2, Madison, WI, 53703. Phone/TTY: 608-257-1516 Fax: 608-257-2150. Information sheets can be downloaded from our website www.wcasa.org. This may be reproduced with reference to WCASA.

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

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

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

National Health Education Standards

Primary Focus

Standard 4 – Interpersonal Communication

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

Secondary Focus

Standard 1 – Core Concepts

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

Standard 7- Self Management

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

What You Need to Know- lesson objectives:

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

Materials:

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

Procedures:

1. Go to <https://www.youtube.com/watch?v=bdQBurXOOeQ> and watch the “Cyberbullying Talent Show” video. Possible follow up questions include:
 - How did that video make you feel?
 - Would anyone actually do that in person?
 - So why do people do it online?
 - Do you think saying stuff on IM or Facebook is as bad as saying it in person? Why?
2. Create a list from student suggestions on the consequences of cyber bullying and sexting. Make lists for each. What is it harmful? What are some of the consequences? How can someone avoid it?
3. Pass out and go over the “Key Concepts” worksheets with the class. Ask students if they have anything to add to the lists.
4. Split the class up into groups of between two and three students. Pass out different articles about sexting and cyber bullying.
5. Pass out the group report sheet. Read over the things the students should be looking for as they read the article. Once everyone is done reading each person in the group should be assigned a role: the leader of the group makes sure conversations stay on task, the recorder writes the groups answers on the report

- sheet, and the reporter will come up in front of the room and give the answers to the class.
6. Give students 10-15 minutes to read and discuss the article and fill out report sheet.
 7. Have each group report on what they found and ask the rest of the class if they have any follow up questions or comments.
 8. Finish lesson showing a few video clips about sexting and cyber bullying.
<http://www.youtube.com/watch?v=6-anRkVBcI> sexting
<http://www.youtube.com/watch?v=GOpxo8mXPmU> sexting (sent to jail for 15 years)
<http://www.youtube.com/watch?v=cw2FG-Fwpek> cyber bullying

Ask students the following questions:

How was the sexting harmful?

Why did the students engage in the sexting?

How could they have avoided the situation?

What have you learned about sexting and cyber bullying?

- Things you send online or by phone might end up in the hands of a lot of people
- Possessing or sending these types of photos could lead to criminal charges
-

Lesson extensions:

Web sites:

<http://enough.org/>

www.stopbullyingnow.gov

www.wiredsafety.org

<http://kids.getnetwise.org>

www.stopcyberbullying.org

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

Sexting Key Concepts

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

Ways that sexting can be harmful

- It can perpetuate rumors.
- It may encourage peer pressure to engage in high risk behaviors.
- It may be a form of bullying.
- It may interfere with a person’s feelings of self-worth and value if a sext message is distributed.
It can undermine a relationship by eroding trust and respect
- Privacy is not guaranteed. What happens when the relationship ends or others get access to a friends phone or computer accounts
- Once you send it can last FOREVER online.
- Someone convicted of sending pictures of minors can be charged with a felony for possessing child pornography.

Reasons why adolescents may engage in sexting

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

Strategies for avoiding sexting

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

Cyber Bullying Key Concepts

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

Ways that cyberbullying can be harmful

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

Reasons why adolescents may engage in cyberbullying

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

Strategies for avoiding cyberbullying

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

Name _____ Name _____ Name _____

Name of article: _____

Source and date of publication _____

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

Why did the students engage in this behavior?

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

Waukesha police recommend charges in sexting incident

By Jacqui Seibel, Journal Sentinel, Inc

Posted: April 1, 2009

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

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

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

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

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

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

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

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

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

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

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

West Allis students face suspension in sexting case

By Don Walker of the Journal Sentinel

Posted: March 27, 2009

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

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

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

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

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

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

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

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

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

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

Stancl gets 15 years in prison in Facebook coercion case

By Laurel Walker of the Journal Sentinel

Posted: Feb. 24, 2010 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lesson Number: 9
Grade Level: High School
“Sexting and Cyber Bullying”

Milwaukee Public Schools
Human Growth and Development Curriculum

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

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

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

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

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

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

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

Police Investigate Plainfield Sexting Case

Felony charge of distributing child porn possible

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

Sun-Times Media Wire

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

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

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

"It was spreading like wildfire," he said.

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

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

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

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

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

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

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

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

Middle school students charged in 'sexting' case

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Teen's death puts spotlight on cyber bullying

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Unit: Family Planning/Contraception

Milwaukee Public Schools

Lesson Number: 10

Human Growth and Development Curriculum

Grade Level: High School

“Abstinence”

National Health Education Standards

Primary Focus

Standard 7 – Self Management

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

Secondary Focus

Standard 1- Core Concepts

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

Standard 2- Analyzing Influences

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

Standard 8- Advocacy

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

What You Need to Know:

Students will:

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

Materials:

- One packet for each student

Procedures:

1. Spend a few minutes and discuss how they feel about making commitments to themselves. Ask what they can do along the way to ensure that they reach the goals they have for their future?
2. Have students spend 3 minutes writing down their attitude toward abstinence. What are the positives and negatives? Why do people choose to be abstinent? Why do people choose to have sex at a young age?
3. Pass out student packet.
4. Give students some time to work on the packet at their desks.
5. Go through the packet with the students, encouraging as many students as possible to share their answers.
6. Have students answer the original question again and have them see if their answers changed. Have students share those changes and thoughts.

Lesson extension:

“What If worksheet”

Glencoe Health textbook chapter 8 pgs.205 – 210

Glencoe Health Teacherworks CD for needed materials to accompany chapter 8

Name _____

Abstinence Student Packet

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

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

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

Things I am most interested in:

_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

Setting your course:

Determine your goals by writing them down.

Education _____

Career _____

Family _____

Determine your plan for achieving your goals.

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

Direction:

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

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

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

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

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

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

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

Is this a statement of opinion or fact? Explain:

Who is responsible for determining if you are abstinent? _____

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

Reflection:

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

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

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

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

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

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

I think if a girl gets pregnant:

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

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

Marriage/Committed, monogamous relationship:

What does the word permanent mean to you?

What does the word faithful mean to you?

What choices could you make now that could help you remain faithful in marriage or in a committed, monogamous relationship later in life? Explain:

Do you think that marriage or a committed, monogamous relationship is:

_____ easy _____ difficult _____ both _____ don't know

Explain:

Why do you think people want to get married? What are some of the benefits of marriage?

Do you think there will be trust issues if a person has had multiple sex partners?

Why do you think that couples who live together before marriage have a higher divorce rate than those who don't?

What are some important elements of a family that you would like to see in your family someday?

What are some things that could harm or destroy a family that you would like to avoid?

What If?

I can become, do, or be anything I wanted to be. In the next ten years, where might I be and what might I be doing?

List five possibilities below:

- 1.
- 2.
- 3.
- 4.
- 5.

Now imagine.....

What if I found out this year that I am pregnant or that I have fathered a child?

Go back to the list of possibilities and put a question mark next to every possibility that would become much more difficult in the case of an unplanned pregnancy. Write down how you are going to have to change your strategies to meet your goals.

Who would you go to with this problem to help you make a decision? Check those you would talk.

- The other parent of the baby
- Parents
- School teacher, nurse, counselor, social worker, psychologist
- Friend
- Religious leader
- Boyfriend/girlfriend
- other

Some of the choices people have in the case of an unplanned pregnancy are:

- Marriage and parenthood
- Single parenthood
- Adoption

Think about each choice. Then look at the opinions below and write the number of the opinion that best matches what you believe about each of the choices next to the choice.

1. Would do but wouldn't like it.
2. Would not even consider this choice.
3. First choice of action.
4. Second choice of action.

If an unplanned pregnancy does happen, people often have only a few days or weeks to make some of the difficult decisions.

Do I want to have children someday?

I will be ready to have children when I am _____ years old and when:

- 1.
- 2.
- 3.

Sexual responsibility means making decisions about how I want to live my life, and only I can make these decisions.

My decision about sexual intercourse is:

___ not to have intercourse until I am in a lifetime commitment

___ to use reliable birth control (condom) and STI prevention (dual protection) every time I have sexual contact until I am ready to become a parent.

___ Abstinence

___ Other-explain:

An agreement with myself:

Each of us has the responsibility to make our dreams come true. Others can support and help along the way-but we must do this for ourselves. Three things that I can do in my life during the next year to make my dreams come true are:

- 1.
- 2.
- 3.

Unit: Family Planning/Contraception

Lesson Number: 10

Grade Level: High School

“Abstinence”

Milwaukee Public Schools

Human Growth and Development Curriculum

Dear Parent or Guardian:

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

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

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

Thank you for your continued support,

National Health Education Standards

Primary Focus

Standard 5 – Decision Making

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

Secondary Focus

Standard 1- Core Concepts

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

What You Need to Know:

Students will:

- Visualize effectiveness levels of contraceptive methods. Students will synthesize contraceptive information by creating a tool to teach others. Effectiveness statistics are often hard for a person to grasp. This activity gives a visual message and adds to the picture of abstinence as the only 100% method for avoiding pregnancy.

Materials:

- 12 re-sealable plastic bags (zip top) number the outside of the bags from 1-12
- White navy beans
- Red beans
- 15 envelopes, each with 12 pieces of paper with the 12 different methods of contraception
- Contraception worksheet
- Contraceptives handout (from resource section)

Fill the bags as follows:

1. 100 red beans	0 white beans	G	Abstinence (no oral, anal, or vaginal sex)
2. 99 red beans	1 white bean	L	Implants/Injections
3. 99 red beans	1 white bean	C	Male/female sterilization
4. 99 red beans	1 white bean	I	Patch or Ring (Ortho Evra/NuvaRing)
5. 97 red beans	3 white beans	F	Birth control pill
6. 97 red beans	3 white beans	A	IUD
7. 88 red beans	12 white beans	H	Condom
8. 82 red beans	18 white beans	D	Diaphragm/cervical cap
9. 79 red beans	21 white beans	K	Spermicidal foam
10. 50 red beans	50 white beans	B	Natural family planning
11. 20 red beans	80 white beans	J	Withdrawal
12. 15 red beans	85 white beans	E	No Protection

(Note: percentages of effectiveness may vary depending on resource used.)

Do not place name labels or numbers on the bags of beans, as the answers will be revealed later. Letter each bag according to column 4, if you need to keep track of which method is represented by which bag.

Procedure:

1. When students enter the room, give one bag to two students.
2. Have one student from each pair open the bag and with closed eyes, draw six beans.

3. Hand each couple an envelope with 12 contraceptive methods on 12 slips of paper. Ask the pairs to work together and put the methods in order of effectiveness. List their guess on the Contraception worksheet.
4. Tell students that the bags represent the 12 contraceptive methods. If they selected a white bean as one of their 6, they are now pregnant. The first partner puts their beans back into the bag and the next partner draws 6 beans with eyes closed.
5. Tell them which bags represent which method of contraception. Tally which bags led to a pregnancy and which did not. Note how many pregnancies if there are more than one incidence of selecting a white bean per pair.
6. Working together the students will put the unlabeled bags in order of effectiveness in the front of the class. Put the name of the contraceptive method next to the corresponding bag. Write the correct answers on the worksheet.
7. Ask the students to write down a guess as to how many of these methods also protect against STIs or HIV. The problem is that some of the methods that are extremely effective at preventing pregnancy do not protect against STIs.
8. Tell them that only abstinence and condoms offer any measurable protection against STIs or HIV.
9. What happens if a method fails, such as a condom breaking? Introduce the idea of DUAL CONTRACEPTION. If the male uses a condom and a female uses a form of hormonal contraception such as the pill or patch they will be better protected against pregnancy, as well as STIs and HIV.

Unit: Family Planning/Contraception
Lesson Number: 11
Grade Level: High School
“Bag of Beans”

Milwaukee Public Schools
Human Growth and Development Curriculum

Lesson Extensions:

Free condoms are available through a variety of venues including through an MPS school nurse appointment.

<http://www.plannedparenthood.org/health-topics/birth-control-4211.htm>

Wisconsin Youth Sexual Behavior and Outcomes: 2000-2009 Update Sexual Behaviors, Cases of STD and HIV, and Teen Births, Wisconsin Department of Health Services and Wisconsin Department of Public Instruction, April 2011 provides information about youth sexual behaviors and outcomes in the US, Wisconsin, and Milwaukee. http://sspw.dpi.wi.gov/sspw_yrbsindx

Information from the report can be presented at this point and other points in the curriculum to provide context. A PDF of the full report is available at: http://www.dhs.wisconsin.gov/aids-hiv/Stats/11YouthSexBehaviorUpdate_10_12.ppt

Interested students and teachers can do their own analysis regarding sexual behavior, tobacco use, alcohol and drug abuse, and other topics. Data are available at: <http://nccd.cdc.gov/YouthOnline/App/Default.aspx>

The site lets you analyze national, state, and local Youth Risk Behavior Surveillance System (YRBSS) data from 1991-2009. Data from high school and middle school surveys are included. You can filter and sort on the basis of race/ethnicity, sex, grade, or site, create customized tables and graphs, and perform statistical tests by site and health topic. Please see [Youth Online Help](#) for more information using all Youth Online capabilities.

Another report worth reviewing is:

Milwaukee Health Report 2012, Health Disparities in Milwaukee By Socioeconomic Status Center for Urban Population Health at <http://www.cuph.org/mhr/2012-milwaukee-health-report.pdf;jsessionid=9C20F6064D26832DFC8FE0F11EE34F9B>

Abstinence

Condom

Implants

**Diaphragm/
cervical cap**

**Male/Female
sterilization**

Spermicidal foam

**Patch or Ring
(Ortho
Evra/NuvaRing)**

**Natural family
planning**

Birth Control Pill

Withdrawal

IUD

No protection

Contraception

Working with your partner, list the following methods for birth control from most effective (#1) to least effective (#12). Some are equal in effectiveness.

Condom Male/Female sterilization Spermicidal foam Withdrawal	IUD Diaphragm/Cervical Cap Patch or Ring No protection	Abstinence Birth Control pill Implants Natural Family Planning
---	---	---

Your Guess:	Real Answer:
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.

Male condom (Prophylactics)

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

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

Birth control pills (BCPs)
(Oral Contraceptives)

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

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

Birth control injections
(Depo medroxyprogesterone acetate: DMPA)

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

Intrauterine devices (IUDs)

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

Ortho Evra Patch

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

More methods found

here: <http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/Contraception.htm>

National Health Education Standards

Primary Focus

Standard 5 – Decision Making

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

Secondary Focus

Standard 1- Core Concepts

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

What You Need to Know:

Students will:

- Gain a better understanding of how many people become infected with STI’s. Effectiveness statistics are often hard for a person to grasp. This activity gives a visual message and adds to the picture of abstinence as the only 100% method for avoiding pregnancy.
- Demonstrate the correct way to put on a condom.

Materials:

- Milwaukee and Wisconsin Sexual behavior facts sheet
- Contraceptive myths worksheet
- Condom line-up cards

Procedure:

1. Go over the contraceptive myths worksheet .Have student’s pair up and have them determine why each statement is considered a myth. Have the class come back together and have a group read their answer. Ask other groups if they have anything to add or refute something said previously. Look at the teacher resource page to add additional information or correct any false comments.
2. Go over Milwaukee and Wisconsin Sexual behavior facts. Use the discussion questions bulleted on each chart to facilitate class discussion.
3. Condom line-up
4. Introduce the activity by saying: We are going to demonstrate all the steps involved in putting on a condom by putting a set of condom-use cards in the correct order. Reminder: You should not use a latex condom if a person is allergic to latex.
5. Shuffle the Condom Line-up cards
6. Pass out the cards to the participants. (Give each participant more than one card if there are more cards than participants.)
7. Ask the group to stand.
8. Explain to the group:
 - a. These cards represent steps in proper condom use. Your task is to put them in the correct order. You will have about one minute to study them. Before we start, can someone tell me what a couple should do before they get ready to buy condoms? (Answer: discuss safer sex issues.)
9. Have the participants put the cards in the proper order on the blackboard. Encourage all the group members to participate.
10. Ask if there are any final adjustments, and allow them to be made.

11. When the group has decided how the cards should be placed, verify the correct order or ask questions to prompt the movement to the correct order.

12. When the order is correct, review the steps: Order of Condom Line-Up Cards:

1. Buy condoms and check expiration date
2. Sexual arousal (hug, cuddle, kiss, massage)
3. Erection
4. Carefully remove condom from package
5. Squeeze out any air from tip of condom and leave room for ejaculation
6. Check the way the condom rolls down then roll condom on
7. Intercourse
8. Ejaculation
9. Hold onto the rim of condom and withdraw the penis
10. Remove and discard condom
11. Loss of erection
12. Relaxation

Facilitator's Note:

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

Contraception Myth Page

Directions: Explain why these are contraception myths.

1. Wearing two condoms is better protection than just one
2. Having sex standing up will prevent sperm from swimming up to the fallopian tubes
3. A female can't get pregnant the first time she has sex with a male
4. Douching, showering, or bathing can prevent pregnancy
5. A female can't get pregnant if the male "pulls out" before he ejaculates
6. A female can't get pregnant if she has sex during her period
7. Use saran wrap (or a balloon) if you can't find a condom
8. Latex condoms are still effective if stored in a wallet or car for months
9. Condoms decrease sensation and reduce pleasure
10. All girls or women who take birth control will gain weight

Have you heard of any other myths?

Contraceptive Myths Answer sheet

1. **Wearing two condoms is better protection than just one**
Wearing two condoms will cause friction and they are likely to break, meaning you have no protection.
2. **Having sex standing up will prevent sperm from swimming up to the fallopian tubes**
Sperm are not affected by the position of the woman’s body.
3. **A female can't get pregnant the first time she has sex with a male**
A woman's chances for becoming pregnant are always the same, about 1 out of 20 -- even if it is her first time.
4. **Douching, showering, or bathing can prevent pregnancy**
Douching is not an effective method of birth control as it is impossible to douche fast enough to keep sperm away from fertilizing an egg. This is true even if you douche immediately after sexual intercourse. Urinating or taking a bath or shower will also not wash sperm out.
5. **A female can't get pregnant if the male "Pulls Out" before he ejaculates**
This is a huge myth! Withdrawal is not always a reliable method, and there are several reasons for this. Once a male becomes aroused, he ejects pre-ejaculate fluid -- this fluid can contain at least 300,000 sperm (and it only takes 1 to join an egg)! There is also the risk that he doesn't pull out in time as, in the heat of the moment, it can be hard to keep control. Even if he ejaculates outside of the vagina, sperm can swim, so semen anywhere near the vagina can still lead to pregnancy (this means that pregnancy can occur even without penile penetration if a male ejaculates on or near the vagina).
6. **A female can't get pregnant if she has sex during her period**
Many women (and men) believe this myth. It is possible for a female to get pregnant at any time during her menstrual cycle. Generally, when you are having your period, it means that you are not ovulating. If this is the case, then you will not get pregnant. However, females with irregular or shorter cycles can actually ovulate during their period. It is not guaranteed that you will ovulate mid-cycle. Sperm can live inside a woman's body for up to 5 days, so if you ovulate anytime within 7 days of having unprotected sex, you could become pregnant.
7. **Use saran wrap (or a balloon) if you can't find a condom**
Saran wrap is no substitute for a condom. If you do not have a reliable birth control method handy, do not use plastic sandwich wrap around a penis as a way to prevent pregnancy: It does not work (neither does using a balloon, so don't try that either)
8. **Latex condoms are still effective if stored in a wallet or car for months**
Storing latex condoms in places that tend to get hot or are in direct sunlight can be weakened. Once the integrity of the latex is weakened or damaged it is not effective and should be thrown away.

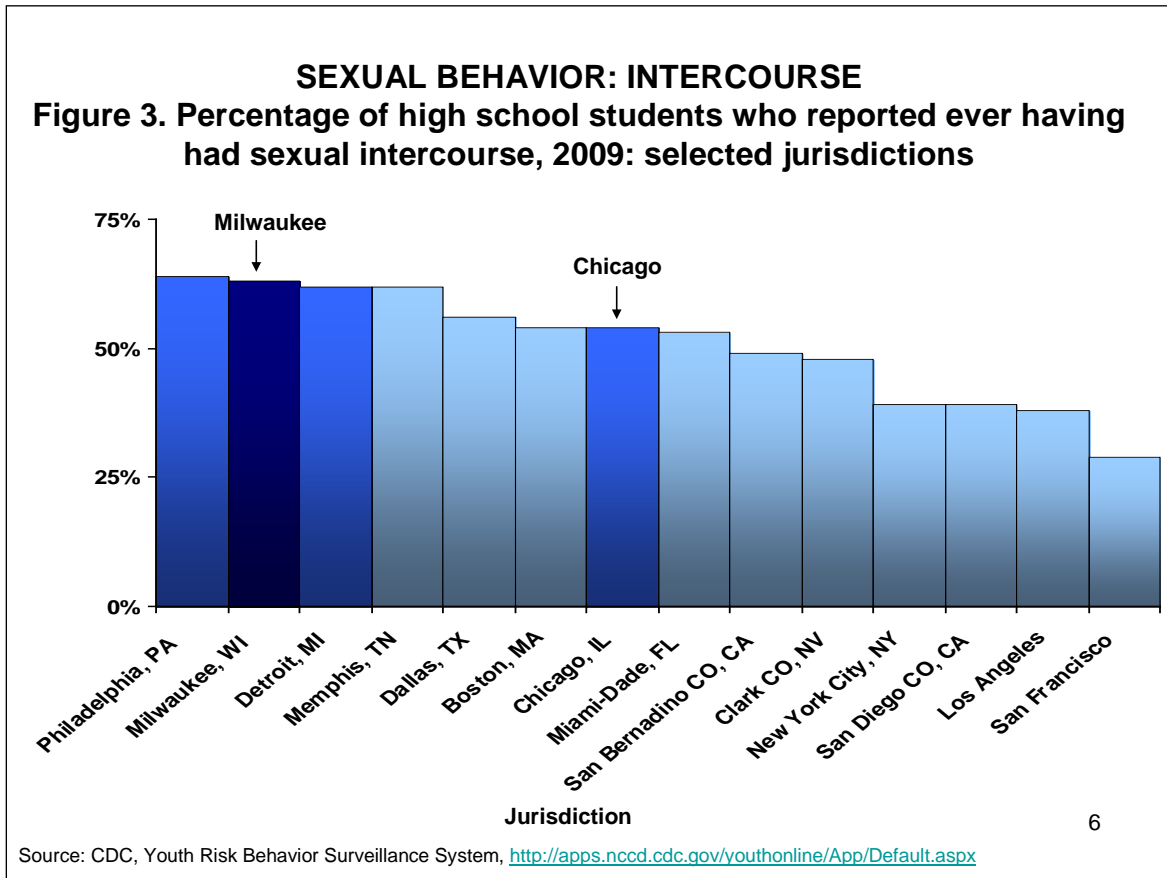
9. Condoms decrease sensation and reduce pleasure

If you thought that condoms decrease sensation and hence reduce pleasure, think again. Try textured/studded condoms. These condoms have slight bumps or ribs that run up and down the length of the condom meant for extra stimulation, and hence enhanced pleasure for both the partners.

10. All girls or women who take birth control will gain weight

Prescribed forms of birth control taken by females, like the pill, depo shot, ring, patch or even the IUD all contain hormones which can cause side effects. Weight gain is a *possible* side effect of hormonal methods of birth control but, will not necessarily happen for every woman or girl using them. As with any medication, if a person doesn't like the side effect or how they feel, they should talk with their health care provider to see if there is a different method to try which they may like better.

Milwaukee and Wisconsin Sexual behavior facts sheet



- The percentage of Milwaukee students reporting that they had ever had sexual intercourse in 2009 is among the highest of US cities—63%, compared to 46% of students in the whole U.S.
- 52.4 % Milwaukee; 46.8% in U.S.

Discussion questions

- Why do you think Milwaukee teens are reporting higher rates of sexual activity than many other cities -OR- Milwaukee’s ranking amongs the cities has changed from the second highest in sexual activity in 2009 to ## in 2013. Why do you think less sexual activity is being reported? Does that mean high school students are having less sex than previous years?
- Do you think this is accurate?

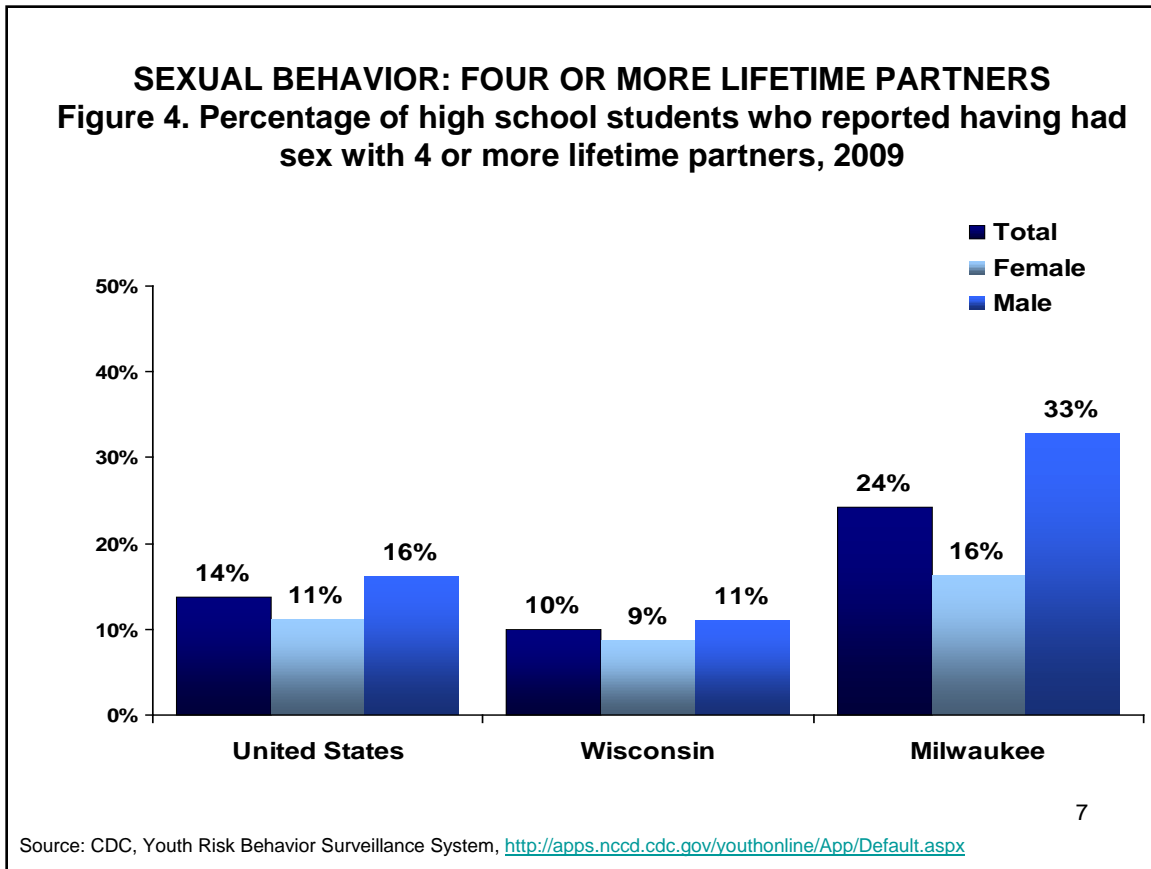


Figure 4 shows the percentage of students in the United States, Wisconsin, and Milwaukee who reported that they had had sex with four or more partners during their life. Milwaukee’s percentages are much higher than those for Wisconsin and the United States. One in three males in Milwaukee reported having four or more lifetime partners, twice the percentage nationally.

	United States	Wisconsin	Milwaukee
Total	15%	9.8%	18.3%
Male	16.8%	9.9%	25.4%
Female	13.2%	9.5%	12.1%

Discussion questions

- Why is having multiple (more than 1) partners something we are concerned about for teens?
- What does having multiple partners increase risk for? (HIV/STI transmission)

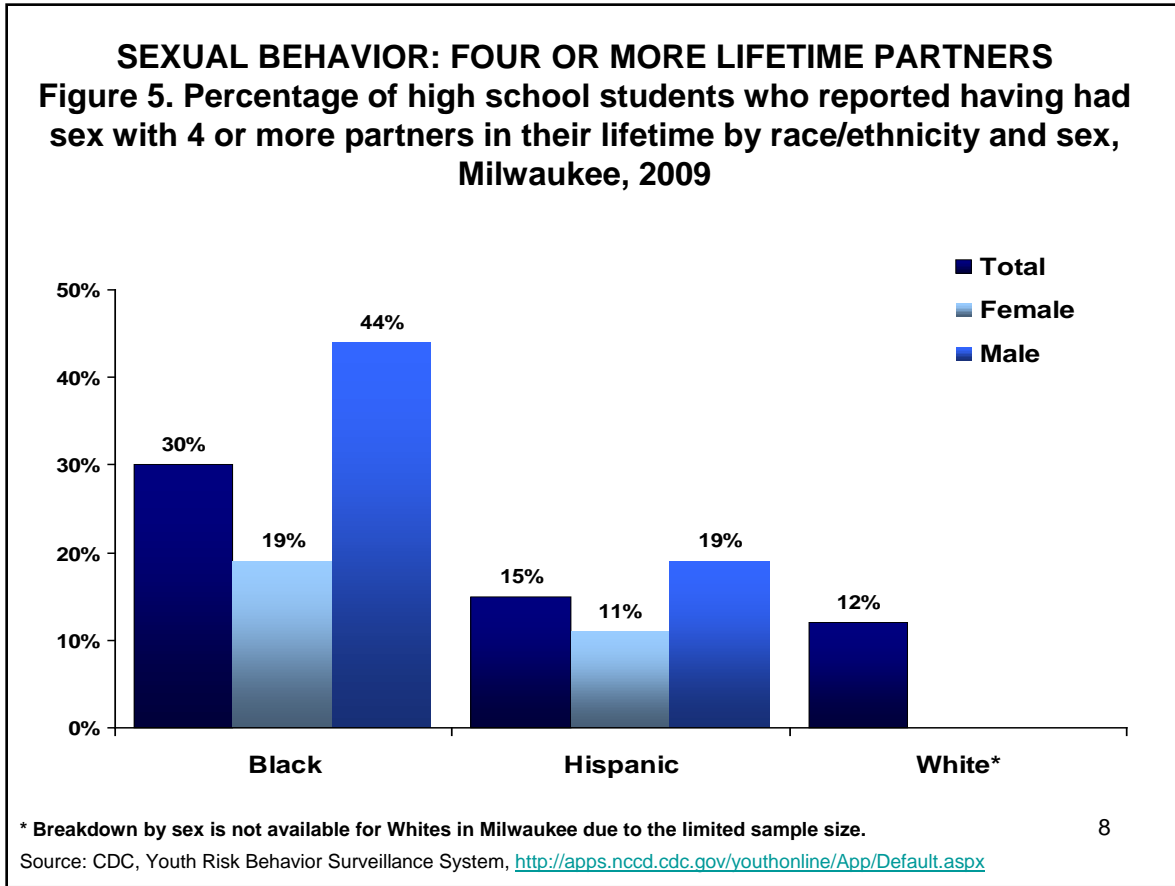


Figure 5 shows the percentage of Milwaukee students by race/ethnicity and sex who reported that they had had sex with four or more partners during their life. The percentage for Black males in Milwaukee is 44%, one of the highest in the county. Breakdowns by sex for Whites in Milwaukee are not available because of the small sample size.

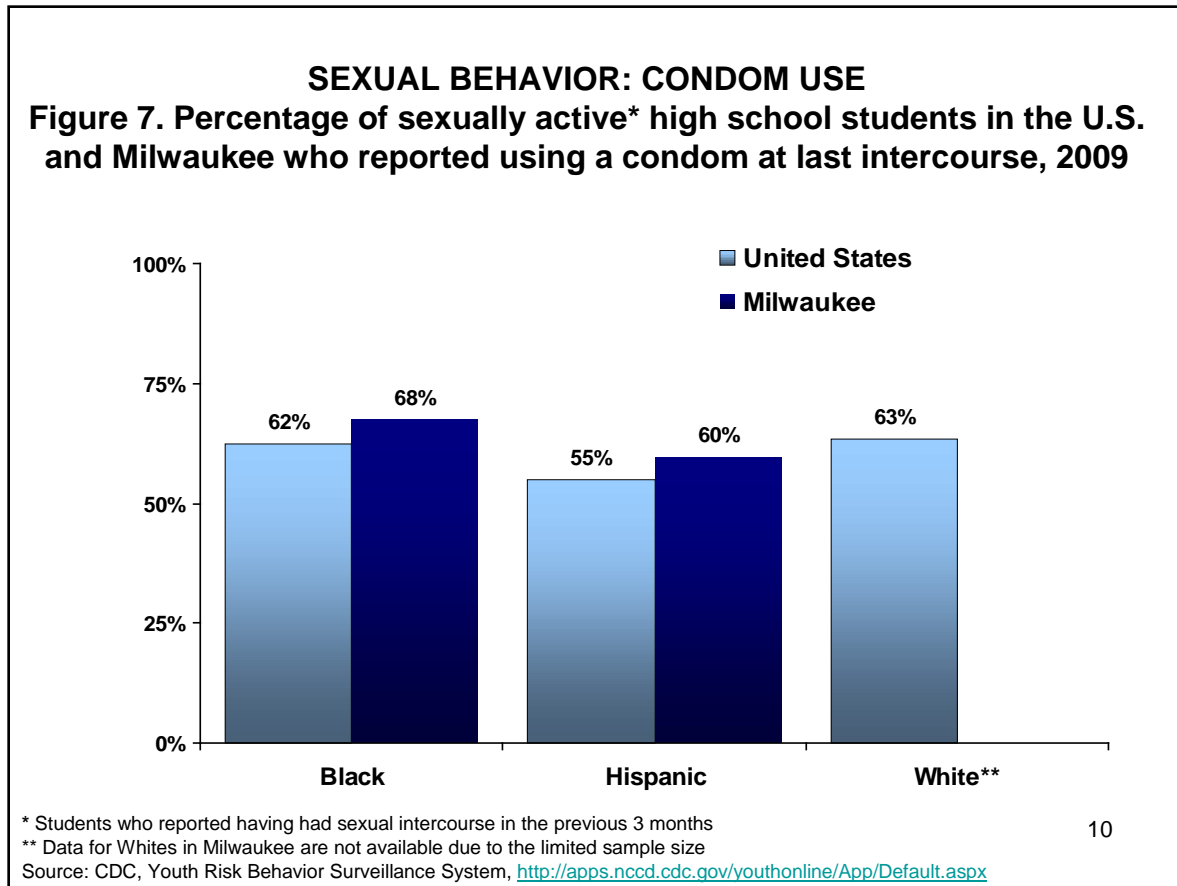
Black Total: 22.3%
 Black Male: 33.4%
 Black Female: 14.1%

Hispanic Total: 13.7%
 Hispanic Male: 17.7%
 Hispanic Female: 8.9%

White Total: N/A due to small sample size. 8% per Milwaukee YRBS

Discussion question

- Why do you think there differences in multiple-partner rates between different races of kids?



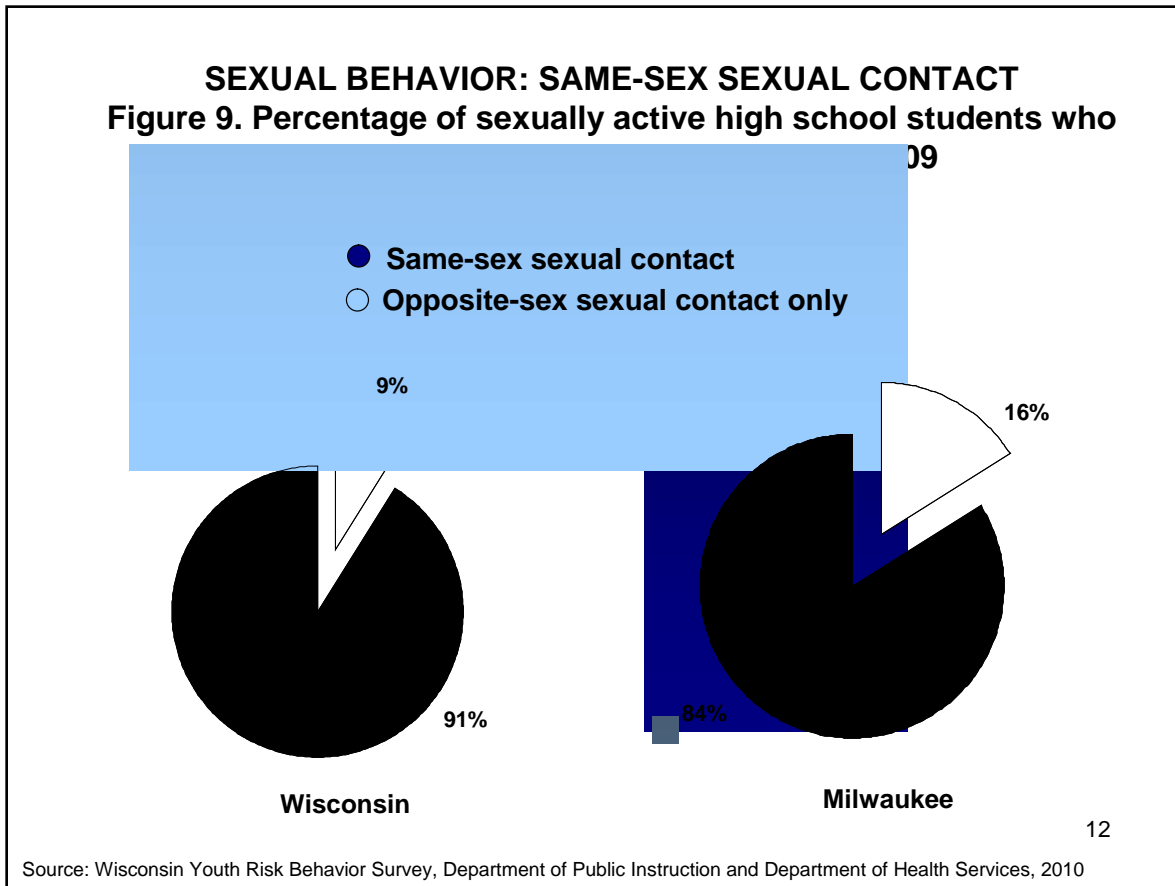
Two out of three Milwaukee high school students used a condom the last time they had sex. Condom use in Milwaukee is higher among African American than Latino young people. Data for Whites and other racial groups are not available because of the small sample size.

Data about contraceptive use by sexually-active Milwaukee youth:

- 61.5% used a condom the last time they had sex.
- 99.4% used birth control; 3.3% used IUD, 11.2% used a shot, patch, or ring the last time they had sexual intercourse.
- 9.1 % used both a condom and another method. Dual protection is what is recommended – to prevent pregnancy and sexually transmitted infections including HIV.
- 21.3% drank alcohol before the last time they had sex, 24.6% males. Drinking before sex is more common in males than females.

Discussion question

- Why do you think Milwaukee teens have slightly higher condom use rates than the rest of the US?
- How can condom use rates be raised or encouraged to be higher?



In 2007 and 2009 combined, 16% of Milwaukee students who had had sexual contact reported having had sexual contact with at least one partner of the same sex. Some of these students also had opposite-sex partners.

Milwaukee has some of the highest rates of sexually transmitted infections and teen pregnancy rates in the country.

Milwaukee: 22.8 % same-sex sexual contact (MKE YRBS), 82% heterosexual. (MKE YRBS)

Discussion questions

- Why do you think Milwaukee has almost twice the rate of same-sex sexual contact as the rest of the state?
- Do you think these rates are accurate?

Relaxation

**Remove and
Discard Condom**

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

Loss of Erection

Ejaculation

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

**Check the way the
condom rolls down
then roll condom on**

Intercourse

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

Erection

**Carefully remove
condom from package**

**Buy condoms and check
expiration date**

National Health Education Standards

Primary Focus

Standard 3 – Accessing Information

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

Secondary Focus

Standard 1- Core Concepts

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

Standard 8- Advocacy

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

What You Need to Know:

Students will:

- Identify and cite specific sources of information
- Use visual data to present data to a group
- Understand the pros and cons of various contraceptive methods
- Develop cooperation and team work skills
- Present accurate and reliable information to the class in an effective manner

Materials:

- Reserve the computer lab
- TRAAP test sheet overhead or copy for each student
- Computer lab worksheet for each student
- Ten colored note cards

Procedures (2-day lesson):

1. Transmission Demonstration:

- Have ten students come up to the front of the room and stand in a semi-circle so that the rest of the class can see them.
- Each student should be given a colored card or something they can raise above their head during the activity.
- There will be three demonstrations to simulate three types of sexual behavior.
 1. **Abstinence/Monogamy:** Have one of the students in the middle of the line raise their card up over their head with their left hand. Then tell everyone else to turn to the person next to them (starting with the pair in the middle) and shake hands. Have the two people at both ends of the line to not shake hands with anyone. Anytime you shake hands with a person who has their hand raised, you also have to raise your card with your left hand. After everyone shakes hands one time, there will now be two people with their cards raised. Ask the students:
 - What were the two students at the ends of the line simulating?
A: Abstinence. This is the only 100% effective way to prevent pregnancy and STI infection.
 - This first activity simulates having only one partner or monogamy. How many people got infected? A: TWO. Even in monogamy there is some chance that you could get a disease, but based on the number of students who did not raise their hands, are those odds very high? A: NO

2. Two partners: Start with the same single student in the middle having their card raised over their head. Have students shake hands with the person next to them and then turn and shake hands with the person on the other side of them. The two people on the end will have to walk toward each other to shake hands. Remember, after you shake hands with someone that has their card raised you must raise your card as well. Ask the students:
 - Now these people have added one partner, how many people are infected now? A: FOUR.
 - So, what does increasing your number of partners do to the chances of you contracting a disease? A: The more partners you have, the greater your chance of contracting an STI.
 - Remember, the earlier you start having sex, the more likely you are to have more and more partners
 3. Concurrent partners: Once again start off the same way. This time each person is going to shake hands back and forth with the people on either side of them five times. Remember to raise your hand after you shake hands with someone who already has their hand raised. Ask the students:
 - How many students have their hands raised now? A: TEN
 - What was this simulating? A: concurrent partners or switching back and forth between partners.
 - This usually happens when a group of friends keeps going back and forth between partners. This is clearly the easiest way to contract a disease.
 4. **Recap of prevalence of STIs HIV in Milwaukee**
33% of male students in Milwaukee reported 4 or more lifetime partners compared to 11% in Wisconsin and 16% in the U.S. The more partners you have had, in addition to the number of partners; your partner has had, the more likely you will be exposed to an STI and pass one on. Know the risk behaviors of your partner!
- 2. Talk about the “ABC’s of Teen Pregnancy and STI Prevention”**
- Tell them that this is an example of the three steps you can take to being free of STI’s or pregnancy. Each step down the list is a little less safe.
 1. A= Abstinence: This is the only 100% effective way to prevent teen pregnancy and STI infection.
 2. B= Be faithful. You should wait as long as possible to start being sexually active because the earlier you start the more likely you are to have more partners. When you choose to be sexually active, you should wait until you know the person very well and only be with that one person. If you go between multiple people your chances of contracting an STI increase dramatically.
 3. C= Use a Condom: If you chose to have sex with anyone you need to use a condom. This should not be an option for you or your partner. If your partner refuses to use a condom then they are not looking out for your well-being. This is not the kind of person you should want to be with based on their lack of caring for you or themselves.
3. Explain that sexual contact with the penis or vagina, whether it is oral sex (mouth), anal sex (rectum) or vaginal sex, is the way STIs are transmitted. The only 100% effective way to avoid STIs is to avoid any contact that might result in transmission.

TRAPP Project (finish on day 2)

1. Today students are going to look up information regarding contraception. They will make a pamphlet that can be used to distribute throughout the school or the community.
2. Go over the TRAAP test with the students. This is a tool that tests if information is accurate and reliable.
3. Students should work in groups of 2-4. The teacher can assign a contraceptive or let students pick their own. However, it is important that every contraceptive method is covered. It is recommended that the teacher assign groups a contraceptive.
4. No web sites will be given as guidance. Students need to be able to locate accurate information on their own. They will be asked to gather information from four different web sites. They all must be rated using the TRAAP test.
5. Use the worksheet provided to answer specific questions about the various forms of contraception.
6. Students should be able to gather enough information to create a pamphlet in one class period. It will be up to the teacher to decide if you will give them a second day to create a pamphlet in the computer lab, have them create one in class or make it a homework assignment.
7. Have students present their pamphlets to the class. Students can either take notes on the presentations or the pamphlets can be copied.
8. If you have time you can give the students the contraception quiz again and they can compare their answers.

Some teacher resources regarding contraception are included here and in the previous lesson.

Methods that should be covered: male condom, female condom, the pill, the patch (Ortho-Evra, the ring (Nova-ring), injection (Depo-Provera), emergency contraception (morning after pill), IUD, periodic abstinence, abstinence. No contraception or withdrawal could also be researched.

Suggestions for web sites:

http://www.cdc.gov/std/healthcomm/fact_sheets.htm

<http://www.milwaukee.gov/ImageLibrary/Groups/healthAuthors/DCP/PDFs/finalteenpregnancyfactsheetrev406.pdf>

<http://www.plannedparenthood.org/health-info/birth-control>

http://kidshealth.org/teen/sexual_health/contraception/contraception.html

TRAAP Test

1. **Timely** – The timeliness of the information.
 1. How recent is the information?
 2. How recently has the website been updated?
 3. Is it current enough for your topic?
2. **Reliability** –The importance of the information for your needs.
 1. What kind of information is included in the resource?
 2. Is content of the resource primarily opinion? Is it balanced?
 3. Does the creator provide references or sources for data or quotations?
3. **Authority** – The source of the information
 1. Who is the creator or author?
 2. What are the credentials?
 3. Who is the publisher or sponsor?
 4. Are they reputable?
 5. What is the publisher’s interest (if any) in this information?
 6. Are there advertisements on the website?
4. **Accuracy**- The reliability, truthfulness, and correctness of the informational content.
 1. Where does the information come from?
 2. Is the information supported by evidence?
 3. Has the information been reviewed?
 4. Does the language or tone seem biased and free from emotion?
 5. Are there spelling, grammar, or other typographical errors?
5. **Purpose/Point of View** -
 1. Is this fact or opinion?
 2. Is it biased?
 3. Is the creator/author trying to sell you something?

Name _____, _____, _____, _____

TRAAP TEST COMPUTER LAB ASSIGNMENT

Contraceptives

1. Use a search engine or other method to find four web sites that might help you create a pamphlet about a contraceptive.

2. Which contraceptive method are you researching? _____

Web site	Web site
Was it timely?	Was it timely?
Was it relevant?	Was it relevant?
Was the source authoritative?	Was the source authoritative?
Was it accurate?	Was it accurate?
What was the purpose?	What was the purpose?

Web site	Web site
Was it timely?	Was it timely?
Was it relevant?	Was it relevant?
Was the source authoritative?	Was the source authoritative?
Was it accurate?	Was it accurate?
What was the purpose?	What was the purpose?

***See handout for reference if a computer lab is not available

Unit: Family Planning/Contraception

Lesson Number: 13 & 14

Grade Level: High School

“Contraception Project”

Milwaukee Public Schools

Human Growth and Development Curriculum

Answer the following questions regarding your form of contraception:

Description (How to use it):

How does it prevent pregnancy?

How does it prevent STIs?

Side Effects/Risks

Availability

Reliability (How effective is it at preventing pregnancy?)

Convenience (How easy is it to get, to use, does it require surgery, doctors visits?)

Other interesting information:

October 2015

National Health Education Standards

Primary Focus

Standard 5 – Decision Making

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

Secondary Focus

Standard 1- Core Concepts

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

What You Need to Know:

Students will:

- They will consider the importance of parenting and the skills required to do so effectively.
- Understand the responsibility, time and cost associated with having and caring for a baby.
- Research answers to some questions relating to the care of infants and children.

Materials:

- Life with a Baby worksheet

Procedures:

1. Conduct the “Cheeseburger Stand” activity with the class. Write the word REQUIREMENTS on the board and ask the student to define it. After getting their thoughts, make sure they understand it is something that *MUST* happen before a person is able to move on to the next step.
 - a. Read the following to the students “Imagine you own a cheeseburger stand and don’t want to run it. You need to hire someone to run it for you and at the end of each month they will bring you the money. You will pay them a certain amount and keep the rest.”
 - b. Ask student what the “requirements” are for the person they hire? (Note that this may also include characteristics.) Write them on the board. Have students explain the importance of some of the requirements.
 - c. Ask students what would happen to the business if the person they hire did not fulfill the requirements. (They should identify that the business may fail, customers would be unhappy, bad reputation, etc.)
 - d. Ask student to identify the “requirements” society has for being a parent. Be sure to make it clear that there are no requirements.
 - e. Challenge the student to think about the importance to parenting verses running a cheeseburger stand. What do they think about this?
 - f. Have students make a list of the requirements for becoming a parent and write it on the board next to the other list. Have them explain the importance of the requirements.
2. Tell students “We all know how cute and lovable a baby is. How many of you have a realistic idea of how much time, responsibility and cost a baby involves.
 - a. Distribute the *Life with a Baby* activity sheet (this is good to give at the end of the first day so students have the opportunity to discuss with family). Tell students they will need to research information to complete the questions. Possible resources include the internet (ensure that they use reputable sites), parents with small babies, pediatricians and their own family members.
 - b. When students have had time to complete the activity sheet, divide the class into groups to compare and discuss answers. After 10 minutes or so, hold a class discussion.
 - Did you learn anything new?
 - Did you realize how time consuming and expensive a baby really is?

- Would raising a child be different if parents are single, staying together or getting married? What are the benefits and drawbacks of each relationship status (social, economic etc...)?
- Why do you think some teens choose to become pregnant? Are these good reasons?
- What are some better ways for teens to meet these needs?

Suggested closure - “Having a baby in your teen years can be very challenging, even if your partner is staying involved or you get married. Even many adults who have planned and feel ready to have children would tell you that, "...it is much more difficult than they ever imagined". Now that you have done your research into the demands of child rearing and evaluated your own parental readiness, what do you think about having a baby sometime soon? It's up to you when you decide to bring a child into the world, and it is your responsibility to do so only when you are well enough established, in who you are and what you want in life, to give your child the best. If you realize you are not ready for the responsibility of parenthood, make sure you choose abstinence. If and when you choose to have sex make sure you use birth control and condoms every single time to prevent pregnancy and STI's.”

Lesson Extension:

- As a class complete the budget found at Practical Money Skills for Life <http://www.practicalmoneyskills.com/calculators/calculate/budgetingForABaby.php?calcCategory=budget> .
- USDA's Cost of Raising a Child Calculator: <http://www.cnpp.usda.gov/calculatorintro.htm>
- United Way of Greater Milwaukee <http://www.babycanwait.com/Healthcare/Pregnancy/Cost-of-Raising-a-Baby.htm>
- The National Campaign to Prevent Teen and Unplanned Pregnancy <http://stayteen.org/teen-pregnancy>

Parenting

Definition: the rearing of children

- 3 out of every 10 teens experience their first pregnancy before the age of 20, most of them choose to parent.¹
- Teen mothers are less likely to ever get married, regardless of whether or not they have more children, resulting in a lifetime of single parenthood.

Preparing for a baby

- Rally Support! The most important thing a teen parent can do is make sure they have a reliable and effective support network to help them along the way.
- Make sure you go to all of your medical check-ups and prepare a birthing plan with the help of your support person and physician.
- Work with your school to outline your continued education and graduation or GED.
- Work with an adult to plan for living arrangements.
- Attend a birthing and parenting class.
 - Start getting baby items: car seat, crib, stroller, blankets/bedding, clothes, diapers, formula, etc.
- Explore daycare options.
- Plan for paternity to be determined (if you are not married to the father).
 - It is crucial for paternity to be established right away, regardless of whether or not the father is able to give child support.
- Obtain necessary paperwork to apply for State assistance programs.

Assistance for young parents

- Minors cannot receive cash assistance from the State.
 - It is expected that a teen parent would be living with an adult; an adult supporting a teen parent may be eligible for various assistance from the State.
- There are several other programs designed to assist young parents; the most common programs include.
 - Medicaid, Title 19, and Healthy Start
 - All of these programs are designed to help low income parents with health insurance and medical care.
 - Women, Infants and Children Nutritional Program (WIC)
 - Food stamp program for low income families.
 - Family Resource Centers (FRC)
 - The centers provide education and support to families.
 - Workforce and Career Development Services
 - Workforce Investment Act (WIA) Youth Program helps young parents with education and employment opportunities.

¹ “Teen Pregnancy.” *Stay Teen*, The National Campaign to Prevent Teen and Unplanned Pregnancy.
<http://stayteen.org/teen-pregnancy>

Why do women choose to parent?

Professionals working with Teen Moms state some of the following as reasons women choose to parent

- She feels it is her responsibility – abortion or adoption would be a “cop-out”
- She lacks support to choose abortion or adoption
- She loves children and has always wanted to parent
- She sees parenting as a new, positive, path for her life
- She thinks everyone is doing it, and/or admires those who are
- She’s trying to prove her maturity to other adults
- She is already responsible for young children in her life, so it makes sense to be responsible for her own too
- She feels there is no other choice

Further Resources

Family Resources, <http://www.dcf.wisconsin.gov/bmcw/family/default.htm>

Hope Network, www.hopenetworkinc.org

Girl Mom, www.girl-mom.com

Pros	Cons
<ul style="list-style-type: none">■ Sharing your life with a child■ A new identity■ Family connections■ Learning new skills■ Knowing and feeling you’re needed■ Having a sense of pride in yourself and your child	<ul style="list-style-type: none">■ Lack of support■ Being on-call 24/7■ Financial difficulties■ Putting school and work on hold■ Giving up a carefree lifestyle■ Struggling for independence, depending on others

LIFE WITH A BABY

Directions: Research answers to the following questions.

1. What is the average cost of a month’s worth of baby food for a 9-month-old baby?
2. About how much does it cost to buy a month’s worth of formula for a 6-month-old baby who is bottle fed?
3. What would be the cost of a month’s supply of disposable diapers for an average 3-month old?
4. How many soiled diapers are changed for an average 3-month old during a month?
5. How much would a babysitter cost per hour?
6. How might your daily schedule look if you had a 10-month old infant right now?
7 AM – 8 AM _____
8 AM – 9 AM _____
9 AM – 10 AM _____
10 AM – 11 AM _____
11 AM – Noon _____
Noon – 1 PM _____
1 PM – 2 PM _____
2 PM – 3 PM _____
3 PM – 4 PM _____
4 PM – 5 PM _____
5 PM – 6 PM _____
6 PM – 7 PM _____
7 PM – 8 PM _____
8 PM – 9 PM _____
9 PM – 10 PM _____
10 PM – 7 AM _____
7. Having a baby means being responsible for another human life for at least 18 years. When do you expect that you will be ready (financially and emotionally) for this type of responsibility? How responsible are you for yourself right now?

LIFE WITH A BABY (continued)

8. How would having a baby affect your freedom, privacy and social life?

9. How would you take care of any infant’s health and safety? How do you take care of your own?

10. Mark the answer you think is correct. According to the United States Department of Agriculture, the average annual cost of raising a single child in a household with a family income of less than \$100,000/year is:
 - a. \$4,000-\$8,500
 - b. \$8,500-\$14,500
 - c. \$14,500-\$19,500
 - d. \$19,500-\$24,500
 - e. \$24,500- \$29,500

11. How would having a child within the next 2 or 3 years affect your educational plans and life options?

12. Could you handle a child and a job at the same time? How would you deal with the noise, the confusion and the demands of a child?

13. How could bringing a new life to this world interfere with your own growth and development?

14. Would raising a child be different if you chose to stay with your partner to parent together? How would it be different if you chose to live together? How would it be different if you chose to get married to your partner?

Additional Teacher Resources:

There is no answer key but below are some key prices from 2011 compiled by the United Way of Greater Milwaukee.

Diapers: Babies will use 10-14 diapers per day. Some people use cloth diapers to cut on costs and reduce the impact on the environment, but they have to figure in extra time and money for laundry and extra diaper covers. Most people use disposable diapers simply because the baby will go through so many in the first few years. In addition to diapers, the baby needs to be cleaned and dried every time the diaper is changed.

(Hint: you will use about 75 diapers a week and 2 packages of wipes a month)

- Diapers (one month) \$96
- Baby Wipes (1 package) \$3

Formula:

38oz cans of Formula (approximately 5 cans/month)	\$20/can
Pacifiers x10	\$10.00
4oz feeding bottles	\$60.00
8oz feeding bottles	\$60.00
Burp Cloths x 12	\$20.00

Baby Food:

Bibs x5	\$25.00
Infant Spoons x10	\$12.00
No spill cups x5	\$15.00
Child proof plates and bowls x15	\$20.00
Baby Food (3 jars average per day)	\$4.00 (per jar)

Cost of Raising a Child (from *Expenditures on Children by Families, 2011*, Us Department of Agriculture, Center for Nutrition and Policy Promotion, Miscellaneous Publication Number 1528-2011)

“Child-rearing expenses vary considerably by household income level. For a child in a two-child, husband-wife family, annual expenses ranged from \$8,760 to \$9,970, on average, (depending on age of the child) for households with before-tax income less than \$59,410, from \$12,290 to \$14,320 for households with before-tax income between \$59,410 and \$102,870, and from \$20,420 to \$24,510 for households with before-tax income more than \$102,870.”

The answer to question 10 is: B

Unit: Family Planning/Contraception

Lesson Number: 15

Grade Level: High School

“Parenting”

Milwaukee Public Schools

Human Growth and Development Curriculum

This lesson is available for schools that have the Real Care “Baby Think it Over” simulator. Schools interested in teaching these lessons with the Real Care baby please contact the Wellness and Prevention Office.

National Health Education Standards

Primary Focus

Standard 7 – Self Management

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

Secondary Focus

Standard 1 – Core Concepts

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

Standard 6 – Goal Setting

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

What You Need to Know- Students will:

- Understand that each infant is unique and requires a great deal of love, time and attention.
- Realize that Infants’ demands are unpredictable but must be met promptly.
- Understand Parenting responsibilities impact one’s lifestyle profoundly and should only be taken on by someone prepared for that responsibility
- Understand parenting roles and responsibilities can help a person assess readiness for parenthood, and help nurture healthy families.
- Knowledge of human growth and development and parenting skills provides guidelines for behavior and promotes healthy physical, emotional, intellectual, and social child growth and development.
- Realize a healthy family cultivates and maintains positive relationships among its members and uses support systems and services.

Materials:

- Included with curriculum binder

Unit: STI/HIV/AIDS
Lesson Number: 16
Grade Level: High School
“The Dice Game”

Milwaukee Public Schools
Human Growth and Development Curriculum

National Health Education Standards

Primary Focus

Standard 7 – Self Management

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

Secondary Focus

Standard 1- Core Concepts

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

Standard 5 – Decision Making

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

What You Need to Know:

Students will:

- Students will increase awareness of risk taking.
- Students will become aware that many **sexually transmitted infections go undiagnosed**, as these infections are often without symptoms.
- Understand that having any sexually transmitted infection **increases the risk** for acquiring or transmitting HIV during unprotected sex.
- While there may be danger signs or symptoms, you can be infected *without knowing it*. *Most STDs have periods where there are NO signs and symptoms present.* (Ask students why they think having any STI and not knowing would be a dangerous thing: 1. They could unknowingly transmit the infection to someone else. 2. They could be at risk for other complications.

Materials:

- Poster or flip chart with decision-making model
- Piece of paper and pencil for each student to record scores.
- One plastic cup and one die per student
- Play money
- STI statistics sheet for each student

Procedures:

Analyze statistics

- **Set the stage for the lesson by having students look at the charts and accompanying information and have students read them to the class. Follow up questions could include asking what behaviors or attitudes in the city of Milwaukee make it number two for many STI's? Why is it important to know that so many people in Milwaukee has such a high rate of STI's?**

The Dice Game

1. Each student gets a plastic cup with one die inside. They roll the die six times and record the number on the die in the order they rolled it. After six rolls, put die in cup and set aside.
2. Explain that for this simulation, every time they rolled the die they were having unprotected vaginal sex. When one has unprotected sex they have a 1 in 6 chance of causing pregnancy.
3. Ask whoever rolled a 6 to stand up. These students caused a pregnancy according to our risk odds. Then have those standing who rolled more than one six to hold up their hand. Ask for

comments from those who caused a pregnancy.

4. Ask the 6s to sit down and ask those who rolled a 5 to stand up. Every time someone has unprotected sex their chance of contracting an STI increases. These students have just contracted an STI. It may be one we can cure or it may be one that we have no cure for. That means early death.
5. More than one 5? (Yes, you can get more than one STI) from just one sex experience. When
6. some people contract an STI they have no symptoms. This means they are asymptomatic. Why is being asymptomatic a problem? (They do not get tested so they do not get treated and the disease causes more permanent damage, they spread it to others without either person knowing it). A few statistics: 30-40% of primary infections of genital herpes are asymptomatic. 75% of women and 50% of men with Chlamydia have no symptoms. 10% of men and 20-40% of women infected with gonorrhea are asymptomatic.
7. A 5 and a 6? Yes you can become pregnant and receive an STI at the same time. The health of the baby is already in danger
8. Remind students that reliable methods of birth control and STD protection are the next safest method next to abstinence. But even those are not 100%. **Abstinence is the only 100% effective method against pregnancy and STI infection.**

Developed by Jackie Pederson, Ladysmith, WI -adapted by Deborah Tackmann, Eau Claire North High School, WI

Introduction to STIs

1. Introduce STIs to the students. That will make the next lessons group work that much easier.
2. The STI statistics worksheet shows that a vast majority of certain STIs are contracted in Milwaukee County and specifically the city of Milwaukee.
3. Ask students to look at these sheets and report on anything that stands out?
Ex: -There is a huge jump in STI cases after the age of 14
 - Almost all the cases of reported Gonorrhea in Milwaukee County are in the city of Milwaukee
 - There are more than three times the cases of Chlamydia than Gonorrhea. REMINDER 75% of women and 50% of men with Chlamydia have no symptoms.
4. Review the behaviors that put teens at a higher risk for STD/HIV and unintended pregnancy
5. There are also information sheets regarding STIs that students can read. These sheets can also be used as resources for the next few days group work.

Unit: STI/HIV/AIDS
Lesson Number: 16
Grade Level: High School
“The Dice Game”

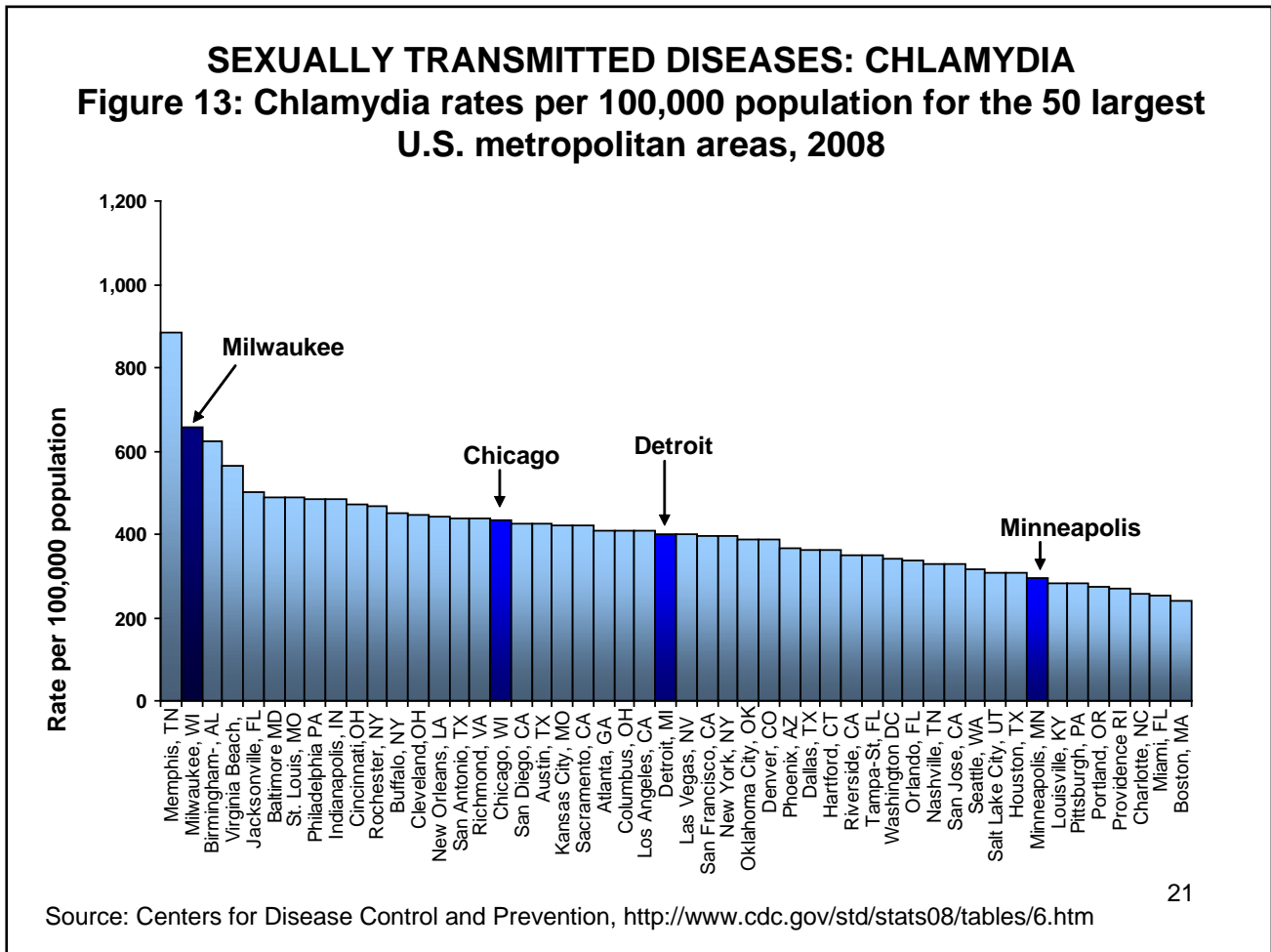
Milwaukee Public Schools
Human Growth and Development Curriculum

Lesson Extension:

If you are using Reducing the Risk and feel the students need more information on STIs, this is the time to bring in a speaker or have the kids spend time in groups analyzing the STI reference sheets included. Each group could be responsible for one STI and report back to the class on the symptoms, treatment and prevention methods.

If you have any questions or need help finding a speaker please call Brett Fuller at 414-475-8057.

Wisconsin Youth Sexual Behavior and Outcomes: 2000-2009 Update Sexual Behaviors, Cases of STD and HIV, and Teen Births, Wisconsin Department of Health Services and Wisconsin Department of Public Instruction, April 2011 provides information about youth sexual behaviors and outcomes in the US, Wisconsin, and Milwaukee at: <http://www.dhs.wisconsin.gov/aids-hiv/Stats/09YouthSexBehaviorUpdate.pdf>



Among the 50 largest metropolitan areas in the U.S., Milwaukee is second only to Memphis in its rates per 100,000 population for both chlamydia (Figure 13) and gonorrhea (not shown).

36% of youth in Milwaukee who did not use a condom at last intercourse (past 3 months)
18% of youth who used alcohol or other drugs prior to intercourse- Alcohol and other drugs lower inhibitions and impact decision making skills

33% of male students in Milwaukee reported 4 or more lifetime partners compared to 11% in Wisconsin and 16% in the U.S. the more partners you have, the increased likelihood of contracting HIV/STIs

African American students report higher risk behaviors than students of other races; 44% of African American male students in Milwaukee reported 4 or more lifetime partners, compared to 19% of Latino males.

A 2008 study in British Columbia Canada showed that LGBT youth are more than heterosexual youth to have been involved in a pregnancy (young women becoming pregnant and young men causing a pregnancy)

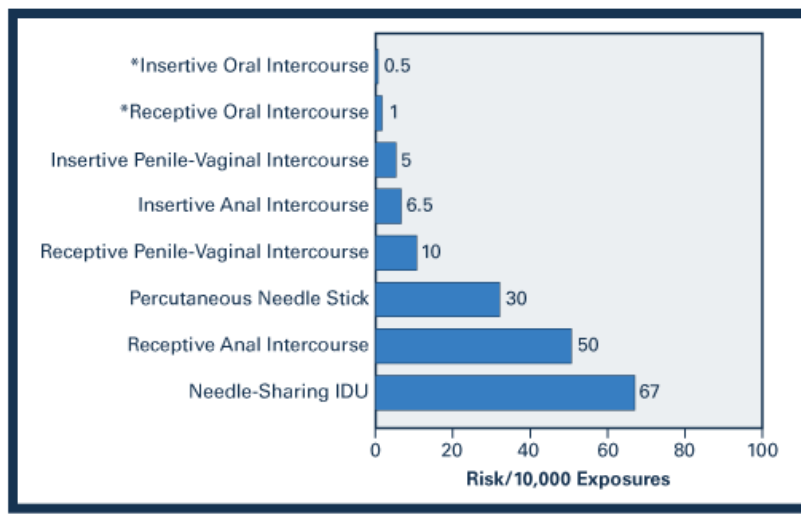
Teen Pregnancy Involvement

Early sexual experience, multiple partners, alcohol or drug use before sexual intercourse and unprotected sexual intercourse are all risks for increased chances of pregnancy. Both bisexual and gay/lesbian youth were more likely than their heterosexual peers to report having been pregnant or having caused a pregnancy. Compared to heterosexual peers their same age, bisexual and gay males were more than 3 times more likely to have been involved in a pregnancy, while lesbian and bisexual females were 2 to 3 times as likely to have been pregnant than heterosexual females.

http://www.mcs.bc.ca/pdf/not_yet_equal_web.pdf

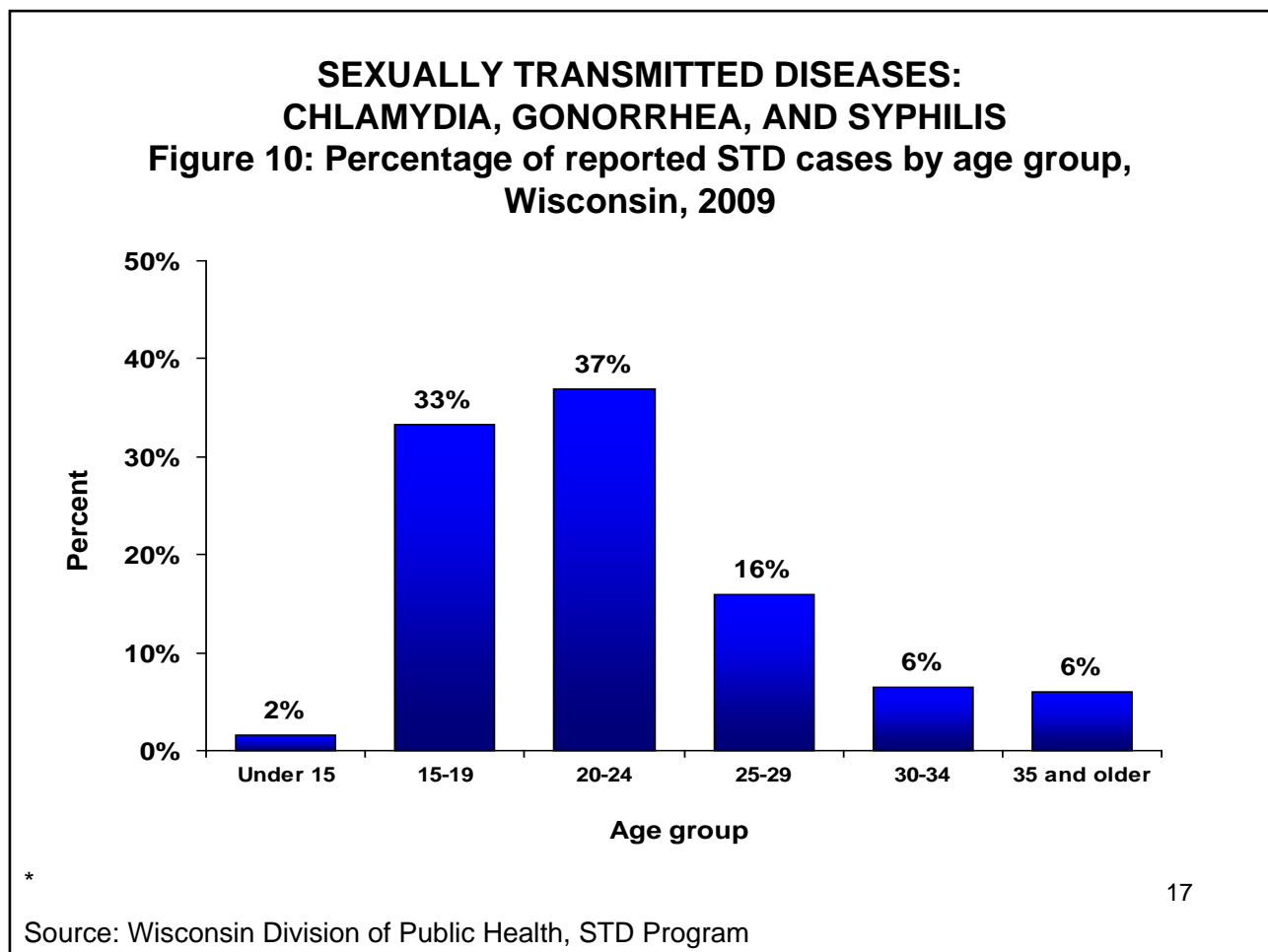
Not all sex acts sexual acts have the same risk for acquiring HIV. The graph below shows that receptive anal intercourse without a condom has by far the highest risk of HIV transmission of any sexual act – five times higher than receptive vaginal intercourse.

Figure 1. Estimated Per-Act Risk for Acquisition of HIV, by Exposure Route[¶]



STI Statistics

Wisconsin Youth Sexual Behavior and Outcomes: 2000-2009 Update Sexual Behaviors, Cases of STD and HIV, and Teen Births, Wisconsin Department of Health Services and Wisconsin Department of Public Instruction, April 2011 provides information about youth sexual behaviors and outcomes in the US, Wisconsin, and Milwaukee at: <http://www.dhs.wisconsin.gov/aids-hiv/Stats/09YouthSexBehaviorUpdate.pdf>



Adolescents under age 20 account for 35% of reported STDs in Wisconsin. Young adults, ages 20-24, comprise an additional 37% of cases.

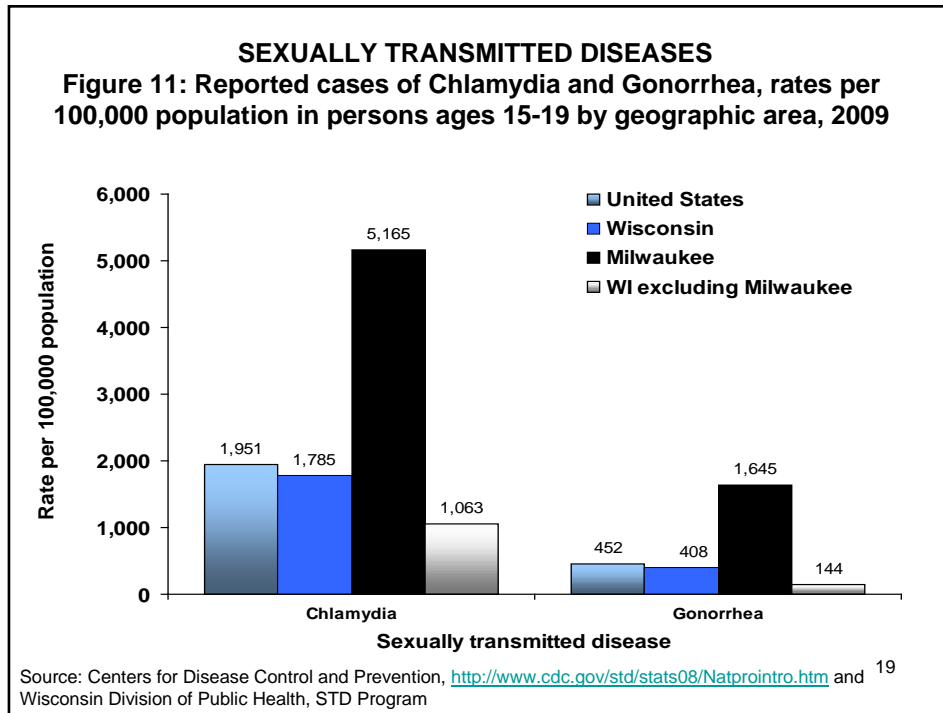
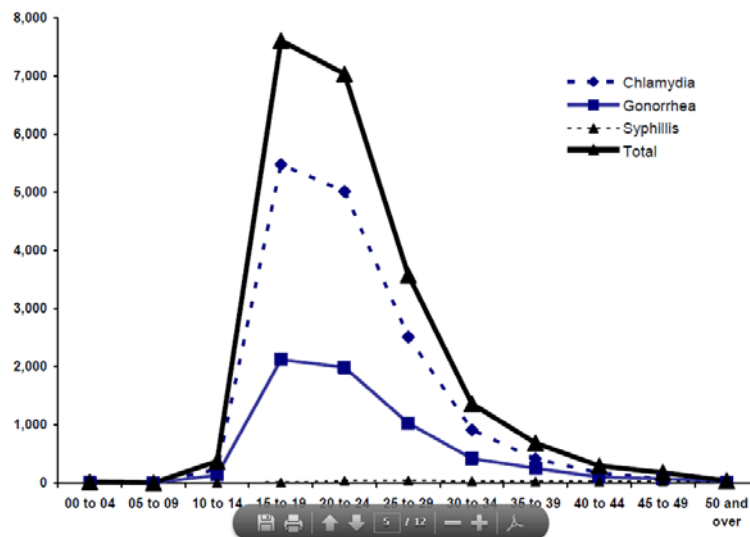


Figure 11 shows the rates per 100,000 of reported cases of chlamydia and gonorrhea in adolescents nationally, in Wisconsin, in Milwaukee County and in the state outside Milwaukee County. Chlamydia and gonorrhea rates in Milwaukee County are about three times higher than U.S. rates and nearly 5 times and more than 11 times higher than in the rest of the Wisconsin respectively. Chlamydia is much more widespread than gonorrhea.

Wisconsin sexually transmitted disease surveillance report, 2011
 Age-specific sexually transmitted disease rates*



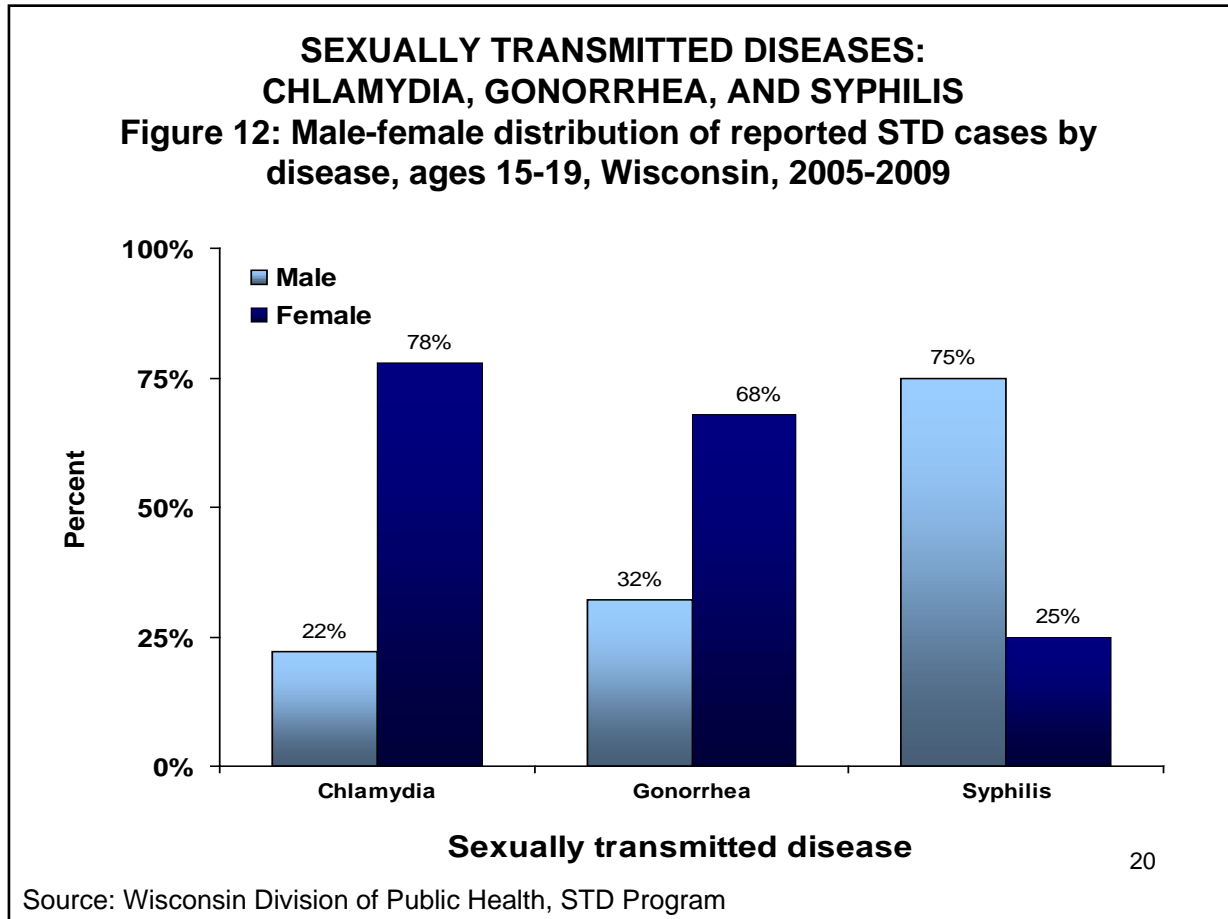


Figure 12 shows the distribution of reported STDs by sex. More than two-thirds of chlamydia and gonorrhea cases in adolescents are reported among females. By contrast, the majority of syphilis cases are reported among males, an indication that male-to-male sexual transmission plays a bigger role in syphilis than in the other STDs.

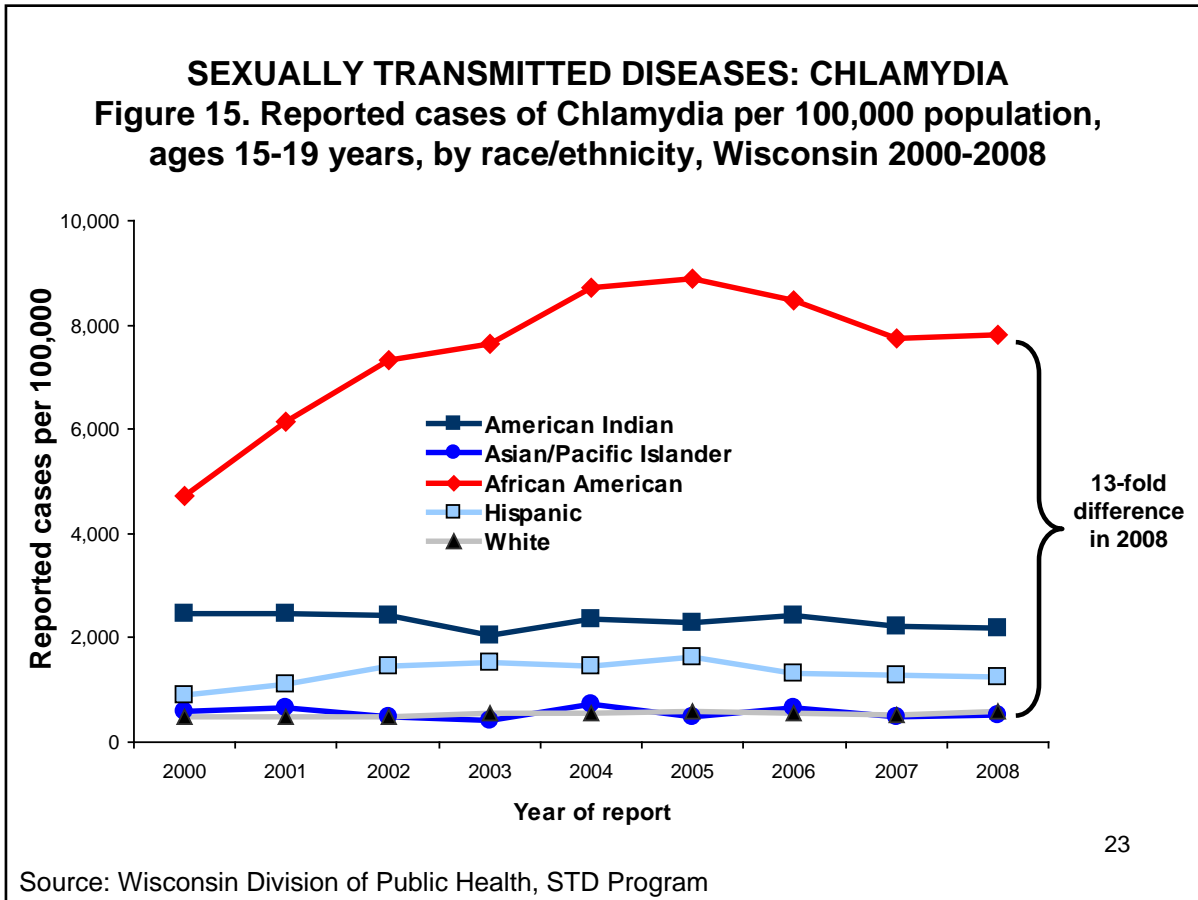
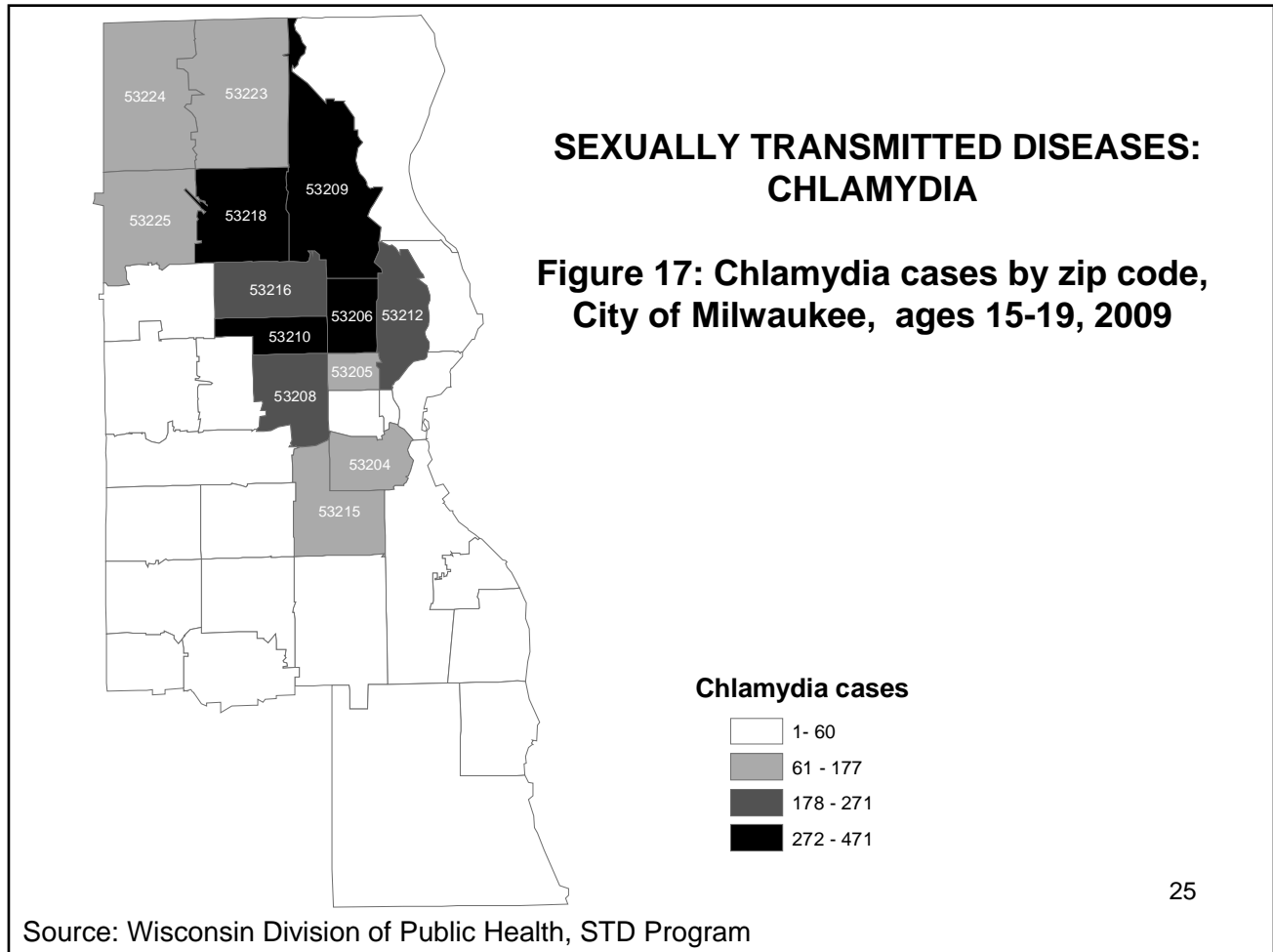


Figure 15 shows chlamydia rates per 100,000 population for Wisconsin by race/ethnicity from 2000 to 2008. Rates for African Americans nearly doubled between 2000 and 2005 and declined modestly from 2005 to 2008. Trends were similar for Hispanics—nearly doubling from 2000 to 2005 and then declining by 23% from 2005 to 2008. Rates increased by 23% in Whites over the period while they declined modestly, by 11% in American Indians and 8% in Asian/Pacific Islanders from 2000 to 2008.

The graph also shows large disparities. Compared to rates for Whites in 2008, rates were 13 times higher in African Americans, nearly 4 times higher in American Indians and twice as high in Latinos.

Disparities by race/ethnicity for gonorrhea (not shown) are even greater than those for chlamydia. Rates for African Americans are 50 times higher than for Whites. Rates for American Indians and Latinos are 7 and 3 times higher respectively than for Whites.



The map shows chlamydia cases in adolescents by City of Milwaukee zip code. The zip codes 53206, 53209, 53210, and 53218 each had more than 270 cases in 2009.

What Behaviors put Teens at higher risk for STD/ HIV
and Unintended Pregnancy?

1. They are more likely to have multiple, sequential or concurrent sex partners, rather than single long-term relationships.
2. They are more likely to engage in **unprotected** sexual intercourse.
3. They select partners that are at higher risk.

“If you don’t take responsibility for your sexual health, who will?”

Chlamydia

What is chlamydia?

Chlamydia is a common sexually transmitted disease (STD) caused by the bacterium, *Chlamydia trachomatis*, which can damage a woman’s reproductive organs. Even though symptoms of chlamydia are usually mild or absent, serious complications that cause irreversible damage, including infertility, can occur “silently” before a woman ever recognizes a problem. Chlamydia also can cause discharge from the penis of an infected man.

How common is chlamydia?

Chlamydia is the most frequently reported bacterial sexually transmitted disease in the United States. In 2008, 1,210,523 chlamydial infections were reported to CDC from 50 states and the District of Columbia. Under-reporting is substantial because most people with chlamydia are not aware of their infections and do not seek testing. Also, testing is often not done if patients are treated for their symptoms. An estimated 2,291,000 non-institutionalized U.S. civilians ages 14-39 are infected with *C. trachomatis* based on the U.S. National Health and Nutrition Examination Survey. Women are frequently re-infected if their sex partners are not treated.

How do people get chlamydia?

Chlamydia can be transmitted during vaginal, anal, or oral sex. Chlamydia can also be passed from an infected mother to her baby during vaginal childbirth. Any sexually active person can be infected with chlamydia. The greater the number of sex partners, the greater the risk of infection. Because the cervix (opening to the uterus) of teenage girls and young women is not fully matured and is probably more susceptible to infection, they are at particularly high risk for infection if sexually active. Since chlamydia can be transmitted by oral or anal sex, men who have sex with men are also at risk for chlamydial infection.

What are the symptoms of chlamydia?

Chlamydia is known as a “silent” disease because the majority of infected people have no symptoms. If symptoms do occur, they usually appear within 1 to 3 weeks after exposure. In women, the bacteria initially infect the cervix and the urethra (urine canal). Women who have symptoms might have an abnormal vaginal discharge or a burning sensation when urinating. If the infection spreads from the cervix to the fallopian tubes (tubes that carry fertilized eggs from the ovaries to the uterus), some women still have no signs or symptoms; others have lower abdominal pain,

What complications can result from untreated chlamydia?

If untreated, chlamydial infections can progress to serious reproductive and other health problems with both short-term and long-term consequences. Like the disease itself, the damage that chlamydia causes is often “silent.” In women, untreated infection can spread into the uterus or fallopian tubes and cause pelvic inflammatory disease (PID). This happens in about 10-15 percent of women with untreated chlamydia. Chlamydia can also cause fallopian tube infection without any symptoms. PID and “silent” infection in the upper genital tract can cause permanent damage to the fallopian tubes, uterus, and surrounding tissues. The damage can lead to chronic pelvic pain, infertility, and potentially fatal ectopic pregnancy (pregnancy outside the uterus). Chlamydia may also increase the chances of becoming infected with HIV, if exposed. To help prevent the serious consequences of chlamydia, screening at least annually for chlamydia is recommended for all sexually active women age 25 years and younger. An annual screening test also is recommended for older women with risk factors for Chlamydia (a new sex partner or multiple sex partners). All pregnant women should have a screening test for chlamydia. Complications among men are rare. Infection sometimes spreads to the epididymis (the tube that carries sperm from the testis), causing pain, fever, and, rarely, sterility. Rarely, genital chlamydial infection can cause arthritis that can be accompanied by skin lesions and inflammation of the eye and urethra (Reiter’s syndrome).

How does chlamydia affect a pregnant woman and her baby?

In pregnant women, there is some evidence that untreated chlamydial infections can lead to premature delivery. Babies who are born to infected mothers can get chlamydial infections in their eyes and respiratory tracts. Chlamydia is a leading cause of early infant pneumonia and conjunctivitis (pink eye) in newborns.

How is chlamydia diagnosed?

There are laboratory tests to diagnose chlamydia. Some can be performed on urine, other tests require that a specimen be collected from a site such as the penis or cervix.

What is the treatment for chlamydia?

Chlamydia can be easily treated and cured with antibiotics. A single dose of azithromycin or a week of doxycycline (twice daily) are the most commonly used treatments. HIV-positive persons with Chlamydia should receive the same treatment as those who are HIV negative. All sex partners should be evaluated, tested, and treated. Persons with chlamydia should abstain from sexual intercourse until they and their sex partners have completed treatment, otherwise re-infection is possible. Women whose sex partners have not been appropriately treated are at high risk for re-infection. Having multiple infections increases a woman’s risk of serious reproductive health complications, including infertility. Retesting should be encouraged three months after treatment of an initial infection. This is especially true if a woman does not know if her sex partner received treatment.

How can chlamydia be prevented?

The surest way to avoid transmission of STDs is to abstain from sexual contact, or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected. Latex male condoms, when used consistently and correctly, can reduce the risk of transmission of chlamydia. CDC recommends yearly chlamydia testing of all sexually active women age 25 or younger, older women with risk factors for chlamydial infections (those who have a new sex partner or multiple sex partners), and all pregnant women. An appropriate sexual risk assessment by a health care provider should always be conducted and may indicate more frequent screening for some women. Any genital symptoms such as an unusual sore, discharge with odor, burning during urination, or bleeding between menstrual cycles could mean an STD infection. If a woman has any of these symptoms, she should stop having sex and consult a health care provider immediately. Treating STDs early can prevent PID. Women who are told they have an STD and are treated for it should notify all of their recent sex partners (sex partners within the preceding 60 days) so they can see a health care provider and be evaluated for STDs. Sexual activity should not resume until all sex partners have been examined and, if necessary, treated.

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Gonorrhea

What is gonorrhea?

Gonorrhea is a sexually transmitted disease (STD). Gonorrhea is caused by Neisseria gonorrhoeae, a bacterium that can grow and multiply easily in the warm, moist areas of the reproductive tract, including the cervix (opening to the womb), uterus (womb), and fallopian tubes (egg canals) in women, and in the urethra (urine canal) in women and men. The bacterium can also grow in the mouth, throat, eyes, and anus.

How common is gonorrhea?

Gonorrhea is a very common infectious disease. CDC estimates that more than 700,000 persons in the U.S. get new gonorrheal infections each year. Only about half of these infections are reported to CDC. In 2006, 358,366 cases of gonorrhea were reported to CDC. In the period from 1975 to 1997, the national gonorrhea rate declined, following the implementation of the national gonorrhea control program in the mid-1970s. After several years of stable gonorrhea rates, however, the national gonorrhea rate increased for the second consecutive year. In 2006, the rate of reported gonorrheal infections was 120.9 per 100,000 persons.

How do people get gonorrhea?

Gonorrhea is spread through contact with the penis, vagina, mouth, or anus. Ejaculation does not have to occur for gonorrhea to be transmitted or acquired. Gonorrhea can also be spread from mother to baby during delivery. People who have had gonorrhea and received treatment may get infected again if they have sexual contact with a person infected with gonorrhea.

Who is at risk for gonorrhea?

Gonorrhea is known as a “silent” disease because any sexually active person can be infected with gonorrhea. In the United States, the highest reported rates of infection are among sexually active teenagers, young adults, and African Americans.

What are the signs and symptoms?

Some men with gonorrhea may have no symptoms at all. However, some men have signs or symptoms that appear two to five days after infection; symptoms can take as long as 30 days to appear. Symptoms and signs include a burning sensation when urinating, or a white, yellow, or green discharge from the penis. Sometimes men with gonorrhea get painful or swollen testicles.

In women, the symptoms of gonorrhea are often mild, but most women who are infected have no symptoms. Even when a woman has symptoms, they can be so non-specific as to be mistaken for a bladder or vaginal infection. The initial symptoms and signs in women include a painful or burning sensation when urinating, increased vaginal discharge, or vaginal bleeding between periods. Women with gonorrhea are at risk of developing serious complications from the infection, regardless of the presence or severity of symptoms. Symptoms of rectal infection in both men and women may include discharge, anal itching, soreness, bleeding, or painful bowel movements. Rectal infection also may cause no symptoms. Infections in the throat may cause a sore throat but usually causes no symptoms.

What are the complications of gonorrhea?

Untreated gonorrhea can cause serious and permanent health problems in both women and men. In women, gonorrhea is a common cause of pelvic inflammatory disease (PID). About one million women each year in the United States develop PID. The symptoms may be quite mild or can be very severe and can include abdominal pain and fever. PID can lead to internal abscesses (pus-filled “pockets” that are hard to cure) and long-lasting, chronic pelvic pain. PID can damage the fallopian tubes enough to cause infertility or increase the risk of ectopic pregnancy. Ectopic pregnancy is a life-threatening condition in which a fertilized egg grows outside the uterus, usually in a fallopian tube.

In men, gonorrhea can cause epididymitis, a painful condition of the ducts attached to the testicles that may lead to infertility if left untreated.

Gonorrhea can spread to the blood or joints. This condition can be life threatening. In addition, people with gonorrhea can more easily contract HIV, the virus that causes AIDS. HIV-infected people with gonorrhea can transmit HIV more easily to someone else than if they did not have gonorrhea.

How does gonorrhea affect a pregnant woman and her baby?

If a pregnant woman has gonorrhea, she may give the infection to her baby as the baby passes through the birth canal during delivery. This can cause blindness, joint infection, or a life-threatening blood infection in the baby. Treatment of gonorrhea as soon as it is detected in pregnant women will reduce the risk of these complications. Pregnant women should consult a health care provider for appropriate examination, testing, and treatment, as necessary.

How is gonorrhea diagnosed?

Several laboratory tests are available to diagnose gonorrhea. A doctor or nurse can obtain a sample for testing from the parts of the body likely to be infected (cervix, urethra, rectum, or throat) and send the sample to a laboratory for analysis. Gonorrhea that is present in the cervix or urethra can be diagnosed in a laboratory by testing a urine sample. A quick laboratory test for gonorrhea that can be done in some clinics or doctor’s offices is a Gram stain. A Gram stain of a sample from a urethra or a cervix allows the doctor to see the gonorrhea bacterium under a microscope. This test works better for men than for women.

What is the treatment for gonorrhea?

Several antibiotics can successfully cure gonorrhea in adolescents and adults. However, drug-resistant strains of gonorrhea are increasing in many areas of the world, including the United States, and successful treatment of gonorrhea is becoming more difficult. Because many people with gonorrhea also have chlamydia, another STD, antibiotics for both infections are usually given together. Persons with gonorrhea should be tested for other STDs. It is important to take all of the medication prescribed to cure gonorrhea. Although medication will stop the infection, it will not repair any permanent damage done by the disease. People who have had gonorrhea and have been treated can get the disease again if they have sexual contact with persons infected with gonorrhea. If a person’s symptoms continue even after receiving treatment, he or she should return to a doctor to be reevaluated.

How can gonorrhea be prevented?

The surest way to avoid transmission of STDs is to abstain from sexual intercourse, or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected. Latex condoms, when used consistently and correctly, can reduce the risk of transmission of gonorrhea. Any genital symptoms such as discharge or burning during urination or unusual sore or rash should be a signal to stop having sex and to see a doctor immediately. If a person has been diagnosed and treated for gonorrhea, he or she should notify all recent sex partners so they can see a health care provider and be treated. This will reduce the risk that the sex partners will develop serious complications from gonorrhea and will also reduce the person’s risk of becoming re-infected. The person and all of his or her sex partners must avoid sex until they have completed their treatment for gonorrhea.

Syphilis

What is syphilis?

Syphilis is a sexually transmitted disease (STD) caused by the bacterium *Treponema pallidum*. It has often been called “the great imitator” because so many of the signs and symptoms are indistinguishable from those of other diseases.

How common is syphilis?

In the United States, health officials reported over 36,000 cases of syphilis in 2006, including 9,756 cases of primary and secondary (P&S) syphilis. In 2006, half of all P&S syphilis cases were reported from 20 counties and 2 cities; and most P&S syphilis cases occurred in persons 20 to 39 years of age. The incidence of P&S syphilis was highest in women 20 to 24 years of age and in men 35 to 39 years of age. Reported cases of congenital syphilis in newborns increased from 2005 to 2006, with 339 new cases reported in 2005 compared to 349 cases in 2006.

Between 2005 and 2006, the number of reported P&S syphilis cases increased 11.8 percent. P&S rates have increased in males each year between 2000 and 2006 from 2.6 to 5.7 and among females between 2004 and 2006. In 2006, 64% of the reported P&S syphilis cases were among men who have sex with men (MSM).

How do people get syphilis?

Syphilis is passed from person to person through direct contact with a syphilis sore. Sores occur mainly on the external genitals, vagina, anus, or in the rectum. Sores also can occur on the lips and in the mouth.

Transmission of the organism occurs during vaginal, anal, or oral sex. Pregnant women with the disease can pass it to the babies they are carrying. Syphilis cannot be spread through contact with toilet seats, doorknobs, swimming pools, hot tubs, bathtubs, shared clothing, or eating utensils.

What are the signs and symptoms?

Many people infected with syphilis do not have any symptoms for years, yet remain at risk for late complications if they are not treated. Although transmission occurs from persons with sores who are in the primary or secondary stage, many of these sores are unrecognized. Thus, transmission may occur from persons who are unaware of their infection, and can appear 10–20 years after infection was first acquired. In the late stages of syphilis, the disease may subsequently damage the internal organs, including the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints. Signs and symptoms of the late stage of syphilis include difficulty

coordinating muscle movements, paralysis, numbness, gradual blindness, and dementia. This damage may be serious enough to cause death.

How does syphilis affect a pregnant woman and her baby?

The syphilis bacterium can infect the baby of a woman during her pregnancy. Depending on how long a pregnant woman has been infected, she may have a high risk of having a stillbirth (a baby born dead) or of giving birth to a baby who dies shortly after birth. An infected baby may be born without signs or symptoms of disease. However, if not treated immediately, the baby may develop serious problems within a few weeks. Untreated babies may become developmentally delayed, have seizures, or die.

How is syphilis diagnosed?

Some health care providers can diagnose syphilis by examining material from a chancre (infectious sore) using a special microscope called a dark-field microscope. If syphilis bacteria are present in the sore, they will show up when observed through the microscope.

A blood test is another way to determine whether someone has syphilis. Shortly after infection occurs, the body produces syphilis antibodies that can be detected by an accurate, safe, and inexpensive blood test. A low level of antibodies will likely stay in the blood for months or years even after the disease has been successfully treated. Because untreated syphilis in a pregnant woman can infect and possibly kill her developing baby, every pregnant woman should have a blood test for syphilis.

How are syphilis and HIV linked?

Genital sores (chancres) caused by syphilis make it easier to transmit and acquire HIV infection sexually. There is an estimated 2- to 5-fold increased risk of acquiring HIV if exposed to that infection when syphilis is present.

Ulcerative STDs that cause sores, ulcers, or breaks in the skin or mucous membranes, such as syphilis, disrupt barriers that provide protection against infections. The genital ulcers caused by syphilis can bleed easily, and when they come into contact with oral and rectal mucosa during sex, increase the infectiousness of and susceptibility to HIV. Having other STDs is also an important predictor for becoming HIV infected because STDs are a marker for behaviors associated with HIV transmission.

What is the treatment for syphilis?

Syphilis is easy to cure in its early stages. A single intramuscular injection of penicillin, an antibiotic, will cure a person who has had syphilis for less than a year. Additional doses are needed to treat someone who has had syphilis for longer than a year. For people who are allergic to penicillin, other antibiotics are available to treat syphilis. There are no home remedies or over-the-counter drugs that will cure syphilis. Treatment will kill the syphilis bacterium and prevent further damage, but it will not repair damage already done.

Because effective treatment is available, it is important that persons be screened for syphilis on an on-going basis if their sexual behaviors put them at risk for STDs.

Persons who receive syphilis treatment must abstain from sexual contact with new partners until the syphilis sores are completely healed. Persons with syphilis must notify their sex partners so that they also can be tested and receive treatment if necessary.

Will syphilis recur?

Having syphilis once does not protect a person from getting it again. Following successful treatment, people can still be susceptible to re-infection. Only laboratory tests can confirm whether someone has syphilis. Because syphilis sores can be hidden in the vagina, rectum, or mouth, it may not be obvious that a sex partner has syphilis. Talking with a health care provider will help to determine the need to be re-tested for syphilis after being treated.

How can syphilis be prevented?

The surest way to avoid transmission of sexually transmitted diseases, including syphilis, is to abstain from sexual contact or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

Avoiding alcohol and drug use may also help prevent transmission of syphilis because these activities may lead to risky sexual behavior. It is important that sex partners talk to each other about their HIV status and history of other STDs so that preventive action can be taken.

Genital ulcer diseases, like syphilis, can occur in both male and female genital areas that are covered or protected by a latex condom, as well as in areas that are not covered. Correct and consistent use of latex condoms can reduce the risk of syphilis, as well as genital herpes and chancroid, only when the infected area or site of potential exposure is protected.

Condoms lubricated with spermicides (especially Nonoxynol-9 or N-9) are no more effective than other lubricated condoms in protecting against the transmission of STDs. Use of condoms lubricated with N-9 is not recommended for STD/HIV prevention. Transmission of an STD, including syphilis cannot be prevented by washing the genitals, urinating, and/or douching after sex. Any unusual discharge, sore, or rash, particularly in the groin area, should be a signal to refrain from having sex and to see a doctor immediately.

Genital Herpes

What is genital herpes?

Genital herpes is a sexually transmitted disease (STD) caused by the herpes simplex viruses type 1 (HSV-1) or type 2 (HSV-2). Most genital herpes is caused by HSV-2. Most individuals have no or only minimal signs or symptoms from HSV-1 or HSV-2 infection. When signs do occur, they typically appear as one or more blisters on or around the genitals or rectum. The blisters break, leaving tender ulcers (sores) that may take two to four weeks to heal the first time they occur. Typically, another outbreak can appear weeks or months after the first, but it almost always is less severe and shorter than the first outbreak. Although the infection can stay in the body indefinitely, the number of outbreaks tends to decrease over a period of years.

How common is genital herpes?

Results of a nationally representative study show that genital herpes infection is common in the United States. Nationwide, 16.2%, or about one out of six, people 14-49 years of age have genital HSV-2 infection. Over the past decade, the percentage of Americans with genital herpes infection in the U.S. has remained stable. Genital HSV-2 infection is more common in women (approximately one out of five women 14-49 years of age) than in men (about one out of nine men 14-49 years of age). Transmission from an infected male to his female partner is more likely than from an infected female to her male partner.

How do people get genital herpes?

HSV-1 and HSV-2 can be found in and released from the sores that the viruses cause, but they also are released between outbreaks from skin that does not appear to have a sore. Generally, a person can only get HSV-2 infection during sexual contact with someone who has a genital HSV-2 infection. Transmission can occur from an infected partner who does not

have a visible sore and may not know that he or she is infected.

HSV-1 can cause genital herpes, but it more commonly causes infections of the mouth and lips, so-called “fever blisters.”

HSV-1 infection of the genitals can be caused by oral-genital or genital-genital contact with a person who has HSV-1 infection. Genital HSV-1 outbreaks recur less regularly than genital HSV-2 outbreaks.

What are the signs and symptoms of genital herpes?

Most people infected with HSV-2 are not aware of their infection. However, if signs and symptoms occur during the first outbreak, they can be quite pronounced. The first outbreak usually occurs within two weeks after the virus is transmitted, and the sores typically heal within two to four weeks. Other signs and symptoms during the primary episode may include a second crop of sores, and flu-like symptoms, including fever and swollen glands. However, most individuals with HSV-2 infection never have sores, or they have very mild signs that they do not even notice or that they mistake for insect bites or another skin condition. People diagnosed with a first episode of genital herpes can expect to have several (typically four or five) outbreaks

(symptomatic recurrences) within a year. Over time these recurrences usually decrease in frequency. It is possible that a person becomes aware of the “first episode” years after the infection is acquired.

What are the complications of genital herpes?

Genital herpes can cause recurrent painful genital sores in many adults, and herpes infection can be severe in people with suppressed immune systems. Regardless of severity of symptoms, genital herpes frequently causes psychological distress in people who know they are infected.

In addition, genital HSV can lead to potentially fatal infections in babies. It is important that women avoid contracting herpes during pregnancy because a newly acquired infection during late pregnancy poses a greater risk of transmission to the baby. If a woman has active genital herpes at delivery, a cesarean delivery is usually performed. Fortunately, infection of a baby from a woman with herpes infection is rare.

Herpes may play a role in the spread of HIV, the virus that causes AIDS. Herpes can make people more susceptible to HIV infection, and it can make HIV-infected individuals more infectious.

How is genital herpes diagnosed?

The signs and symptoms associated with HSV-2 can vary greatly. Health care providers can diagnose genital herpes by visual inspection if the outbreak is typical, and by taking a sample from the sore(s) and testing it in a laboratory. HSV infections can be diagnosed between outbreaks by the use of a blood test. Blood tests, which detect antibodies to HSV-1 or HSV-2 infection, can be helpful, although the results are not always clear-cut.

Is there a treatment for herpes?

There is no treatment that can cure herpes, but antiviral medications can shorten and prevent outbreaks during the period of time the person takes the medication. In addition, daily suppressive therapy for symptomatic herpes can reduce transmission to partners.

How can herpes be prevented?

The surest way to avoid transmission of sexually transmitted diseases, including genital herpes, is to abstain from sexual contact, or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected. Genital ulcer diseases can occur in both male and female genital areas that are covered or protected by a latex condom, as well as in areas that are not covered. Correct and consistent use of latex condoms can reduce the risk of genital herpes.

Persons with herpes should abstain from sexual activity with uninfected partners when lesions or other symptoms of herpes are present. It is important to know that even if a person does not have any symptoms he or she can still infect sex partners. Sex partners of infected persons should be advised that they may become infected and they should use condoms to reduce the risk. Sex partners can seek testing to determine if they are infected with HSV. A positive HSV-2 blood test most likely indicates a genital herpes infection.

HIV

What is an HIV infection?

HIV infection is a communicable disease caused by the human immunodeficiency virus (HIV). HIV damages the body's immune system, the system that fights infections. Without the immune system's protection, the body is defenseless against serious and potentially life-threatening diseases which can lead to the development of Acquired Immune Deficiency Syndrome (AIDS).

How is HIV transmitted?

HIV is transmitted through contact with infected body fluids such as blood, semen, vaginal secretions and breast milk. It is spread by sexual contact with an infected person, and by sharing needles and/or syringes (primarily for drug injection) with someone who is infected. Very rarely, HIV is transmitted through transfusions of infected blood or blood clotting factors. Babies born to HIV-infected women may become infected before or during birth or through breast feeding after birth.

HIV is NOT transmitted by mosquitoes or through casual contact such as shaking hands, social kissing and hugging, coughing, sneezing, swimming in a pool; by sharing bathrooms, eating utensils, food, office equipment or furniture; or from drinking from a water fountain. However, sharing razors or toothbrushes with an infected person could spread HIV.

How can a person learn if he or she has HIV infection?

The only way to be sure if a person is infected with HIV is through blood testing or testing of other body fluids such as oral fluids or urine. Tests most commonly used to diagnose HIV infection detect HIV antibodies produced by the body to fight HIV. Most people develop detectable antibodies within 3 months after infection. In rare cases, it can take up to 6 months. Persons can be tested by their physicians or at clinics specializing in sexually transmitted diseases, family planning services, and agencies providing publicly funded HIV counseling and testing services.

Who should be tested for HIV?

- Men who had unprotected sex (sex without a condom) with another man.
- Persons who shared needles for injecting drugs, tattooing, or body piercing.
- Persons who had several sex partners.
- Persons who had any sexually transmitted diseases (STDs), e.g., gonorrhea, herpes, chlamydia, venereal warts, or any other STDs.
- Persons who received a blood transfusion or blood product between 1978 and mid-1985.
- Persons who had unprotected sex with any of the persons described above.
- Persons who had unprotected sex with a person infected with HIV.
- All pregnant women and infants born to HIV-infected mothers.
- Persons who were significantly exposed to another person's blood or other body fluids (e.g., someone's blood coming in contact with open lesions on another person's hand).

What are the signs and symptoms of HIV infection?

Some individuals experience an acute phase of HIV infection with short-term (one to two weeks) flu-like symptoms (fever, headache, malaise, enlarged lymph nodes in the neck or groin) within one or two months after becoming infected. Most individuals do not have any symptoms for many years. Over time, however, the body's immune system weakens and a person may become vulnerable to other viruses and infections including certain pneumonias; several forms of cancer; nervous system damage, and extreme weight loss.

A very small number of persons with HIV infection remain symptom-free even though they are able to transmit the virus to others.

For how long can an infected person carry HIV?

Persons infected with HIV remain contagious for their entire life - even when HIV tests do not detect the virus.

Are there treatments for HIV infection?

There are several effective HIV antiviral medications. Early treatment with antivirals and other related medications can slow the progression of HIV disease and the development of AIDS. Persons with HIV infection usually take a combination of two or more HIV drugs to prevent disease progression. Because there is no medication that rids HIV from the body, most infected persons will need to take HIV medications their entire life. HIV-infected pregnant women who take HIV medications can decrease the risk of transmitting HIV to a fetus/newborn infant during pregnancy or delivery.

How can the spread of HIV be prevented?

The only sure way to avoid becoming infected or infecting others with HIV is not to have sex, and not to share needles; however...

Persons who are sexually active should:

- Limit the number of sexual partners and avoid sex with people whose sexual history is unknown.
- Use condoms properly when having sex (vaginal, oral, or anal)
- Avoid the use of alcohol and other drugs that might cloud thinking and lead to high-risk behavior.

Persons who inject drugs should:

- Not share needles or works with others.
- Use only clean needles and works.
- Enter a treatment program.

Staff in a local health department can provide information on how to obtain clean needles (e.g., through a needle exchange or a local pharmacy) and how to enter a drug treatment program.

Pregnant women who are infected with HIV can reduce the risk of transmitting HIV to their unborn child when they take special HIV medications.

Contacts for additional information regarding HIV infection:

The Wisconsin AIDSline: 1-800-334-AIDS (2437); In Milwaukee: 273-AIDS

Spanish speaking AIDSline: 1-800-344-SIDA (7432)

For TTY for hearing impaired persons, call 1-800-243-7889

Staff at local health departments, chapters of the American Red Cross, and AIDS service organizations can also answer questions (see your local telephone directory or call the Wisconsin AIDSline for these phone numbers). Information resources are also available at the following Internet websites: Wisconsin AIDS/HIV Program: <http://www.dhs.wisconsin.gov/aids-hiv/>
Centers for Disease Control and Prevention: <http://www.cdc.gov/hiv/dhap.htm>
National Prevention Information Network: <http://www.cdcnpin.org/>
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National Health Education Standards

Primary Focus

Standard 3 – Accessing Information

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

Secondary Focus

Standard 1- Core Concepts

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

Standard 4 – Interpersonal Communication

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

What You Need to Know:

Students will:

- Students will classify various infections. Students will research and report on STIs and HIV. The language for sexually transmitted infections can be STD- sexually transmitted diseases or STI- sexually transmitted infections.

Materials:

- Handouts- STI Tree Diagram, Transmission Worksheet and Community Forum Assignment
- Note cards
- Access to resources on STIs and HIV from a variety of perspectives, resource people in the community, handouts from resource section of curriculum guide.
- Computers with internet access

Procedures:

1. Handout STI Tree and go over with students. Have them fill in the boxes as you discuss the three categories with their accompanying definitions.
 - a. Virus- smallest known pathogens. There is no known cure. Treat the symptoms. Examples include: Genital warts, genital herpes, hepatitis, HPV, and HIV
 - b. Bacteria- single-celled microorganisms. Cured by antibiotics. Examples include: chlamydia, syphilis, gonorrhea, vaginitis
 - c. Protozoan/parasites- tiny single-celled organisms. Cured by special medicated shampoo and some with oral medication. Examples: trichomoniasis, pubic lice, scabies
2. Work with the class to complete the STI work sheet
3. Divide the class into teams of about five students. Assign each group an STI. Be sure one group is assigned HIV. Handout the assignment sheet. Discuss who the stakeholders would be in this issue. Each group will choose expert roles for the members to take on as they present a community forum to the rest of the class on their particular STI. Each forum will address the same issue. They must include information on the transmission, prevention/protection and treatment of the STI as well as the health and safety, economic, moral and legal issues involved. Possible expert roles include: principal, guidance counselor, doctor, community health nurse, person with the STI and/or their parents, etc.
4. To get the groups started:
 - Brainstorm the perspective that each of the experts may take

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 “STI/HIV Community Forums”

Milwaukee Public Schools
 Human Growth and Development Curriculum

- Suggest resources for studying their specific STI (If you are able to reserve the computer lab or a lap top cart this could be another chance for the students to research these topics online. A sheet will be added for teachers who want to use that option.
- Give contact information for those who have the real life role of these experts (check with them ahead of time to prepare them to assist the students)
- Suggest planning ideas for the forums such as introductory remarks, order of speakers, who will bring up which issues, what ideas for addressing the issues will be brought up, etc. (Handout note cards).

5. Give students two class periods for preparation with work outside of class expected.

6. Give each team 15 minutes to present their forum: Resources:

Wisconsin AIDS/HIV Program	www.dhfs.state.wi.us/aids-hiv/index.htm
Centers for Disease Control and Prevention	www.cdc.gov/health/default.htm
National Prevention Information Network	http://www.cdcnpi.org/
SIECUS	www.siecus.org
National Institute of Allergy and Infectious Diseases	www.niaid.nih.gov
Information about HIV/AIDS, including FAQs and an "ask the experts" feature	www.thebody.com
Information on relationship and sexual health issues, provided by Columbia University's Health Education Program.	www.goaskalice.columbia.edu
FAQs about HIV and AIDS and zipcode finder for local testing locations, sponsored by the CDC	www.hivtest.org
Informational resources for pregnant women considering adoption; also includes referral to local adoption agencies.	www.ichooseadoption.org
Information for young people about sexual health and sexually transmitted diseases (STDs), sponsored by the American Social Health Association	www.iwannaknow.org
Information about issues related to sexual identity for young people and educators, sponsored by the National Coalition for Gay, Lesbian, Bisexual & Transgender Youth	www.outproud.org
Informational resources and Online Hotline about sexual assault, sponsored by the Rape, Abuse and Incest National Network	www.rainn.org
Informational resources and community activities to help prevent teen and unintended pregnancy, sponsored by the National Campaign to prevent Teen and Unintended Pregnancy	www.stayteen.org
FAQs about STDs and zipcode finder for local testing locations, sponsored by the CDC	www.findstdtest.org
Informational resources for gay, lesbian, bisexual, transgender and questioning young people, sponsored by Advocates for Youth	www.youthresource.com

AIDS Resource Center of Wisconsin 414-225-1539 or toll-free 800-359-9272 x239

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Human Growth and Development Curriculum

STD Specialties Clinic, 3251 N. Holton, 53212, 414-264-8800

State of Wisconsin Bureau of Communicable Diseases - STD Clinic, 700 W. Michigan Ave.
53233, 414-286-550

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

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

Transmission Worksheet

Kind of organism	Transmitted only by sex, pregnancy or needles/blood	Often/Usually Transmitted by sex, pregnancy or needles/ blood	Not usually transmitted by sex, pregnancy or needles/blood
Bacteria			Strep throat
Virus			Cold Flu Chicken pox Oral herpes
Parasites (protozoan)			Giardia (travelers diarrhea) Fleas Head lice

Transmission Worksheet (Key)

Kind of organism	Transmitted only by sex, pregnancy or needles/blood	Often/Usually Transmitted by sex, pregnancy or needles/ blood	Not usually transmitted by sex, pregnancy or needles/blood
Bacteria	Gonorrhea Chlamydia		Strep throat
Virus	Hepatitis B Genital Warts Genital Herpes HIV/AIDS		Cold Flu Chicken pox Oral herpes
Parasites (protozoan)		Trichomoniasis Pubic lice Scabies	Fleas Head lice

Community STI Forums Assignment

The local paper reports that they have discovered an "epidemic" of a specific STI at your high school. A student was quoted in the paper saying that he has the STI and is not going to hide it anymore. It is suspected that many more have it as well. What are the rights of these students? What are the rights of the students who do not have the STI? Who is responsible for deciding individual rights? Some people think that all of the students should be tested. If the testing is done, what should be done with the results? The community needs information about the STI in order to resolve this issue.

1. Your group must decide what experts would be needed to present accurate information and multiple perspectives on the issue. Choose 5 experts to present the community forum. Each group member will become one of the experts for the forum.
2. Each member must research the expert they will play to determine their unique perspective and what information they will bring to the community to help them decide how to address the issue. Prepare for your presentation on note cards.
3. Your group will need to present information on:
 - Transmission of the STI (How do you get it?) i.e. through contact with infected parts and exchanging certain fluids).
 - Prevention/protection
 - Symptoms (include the percentage of men and women who are asymptomatic)
 - What are the tests to identify the STIs
 - Legal rights and procedures (i.e. Family Planning Waiver)
 - Economic costs of possible actions
 - Emotional and social costs of possible actions
 - Any examples of how others have handled "outbreaks" of this STI etc.
 - Give two places you can go for treatment
4. Be prepared to present your forum for 15 minutes. The class members will ask questions at the end as though they are community members at the forum.

Activity: A Trip to an STI Clinic “Patient Care Presentation”

Doctors: _____

You and your team of doctors have been asked to care for a patient whom has an STI. Your presentation and care of that patient will be assessed on the following criteria:

Medical Information: **6 5 4 3 2 1**

1. What are the signs and symptoms of the disease
2. What is the pathogen that caused the disease?
3. statistics regarding the disease.

Prevention: **4 3 2 1**

1. What steps must the patient take to prevent contracting this or any other STI in the future?
2. How is this specific STI transmitted? (Be specific)

Treatment **4 3 2 1**

What would you recommend the patient do to treat for or cure this disease?

Presentation Skills **6 5 4 3 2 1**

1. collaboration- did the doctors share in the presentation preparation and delivery?
2. creativity- did the group use a minimum of 2 methods to communicate this information to the patient (pictures, lecture, poster, pamphlet, overhead, whiteboard, etc...)
3. was the information delivered in a way that was easy to understand
4. did the doctor know their information well enough?

Total Score _____ out of 20 possible

Name _____, _____, _____, _____

TRAAP TEST COMPUTER LAB ASSIGNMENT

Contraceptives

1. Use a search engine or other method to find four web sites that might help you create a pamphlet about a contraceptive.

2. Which contraceptive method are you researching? _____

Web site	Web site
Was it timely?	Was it timely?
Was it relevant?	Was it relevant?
Was the source authoritative?	Was the source authoritative?
Was it accurate?	Was it accurate?
What was the purpose?	What was the purpose?

Web site	Web site
Was it timely?	Was it timely?
Was it relevant?	Was it relevant?
Was the source authoritative?	Was the source authoritative?
Was it accurate?	Was it accurate?
What was the purpose?	What was the purpose?

***See handout for reference if a computer lab is not available

Unit: STI/HIV/AIDS
Lesson Number: 17 & 18
Grade Level: High School
“STI/HIV Community Forums”

Milwaukee Public Schools
Human Growth and Development Curriculum

Answer the following questions using online sources:

Transmission of the STI (How do you get it?) i.e. through contact with infected parts and exchanging certain fluids).

Prevention/protection

Symptoms (include the percentage of men and women who are asymptomatic)

What are the tests to identify the STIs

Legal rights and procedures (i.e. Family Planning Waiver)

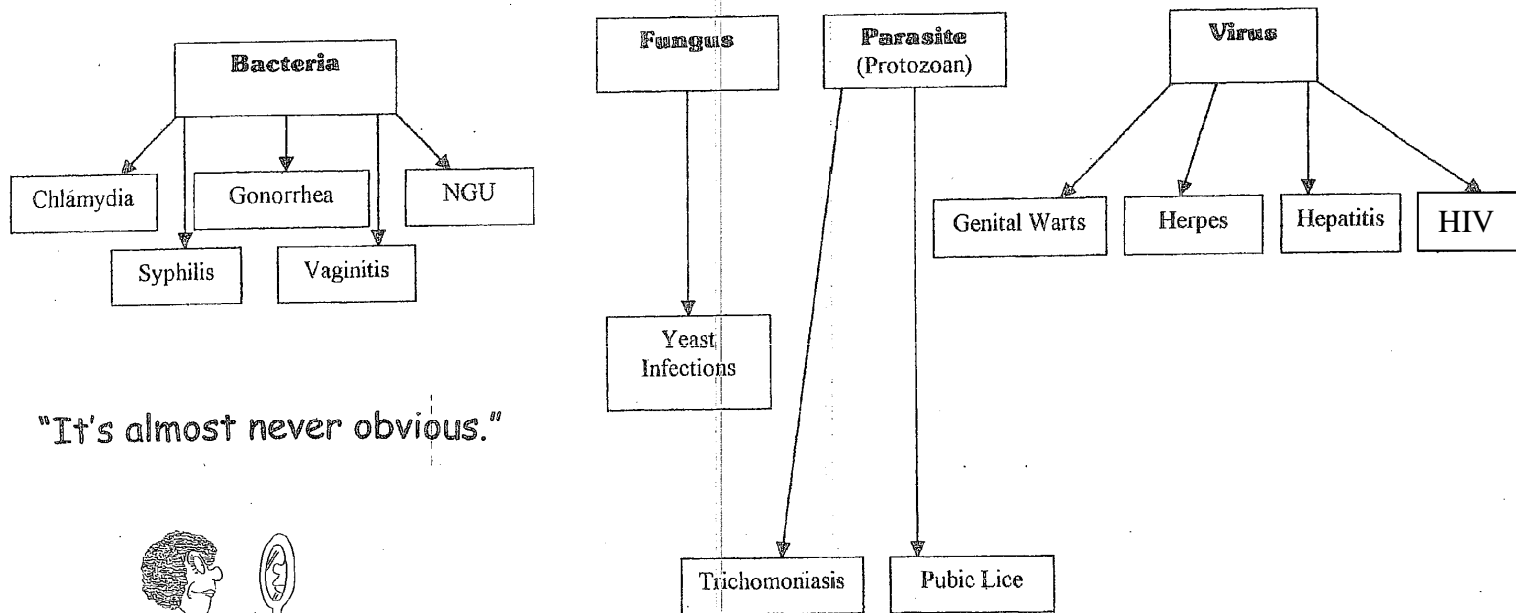
Economic costs of possible actions

Emotional and social costs of possible actions

Any examples of how others have handled "outbreaks" of this STI etc.

Give two places you can go for treatment

Sexually Transmitted Diseases

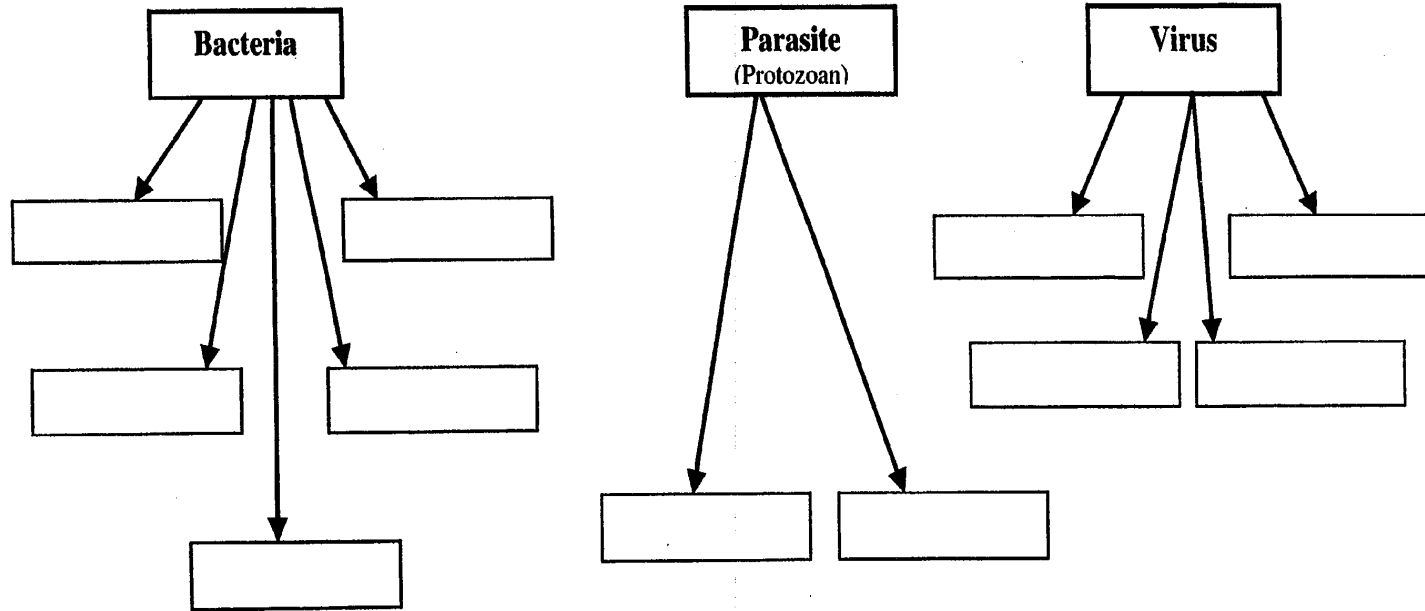


"It's almost never obvious."



➔ **Bacteria, Fungus, Parasites**
can be treated and cured
➔ **Viruses can not be cured,**
but you can treat the
symptoms

Sexually Transmitted Infections



National Health Education Standards

Primary Focus

Standard 3 – Accessing Information

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

Secondary Focus

Standard 1- Core Concepts

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

Standard 2- Analyzing Influences

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

What You Need to Know:

Students will:

- Participate in a simulation to increase their understanding of the basic concepts of HIV infection. This 15-minute activity simulates the battle between the immune system and HIV. The complexities of the immune system functioning are not exact but the activity is essentially valid and gets the idea across in a memorable manner.
- Identify the knowledge or lack of knowledge in AIDS/HIV transmission education and to encourage peer education/discussion in the process.

Materials:

- Marker
- Large stack of white paper note cards
- HIV and AIDS information from resource section of curriculum guide.
- Each group of two receives an envelope with the eighteen risk behaviors on eighteen individual sheets of paper.

Procedures:

Virus Invasion Simulation

1. As you lead this activity- write the keywords on the board. (Keywords are underlined.) Select two volunteers. One will play HIV and the other the immune system. Tell HIV that his/her job is to take over T-cells, which are a type of white blood cell. Remember that white blood cells fight off infection in our bodies. Tell immune system that their job is to destroy any T-cells that are infected before they can spread more virus. And that his/her other job is to make new, uninfected T-cells to bring to the battle against HIV
2. Explain: The white sheets of paper stand for T-cells. When you say "go", HIV will begin writing it's code on the paper. (Write HIV in big letters on a sheet and set it to the side and mark the next one. Keep going as fast as you can.) To all students- Explain that this represents HIV's reproductive process know as reverse transcriptase, in which it writes DNA from its RNA, and moves in on the T-cell, forcing the cell to begin producing more HIVs. The virus actually causes the healthy cell to begin reproducing the virus.
3. Give direction to the immune system: You are not just any white blood cell, you are a CD-8 killer lymphocyte. You want to destroy any infected T-cells before they can spread more HIV. You'll do this by tearing up one sheet of HIV paper at a time. But each time you destroy an infected T-cell, you want to replace it with a new, HIV-free T-cell. So, you will run to that table (other side of the room) and bring one sheet of paper back to add to the pile.

4. Give the two actors one minute to do the activity. Ready? Go! Have other students cheer the two on. As the minute come to an end have the group count backwards from 10.
5. Process the lesson:
 1. HIV, how are you feeling? Immune system, how are you feeling? Thanks for your efforts!
 2. HIV can make 2-10 billion duplicates (called virions) of itself in one day. Most will be defective, but that still leaves a million a day that can attack you. (Point to stack with HIV written on them.)
 3. The body does a great job at fighting back (point to the torn sheets) Antibodies clear away billions of virions each day. The body produces more T-cells to try to make up for those lost in the battle. (Pick up unmarked white sheets.) But the body still loses about 122 million T-cells a day.
 4. Hold up one of the early marked HIV sheets and one of the later marked ones. Notice the difference? HIV reproduces very quickly, but also sloppily. Many of the new HIVs are too weak to survive and reproduce. But many of the weaker ones do survive. But what if we create a medicine to target this HIV (hold up the first one- with clear mark) and it encounters this one (hold up one of the messy ones)? It may not work on this one. As the virus changes the medicines may not work as well. This is called selective drug resistance.
 5. Remember what the immune system said at the end of the activity- it was tired. Even when the body seems to be holding HIV at bay, the battle causes the body to drain its immune system reserves. Our immune system will wear out sooner. We need the immune system to be in good health to fight off all the other viruses and infections that we encounter everyday. If it doesn't, we get illness that are called opportunistic infections meaning they took hold because our immune system was worn down from fighting off the HIV.

HIV Statistics

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

Risky Business

1. Each student is to sit next to another student. They should have a flat surface on which to work.
2. Each pair is to have an envelope with eighteen sheets of paper. Each sheet of paper has one risky or unriskey behavior for the transmission of the HIV virus.
3. The team of two students will have 10 minutes to arrange the eighteen cards from highest risk of HIV transmission to lowest risk of HIV transmission.
4. After 10 minutes students compare their sequence with one or two other teams.
5. The teacher gives the sequence answers and discussions can begin with the class as to why one behavior may or may not be riskier than another

Additional Resources

***Glencoe Health textbook chapter 24

***Also Glencoe Teacherworks CD for chapter 24 resources

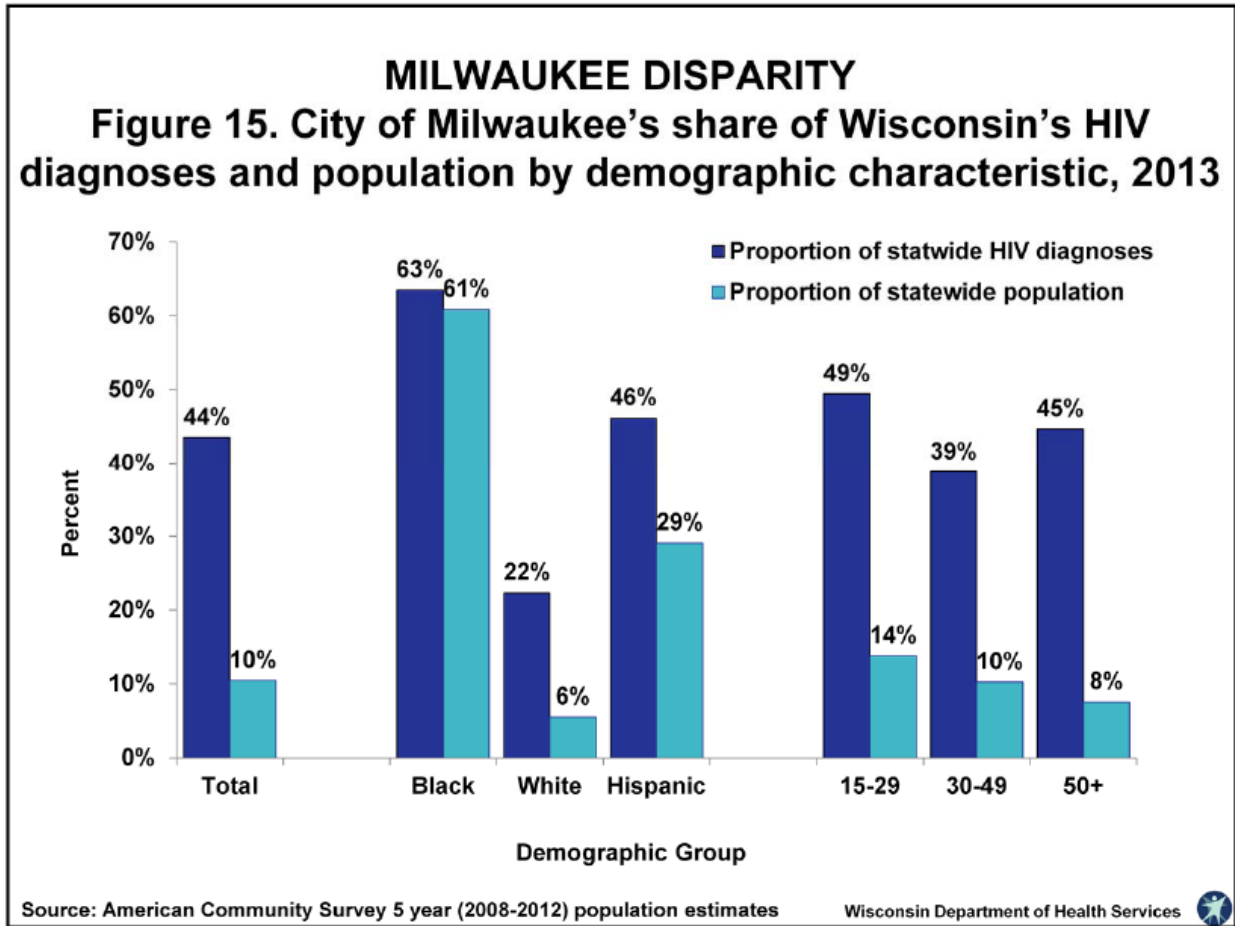
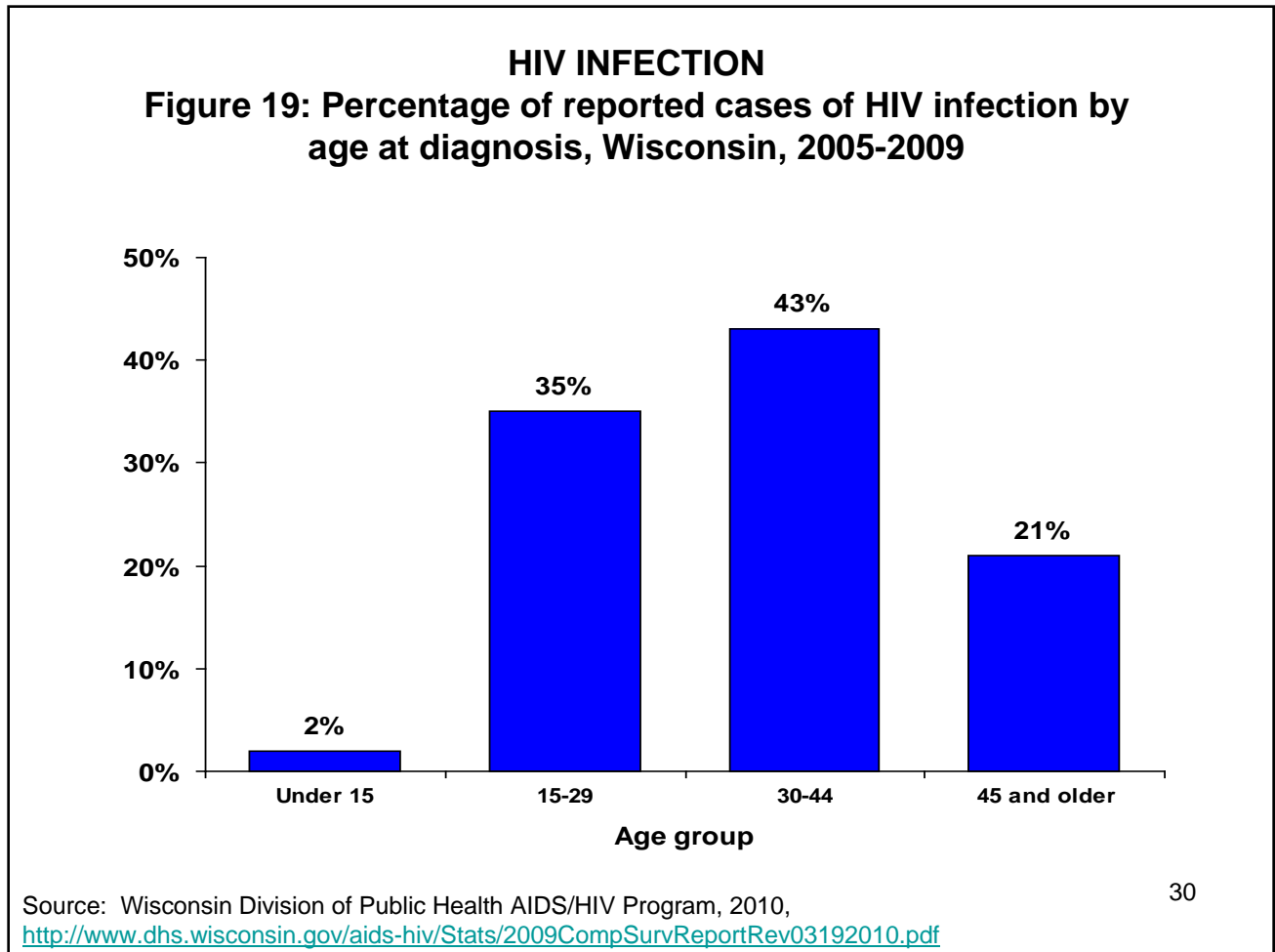


Figure 15 compares HIV diagnoses race disparity in the Milwaukee Metropolitan Statistical Area (MSA) (a four-county area that includes Milwaukee), and the state excluding the Milwaukee MSA.

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



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

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

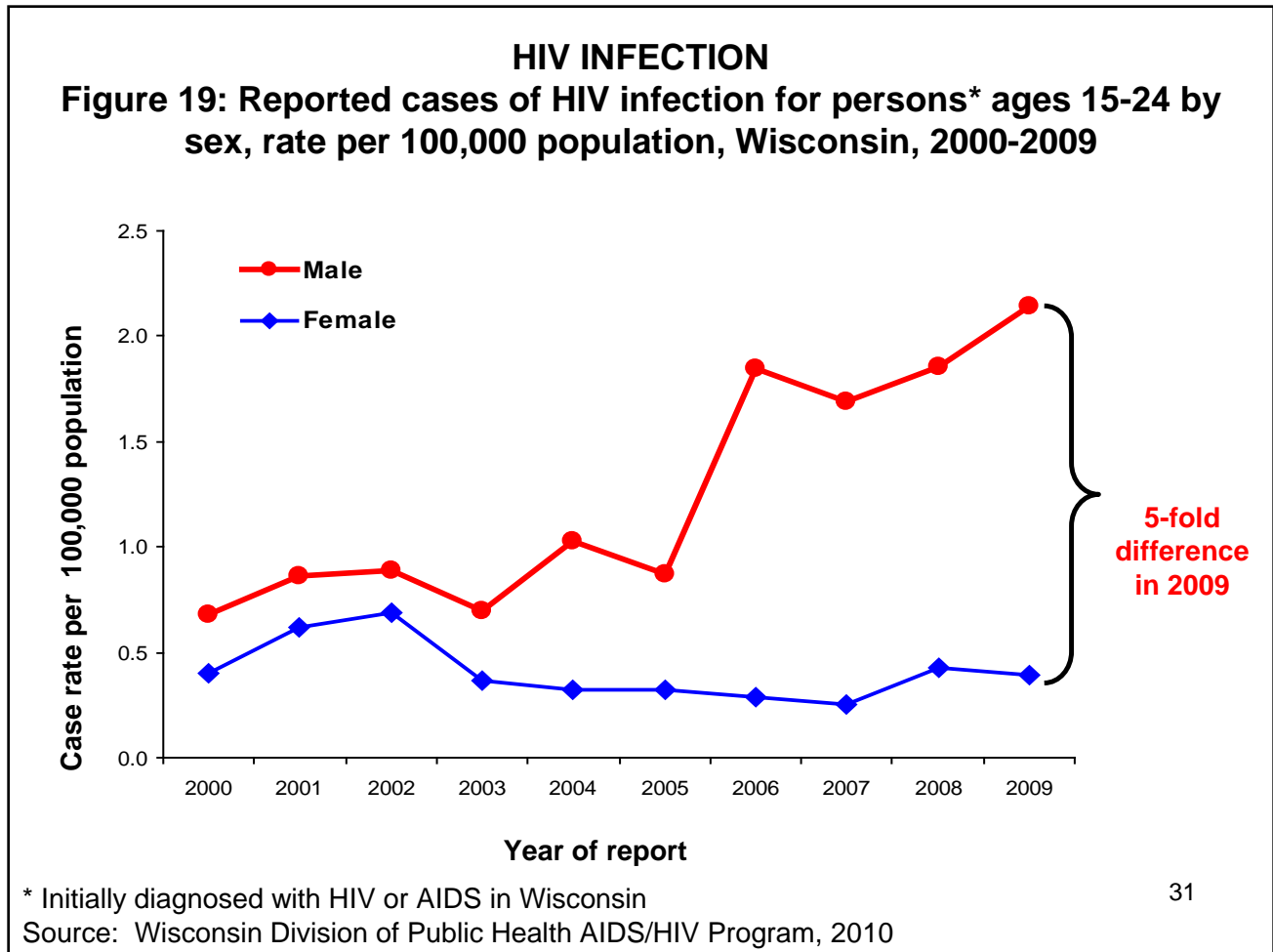
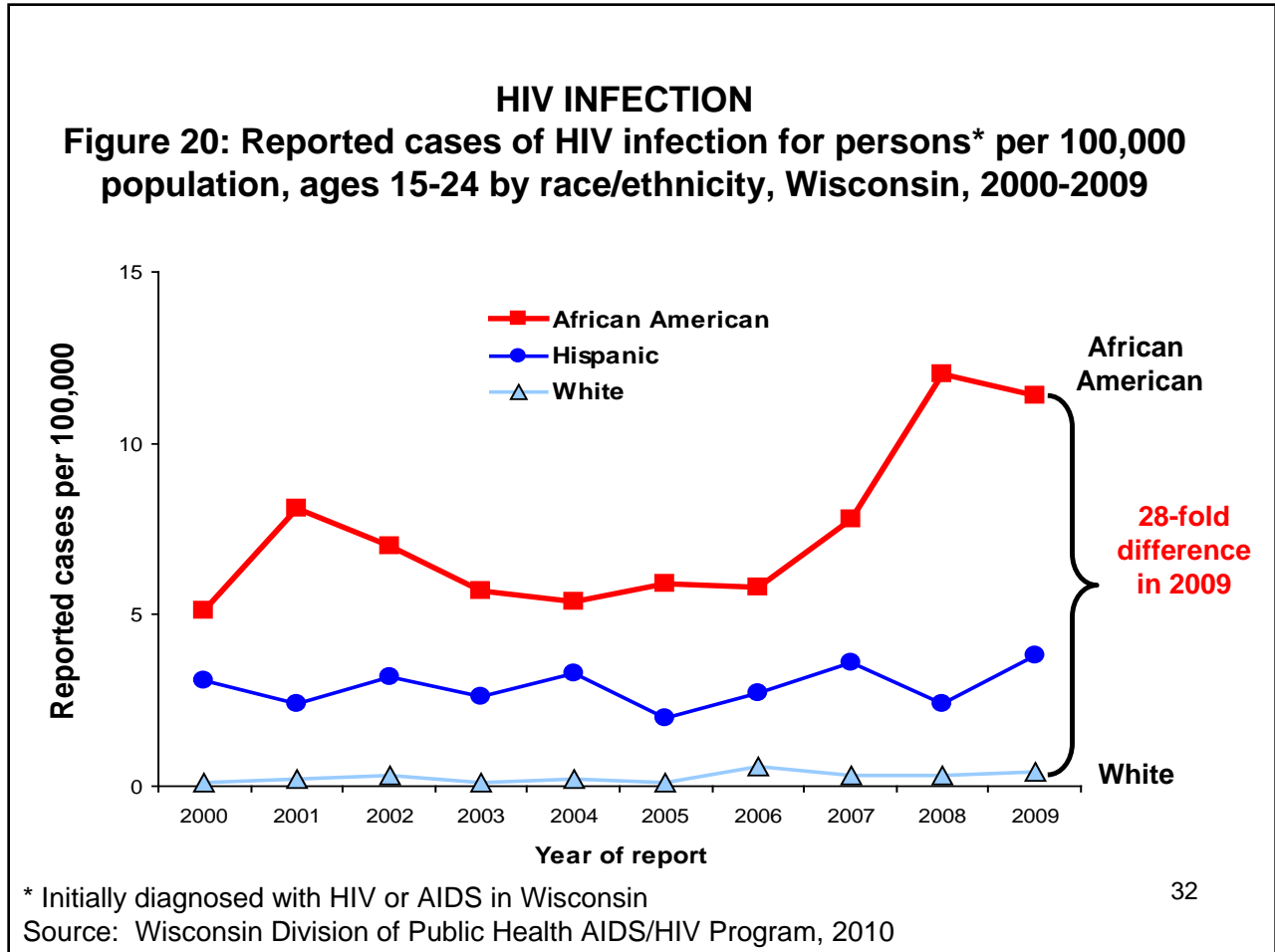


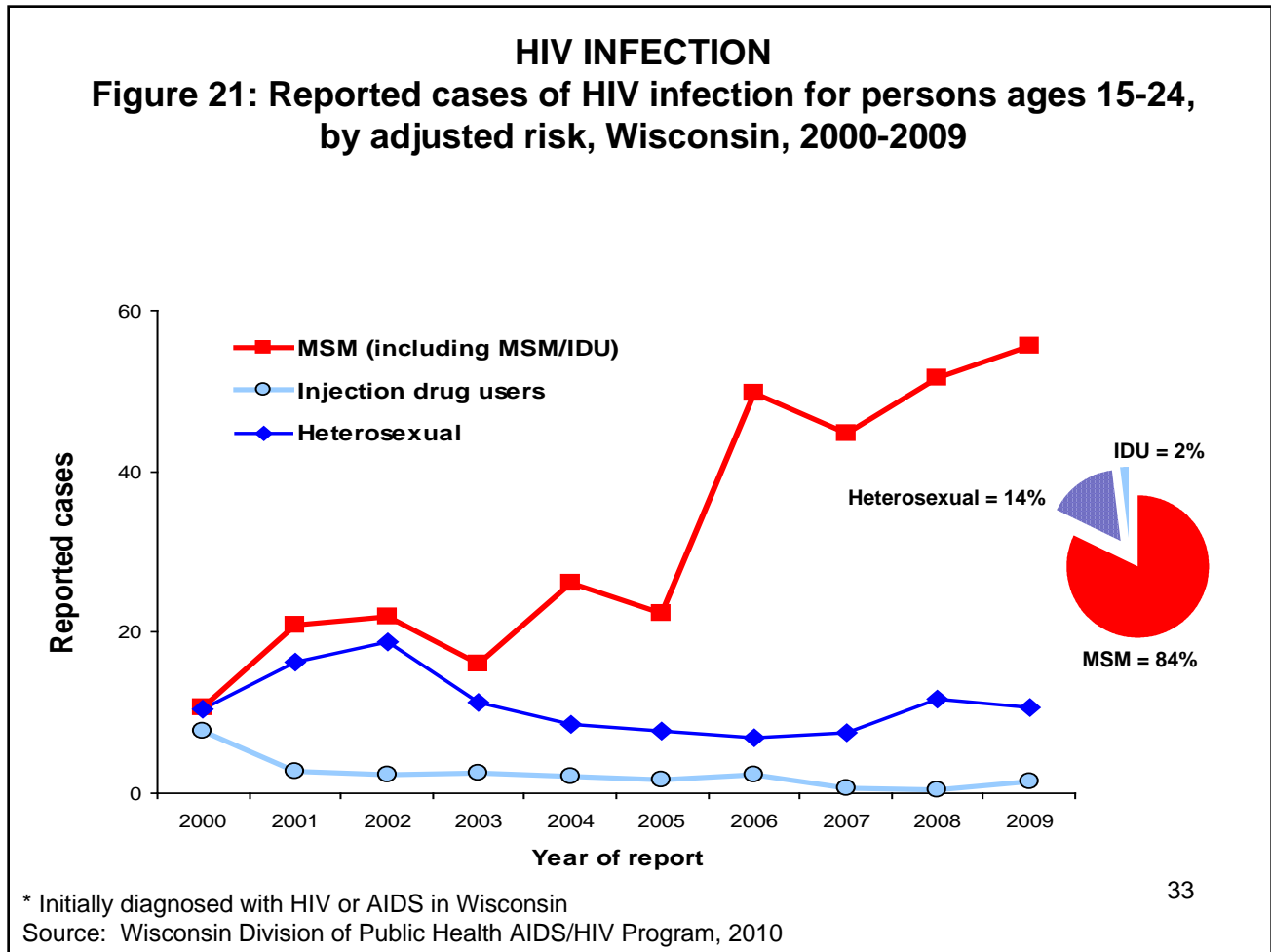
Figure 19 and the two figures that follow show similar patterns—disparities in rates between the groups shown and an increasing trend in one population while cases have remained relatively level in other populations.

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

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

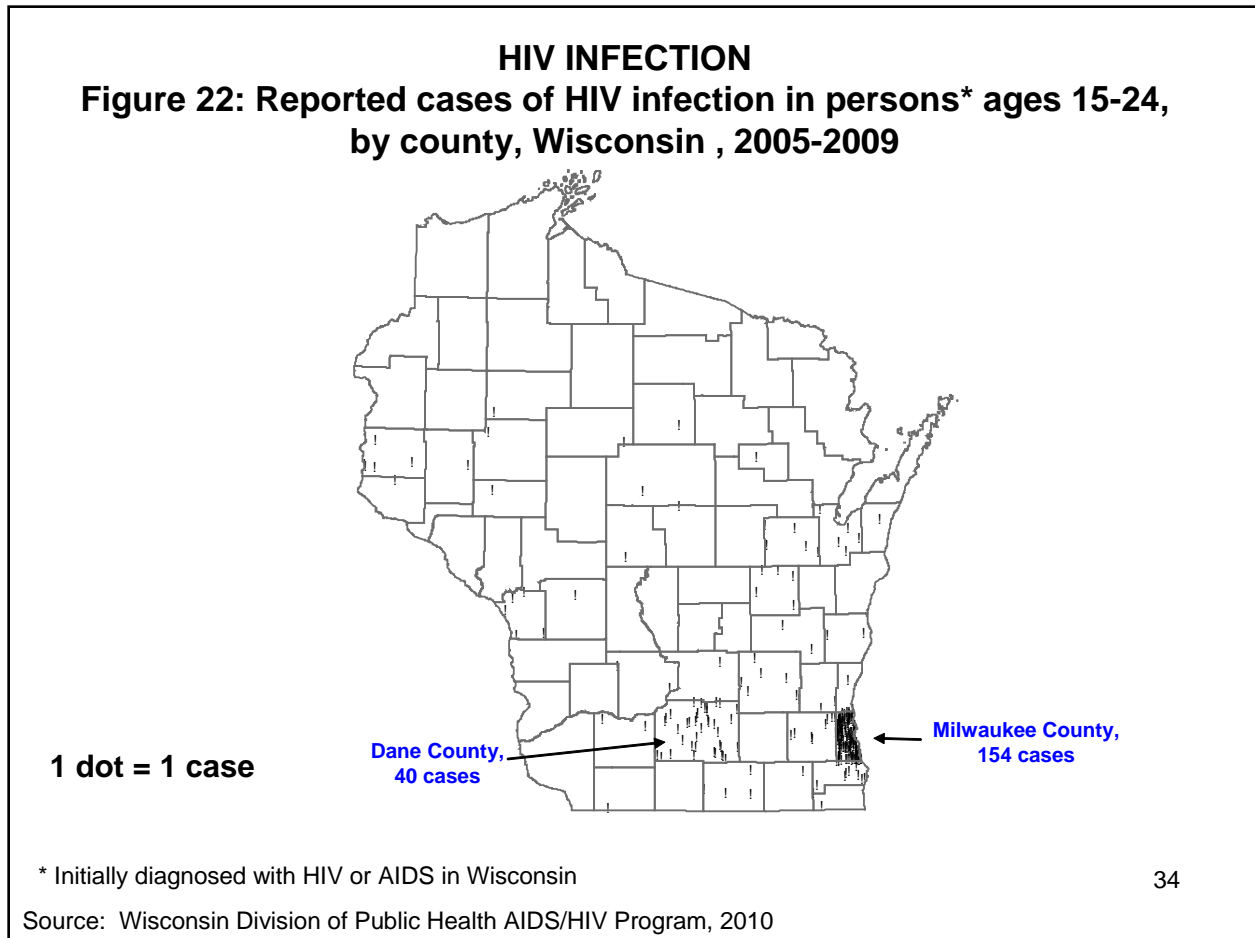


Rates of HIV more than doubled in African Americans over the course of the decade, while they have fluctuated in Latinos and remained flat in Whites in Wisconsin. In 2009, new HIV case rates were 28 and 10 times higher in African Americans and Latinos respectively compared to Whites.



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

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



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

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

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

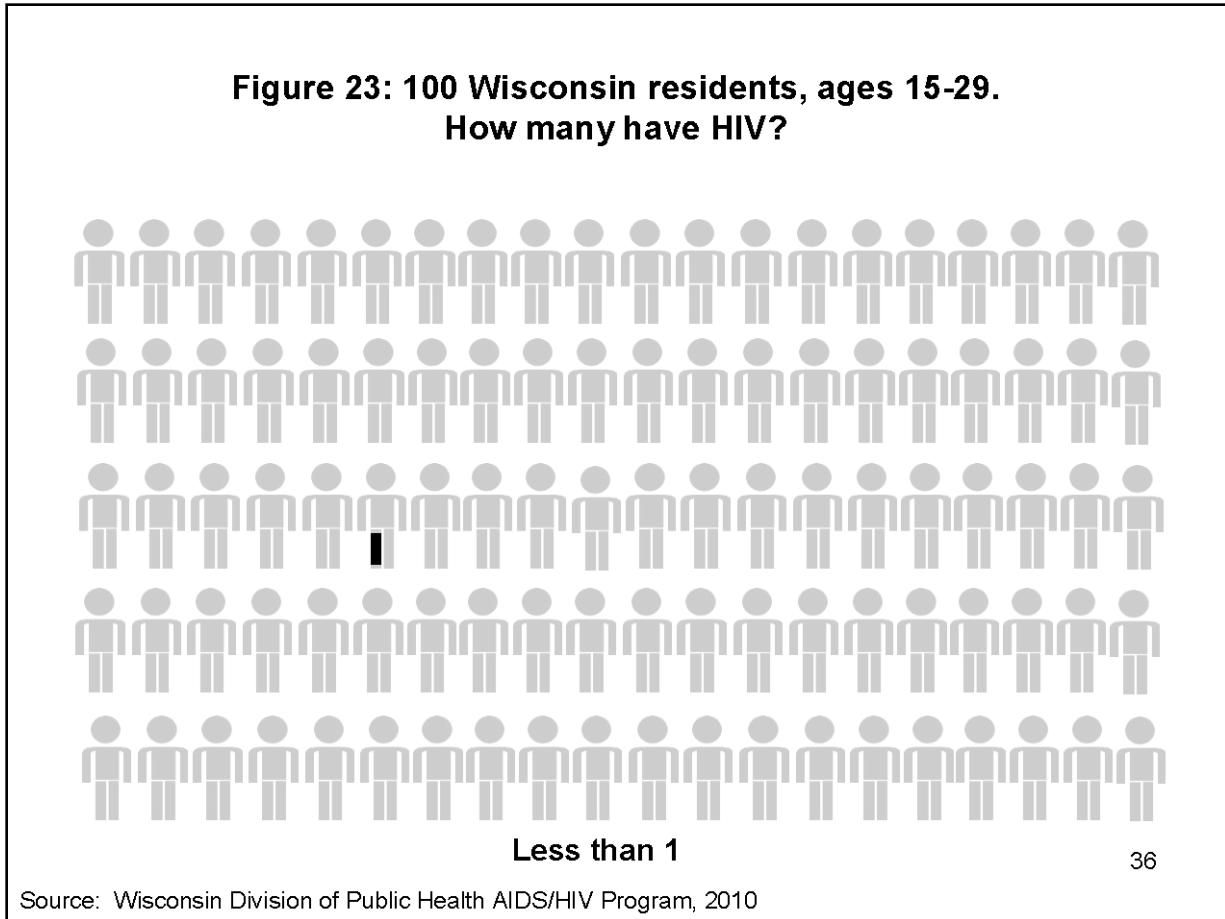
- **All residents in that age group**
- **Young white men who have sex with men (MSM)**
- **Young Latino MSM**
- **Young African American MSM**

35

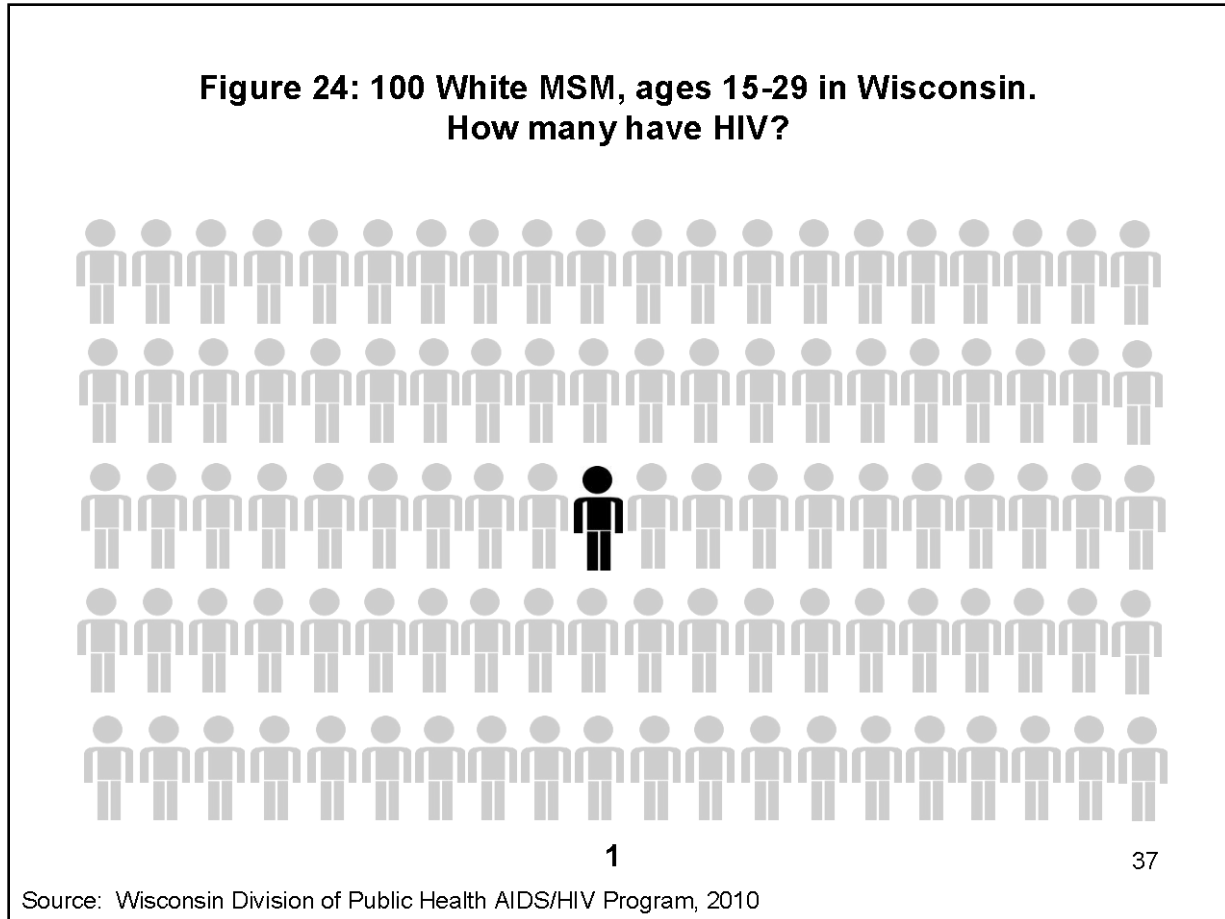
The following slides show the differential impact that HIV infection has on populations of young people. The percentages of Wisconsin residents ages 15-29 in different demographic groups that are estimated to be living with HIV are shown in Figures 24-28.

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

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

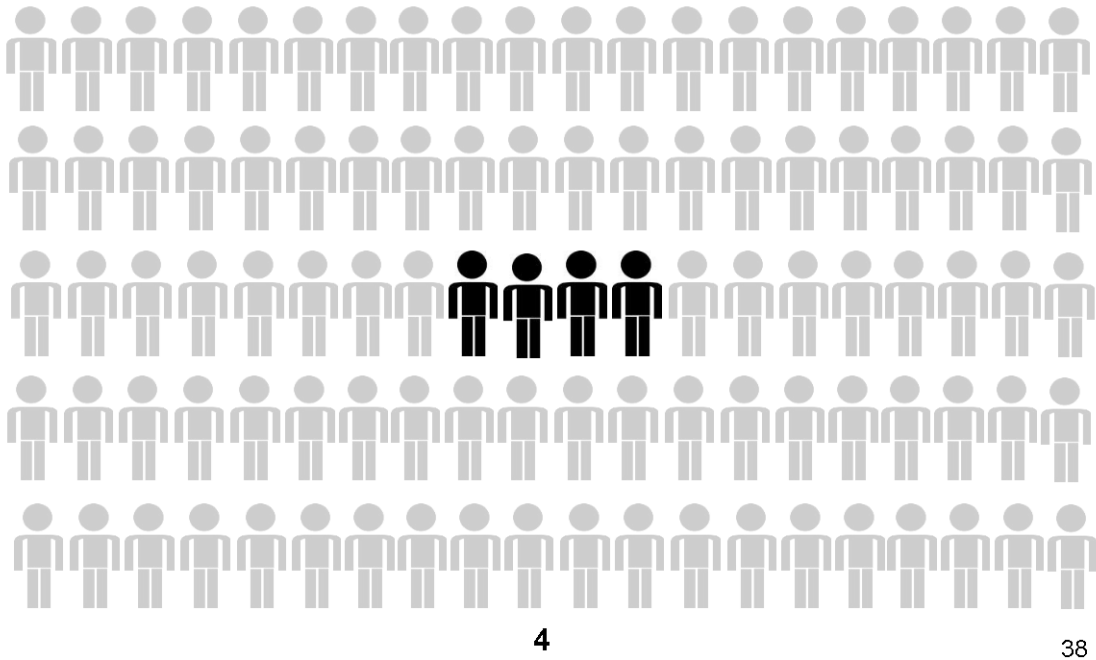


Fewer than one in one thousand young people ages 15-29 in Wisconsin have HIV infection.



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

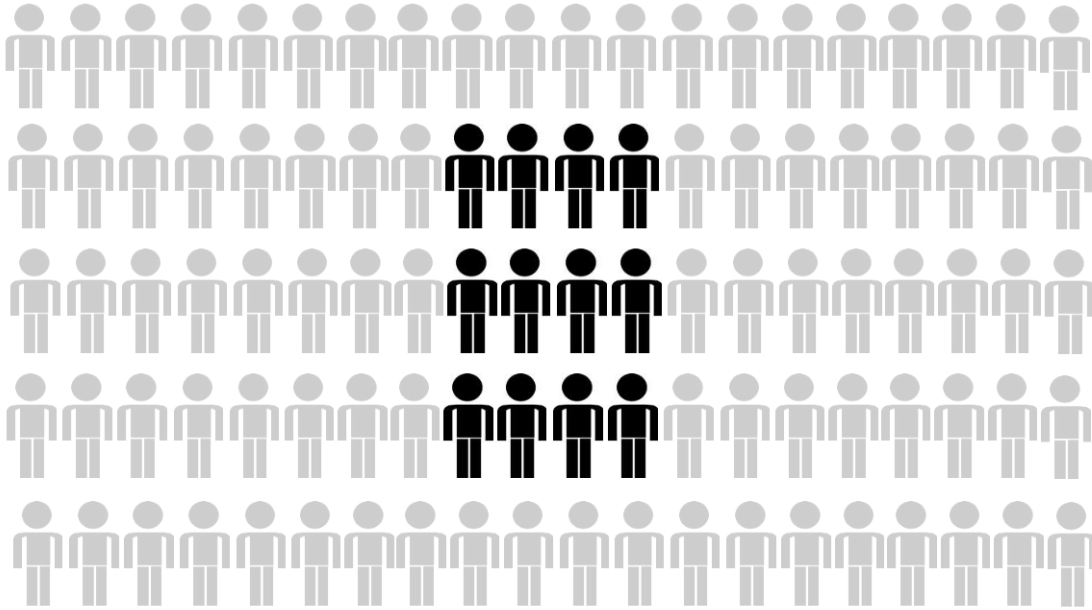
**Figure 25: 100 Latino MSM ages 15-29 in Wisconsin.
How many have HIV?**



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

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

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



12

39

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

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

"RISKY BEHAVIORS LIST FOR THE TRANSMISSION OF HIV"

TOP 9 HIGH RISK Behaviors For Getting HIV:

1. _____ intercourse with internal ejaculation _____ condom
2. Sharing _____ with someone for injecting drugs, steroids or vitamins
3. _____ intercourse with internal ejaculation _____ condom
4. _____ intercourse with internal ejaculation _____
5. _____ intercourse _____ using spermicidal with internal ejaculation
6. Sharing _____ for tattooing or piercing
7. _____ by infected mother to her infant
8. _____ sex
9. Cleaning blood spill _____

TOP 9 LOW RISK Behaviors For Getting HIV:

9. Cleaning spilled blood _____
8. _____ - masturbation
7. _____ kissing
6. _____ kissing
5. _____ and _____
4. _____ masturbation
3. _____ blood
2. Maintaining a lifetime _____ relationship w/an uninfected partner
1. _____ or abstaining from sex

"RISKY BEHAVIORS LIST FOR THE TRANSMISSION OF HIV"

TOP 9 **HIGH RISK** Behaviors For Getting HIV:

1. ANAL intercourse with internal ejaculation **WITHOUT** condom
2. Sharing NEEDLES with someone for injecting drugs, steroids or vitamins
3. **VAGINAL** intercourse with internal ejaculation **WITHOUT** condom
4. ANAL intercourse with internal ejaculation WITH CONDOM
5. VAGINAL intercourse WITH CONDOM using spermicidal with internal ejaculation
6. Sharing HYPODERMIC NEEDLES for tattooing or piercing
7. BREAST FEEDING by infected mother to her infant
8. UNPROTECTED ORAL sex
9. Cleaning blood spill WITHOUT GLOVES

TOP 9 **LOW RISK** Behaviors For Getting HIV:

9. Cleaning spilled blood WITH GLOVES
8. MUTUAL - masturbation
7. DEEP WET kissing
6. DRY kissing
5. HUGGING and MASSAGE
4. SELF- masturbation
3. DONATING blood
2. Maintaining a lifetime, MUTUALLY MONOGAMOUS relationship w/an uninfected partner
1. **ABSTINENCE** or abstaining from sex

Abstinence

Donating Blood

Self-Masturbation

Massage

Hugging

Dry Kissing

Wet Kissing

Mutual Masturbation

Cleaning blood spill without gloves

Unprotected Oral Sex

Breast feeding by HIV positive mother to her infant

Tattooing with a shared needle

Vaginal intercourse
with condom using
spermicide with
internal
ejaculation

**Anal intercourse with
internal ejaculation with
condom**

**Vaginal intercourse
with internal
ejaculation without
condom**

Sharing hypodermic
needles with someone

Anal intercourse with
internal ejaculation
without condom

Ear Piercing with
shared needle

HIV/AIDS Fact Sheet

How is HIV passed from one person to another?

HIV transmission can occur when blood, semen (cum), pre-seminal fluid (pre-cum), vaginal fluid, or breast milk from an infected person enters the body of an uninfected person.

HIV can enter the body through a vein (e.g., injection drug use), the lining of the anus or rectum, the lining of the vagina and/or cervix, the opening to the penis, the mouth, other mucous membranes (e.g., eyes or inside of the nose), or cuts and sores. Intact, healthy skin is an excellent barrier against HIV and other viruses and bacteria.

These are the most common ways that HIV is transmitted from one person to another:

- by having sex (anal, vaginal, or oral) with an HIV-infected person;
- by sharing needles or injection equipment with an injection drug user who is infected with HIV; or
- from HIV-infected women to their babies before or during birth, or through breast-feeding after birth.

HIV also can be transmitted through receipt of infected blood or blood clotting factors. However, since 1985, all donated blood in the United States has been tested for HIV. Therefore, the risk of infection through transfusion of blood or blood products is extremely low. The U.S. blood supply is considered to be among the safest in the world.

Which body fluids transmit HIV?

These body fluids have been shown to contain high concentrations of HIV:

- blood
- semen
- vaginal fluid
- breast milk
- other body fluids containing blood

The following are additional body fluids that may transmit the virus that health care workers may come into contact with:

- fluid surrounding the brain and the spinal cord
- fluid surrounding bone joints

How Effective Are Latex Condoms in Preventing HIV?

Latex condoms, when used consistently and correctly, are highly effective in preventing heterosexual sexual transmission of HIV, the virus that causes AIDS. Research on the effectiveness of latex condoms in preventing heterosexual transmission is both comprehensive and conclusive. The ability of latex condoms to prevent transmission has been scientifically established in laboratory studies as well as in epidemiologic studies of uninfected persons at very high risk of infection because they were involved in sexual relationships with HIV-infected partners. The most recent meta-analysis of epidemiologic studies of condom effectiveness was published by Weller and Davis in 2004. This analysis refines and updates

their previous report published in 1999. The analysis demonstrates that the consistent use of latex condoms provides a high degree of protection against heterosexual transmission of HIV. It should be noted that condom use cannot provide absolute protection against HIV. The surest way to avoid transmission of HIV is to abstain from sexual intercourse or to be in a long-term mutually monogamous relationship with a partner who has been tested and you know is uninfected.

What is HIV?

HIV (human immunodeficiency virus) is the virus that causes AIDS. This virus may be passed from one person to another when infected blood, semen, or vaginal secretions come in contact with an uninfected person's broken skin or mucous membranes*. In addition, infected pregnant women can pass HIV to their baby during pregnancy or delivery, as well as through breast-feeding. People with HIV have what is called HIV infection. Some of these people will develop AIDS as a result of their HIV infection.

What is AIDS?

AIDS stands for **Acquired Immunodeficiency Syndrome**.

Acquired – means that the disease is not hereditary but develops after birth from contact with a disease causing agent (in this case, HIV).

Immunodeficiency – means that the disease is characterized by a weakening of the immune system.

Syndrome – refers to a group of symptoms that collectively indicate or characterize a disease. In the case of AIDS this can include the development of certain infections and/or cancers, as well as a decrease in the number of certain cells in a person's immune system.

A diagnosis of AIDS is made by a physician using specific clinical or laboratory standards.

How does HIV cause AIDS?

HIV destroys a certain kind of blood cell (CD4+ T cells) which is crucial to the normal function of the human immune system. In fact, loss of these cells in people with HIV is an extremely powerful predictor of the development of AIDS. Studies of thousands of people have revealed that most people infected with HIV carry the virus for years before enough damage is done to the immune system for AIDS to develop. However, sensitive tests have shown a strong connection between the amount of HIV in the blood and the decline in CD4+ T cells and the development of AIDS. Reducing the amount of virus in the body with anti-retroviral therapies can dramatically slow the destruction of a person's immune system.

How can I tell if I'm infected with HIV?

What are the symptoms?

The only way to know if you are infected is to be tested for HIV infection. You cannot rely on symptoms to know whether or not you are infected. Many people who are infected with HIV do not have any symptoms at all for 10 years or more.

The following **may be** warning signs of advanced HIV infection:

- rapid weight loss
- dry cough
- recurring fever or profuse night sweats
- profound and unexplained fatigue

- swollen lymph glands in the armpits, groin, or neck
- diarrhea that lasts for more than a week
- white spots or unusual blemishes on the tongue, in the mouth, or in the throat
- pneumonia
- red, brown, pink, or purplish blotches on or under the skin or inside the mouth, nose, or eyelids
- memory loss, depression, and other neurological disorders

However, no one should assume they are infected if they have any of these symptoms. Each of these symptoms can be related to other illnesses. Again, **the only way to determine whether you are infected is to be tested for HIV infection.** For information on where to find an HIV testing site, [visit the National HIV Testing Resources Web site \(http://hivtest.cdc.gov/Default.aspx\)](http://hivtest.cdc.gov/Default.aspx) or call **CDC-INFO** 24 Hours/Day at 1-800-CDC-INFO (232-4636), 1-888-232-6348 (TTY), in English, en Español. These resources are confidential. You can also ask your health care provider to give you an HIV test.

You also cannot rely on symptoms to establish that a person has AIDS. **The symptoms of AIDS are similar to the symptoms of many other illnesses.** AIDS is a medical diagnosis made by a doctor based on specific criteria established by the CDC. For more information refer to the Morbidity and Mortality Weekly Report “[*1993 Revised Classification System for HIV Infection and Expanded Surveillance Case Definition for AIDS Among Adolescents and Adults*](#)”.

If you would like more information or have personal concerns, call **CDC- INFO** 24 Hours/Day at 1-800-CDC- INFO (232-4636), 1-888-232-6348 (TTY), in English, en Español.

Last Modified: January 22, 2007

Last Reviewed: January 22, 2007

Content Source:

[Divisions of HIV/AIDS Prevention](#)

[National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](#)

Unit: STI/HIV/AIDS
Lesson Number: 20
Grade Level: High School
“Blood Lines”

Milwaukee Public Schools
Human Growth and Development Curriculum

National Health Education Standards

Primary Focus

Standard 5 – Decision Making

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

Secondary Focus

Standard 1- Core Concepts

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

Standard 7 – Self Management

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

What You Need to Know- lesson objectives:

Materials:

- Blood lines VHS/DVD
- Student worksheet
- Teacher answer key

Procedures:

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

" B l o o d L i n e s "

"A View into the Souls of HIV+ Youth"

1. How many American Teens under age 20 are infected with HIV each hour and day. 2/48
2. Half of all youth ages 18 - 24 say AIDS is the most urgent health problem facing the country.
3. What of people ages 18 - 24 say they have been tested for HIV? 50%
4. When should one be tested for HIV? When sexually active, have multiple sex partners or share needles
5. Why are people never the same after finding they are HIV positive?
6. How many AIDS-related deaths have there been in the United States? 500,000+
7. 50% of HIV-positive people do not know they are infected. True or False
8. What is the attitude of young people about HIV that gets them infected more than any other age groups?
9. What percentage of HIV infected people DO NOT TELL their sexual partners they are infected? 40%
10. How old were young people who developed AIDS in their 20's and 30's when they became infected with HIV? TEENS 13 TO 18
11. How does having the HIV virus make victims feel about themselves and their futures?
12. You can NOT get HIV from: Sharing a glass or silverware, mosquito, hugging, touching, kissing
13. How are HIV positive people treated?
14. 25% of sexually active teens have had four or more sex partners?
15. Only 50% of sexually active 12th graders surveyed use condoms only sometimes.
16. Can you get HIV from just one sexual encounter? YES!!!
17. You CAN get HIV from: sex w/out a condom, sharing needles, breast milk, vaginal fluids., semen and blood.
18. What helps those who are HIV positive extend their lives? Love and support from family and friends
19. Is there a cure for HIV/AIDS??? NO!!! The virus is sugar coated & keeps mutating!
20. What is YOUR HOPE for people who are at risk for catching HIV? AIDS in the future?

"Blood Lines – A View into the Souls of HIV = Youth"

1. How many American Teens under age 20 are infected with HIV each hour and day. _____
2. _____ of all youth ages 18 - 24 say AIDS is the most urgent health problem facing the country.
3. What percent of people ages 18 - 24 say they have been tested for HIV? _____
4. When should one be tested for HIV? _____
5. Why are people never the same after finding they are HIV positive? _____

6. How many AIDS-related deaths have there been in the United States? _____
7. 50% of HIV-positive people do not know they are infected. _____
8. What is the attitude of young people about HIV that gets them infected more than any other age group?
9. What percentage of HIV infected people DO NOT TELL their sexual partners they are infected? _____%
10. How old were young people who developed AIDS in their 20's and 30's when they became infected with HIV? _____
11. How does having the HIV virus make victims feel about themselves and their futures? _____

12. You can NOT get HIV from: _____
13. How are HIV positive people treated? _____
14. _____% of sexually active teens have had four or more sex partners?
15. Only _____ of sexually active 12th graders surveyed use condoms only sometimes.
16. Can you get HIV from just one sexual encounter? _____
17. You CAN get HIV from: _____, _____,
_____, _____, _____
18. What helps those who are HIV positive extend their lives? _____
19. Is there a cure of HIV/AIDS? _____
20. What is YOUR HOPE for people who are at risk for catching HIV/AIDS in the future?

HIV Risk Behaviors Answer Sheet

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

Clarification on a few risk behaviors:

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

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

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

Unit: Review

Milwaukee Public Schools

Lesson Number: Additional Review Lessons

Human Growth and Development Curriculum

Grade Level: High School

“She’s Too Young”

National Health Education Standards

Primary Focus

Standard 8- Advocacy

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

Secondary Focus

Standard 1- Core Concepts

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

Standard 5 – Decision Making

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

What You Need to Know:

Students will:

- Demonstrate high order analytical skills by taking knowledge gained during this unit and applying it to real world situations.
- Advocate for positive behaviors that can lower the chances of pregnancy or STI contraction.

Materials:

1. She’s Too Young DVD
2. Copy of worksheet for each student

Procedures:

1. Tell students that they will be watching a movie for the next three days. Classrooms that have block scheduling should be able to complete this lesson in two days.
2. Pass out the worksheet and ask them to read the questions before starting the movie.
3. The questions are higher order thinking questions, answers are not found scene by scene.
4. Stop the movie 10-15 minutes before the bell on the first and second days. During that time the teacher can ask the extra follow up questions to evaluate the students understanding of the movie, and give the students a few minutes to answer the questions on their worksheet.
5. On the last day the teacher should allow 10-15 minutes for students to finish the worksheet.
6. Make sure to leave 15-20 minutes for students to answer worksheet questions. This might be a great opportunity for class discussion and debate.

Unit: Review

Milwaukee Public Schools

Lesson Number: Additional Review Lessons

Human Growth and Development Curriculum

Grade Level: High School

“She’s Too Young”

Name _____

Class _____

Questions for She’s Too Young

1. Do you think most teens have open, honest and ongoing dialogue with their parents about sex? Why or why not?
2. In the movie, four types of parenting are shown. How do you think each parent’s attitude affected the teens? For example, how do you think Nick’s parents influenced his behavior?
3. How do you think Hannah felt when she had to call her mom for a ride home when her friends left her alone at the diner?
4. Hannah’s parents tried to do the right thing, but Hannah still got into risky situations. What advice would you give to Hannah’s parents? What did you think of the way Hannah’s mother took action in the community? Did it help?
5. If you were Hannah’s older sister, what advice would you give her?

She's Too Young extra questions

Day one

1. Does Hanna regret her first time...and why?
2. How does the fact that Nick said "we hooked up" and "it will boost your reputation" make Hanna feel?
3. Does the way Dawn's mom acts affect her daughter's actions?
4. Does the fact that Nick's parents are NEVER home negatively affect him?
5. Why do you think Nick does what he does?
6. What does Nick mean when he says "It's not about sex"?
7. Why did Becca say "He must really like you" when Hanna said they didn't have sex.
8. How would Hanna get something from kissing Nick?
9. What does Nick mean when he says, "I love being first"?

Day two

1. What do the kids think about syphilis?
2. When Hanna said she didn't have sores, why might that not matter?
3. What is going to happen to the kids that have syphilis and don't get tested?
4. Hanna says everyone does it, how many kids at this school have sex by the end of Freshman year?
5. What do you think about the fact that girls are calling Dawn a slut yet they have syphilis too?
6. Are the kids taking this seriously?
7. Why did the CDC nurse say there will be more kids with gonorrhea and herpes?

Day three

1. Did Hanna's attitude change from the beginning to the end of the movie?
2. What are their attitudes toward sex?
3. What percent of girls who have had sex wish they would have waited?
4. What other STIs could she have gotten that would not go away?
5. What do you think about the attitude of some of the parents that the most important thing is that you are popular?
6. Y or N: is the fact that the parents want to be their kids best friend hurting the kids?...How?
7. Did the kids learn their lesson from the syphilis outbreak?

National Health Education Standards

Primary Focus

Standard 2- Analyzing Influences

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

Secondary Focus

Standard 1- Core Concepts

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

Standard 3 – Accessing Information

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

What You Need to Know:

Students will:

- Use the knowledge gained during this unit to answer questions.
- Analyze, evaluate and assess their knowledge in this content area.

Materials:

- Paper and Pencil (or chalkboard) for score keeping
- List of questions

Procedures:

1. Divide the class into two groups or teams.
2. Ask a question of one team member at a time, taking turns within each team and alternating between questions.
3. Accept only one answer given within a reasonable time period, e.g. 10 seconds, judging whether it is correct or incorrect.
4. Only correct answers earn points. Any assistance given to a team member trying to answer a question, or any other form of illegal play, results in a foul being called on that team. The other team gets an opportunity to answer a foul shot question worth 1 point.
5. Determine how long the game will last before beginning it. The teacher might give a small award to the winning team.

Two Point Questions

1. What term does AIDS stand for?
 - a. acquired immunodeficiency syndrome
2. What is the cause of AIDS?
 - a. Human Immunodeficiency Virus (HIV)
3. Which body system does HIV damage?
 - a. Immune system
4. What happens to a person with HIV that usually does not occur to people with a healthy immune system?
 - a. They cannot fight off common diseases
5. HIV is mainly present in what four body fluids?
 - a. Blood, semen, vaginal fluids and breast milk

6. What are the two most common ways HIV is transmitted?
 - a. Sexual intercourse (anal, vaginal, oral) and exchange of blood
7. What drug-related behavior of persons injecting drugs allows the exchange of blood?
 - a. Sharing injection drug needles and syringes
8. Most children who get HIV acquired it in what way?
 - a. From their infected mothers during pregnancy, childbirth or breast milk
9. How can one find out if she/he has been exposed to HIV?
 - a. HIV antibody test
10. Aside from donated blood, the HIV antibody test is also used to screen people who donate what?
 - a. Semen and body organs and tissues
11. What government agencies provide confidential HIV testing and counseling?
 - a. Local and state health departments
12. What are the surest ways of not getting HIV?
 - a. Sexual and drug injection abstinence

Three Point Questions

1. Name the three ways HIV is passed
 - a. During unprotected sex, sharing injection drug needles and syringes, from infected women to her fetus or newborn
2. Name the three types of sexual practices in which HIV is passed
 - a. Anal intercourse, oral-genital sex, vaginal intercourse
3. Women with a positive HIV antibody test should do what three things relative to children?
 - a. Postpone pregnancy, not breast-feed child, have her children tested for HIV antibody
4. Name the three best sexual precautions for preventing HIV infection
 - a. Sexual abstinence, sexual fidelity, avoid exchange of body fluids by using condoms.
5. Name five things that individuals can do, beyond practicing personal prevention to help fight AIDS.
 - a. Correct misinformation, keep informed, provide financial support, voice concern to officials, support a friend with HIV, serve as an AIDS volunteer.

Foul Shot Questions – One Point

1. Has anyone completely recovered from AIDS?
 - a. No
2. Do all persons who acquire HIV also develop AIDS?
 - a. No
3. Does HIV itself or the opportunistic diseases usually kill the person who is infected with the AIDS virus?
 - a. Opportunistic diseases

4. Can HIV be passed by an infected person even through the symptoms of the infection are not present?
 - a. Yes
5. Is there a cure or a vaccine for HIV?
 - a. No
6. Is HIV highly infectious?
 - a. Yes
7. Does every child of an infected mother acquire HIV?
 - a. No
8. Is AIDS a problem among all races?
 - a. Yes
9. Should a person be afraid of HIV infection by casual, social or family contact?
 - a. No
10. Should a person be concerned about whether they could be infected with HIV if the individual is sexually active with more than one person?
 - a. Yes
11. Has there been any reported cases where HIV has been transmitted through kissing?
 - a. No
12. Have there been any reported cases where HIV has been transmitted through insect bites?
 - a. No
13. Since one cannot determine if a person has HIV, is it important to know if a possible sex partner is at risk, or has had partners at risk?
 - a. Yes
14. Are some prostitutes likely to be infected with HIV or other STIs?
 - a. Yes
15. Can teenagers get confidential counseling and testing for HIV antibody test through local or state health departments?
 - a. Yes

Key Points: Sexual Behaviors, STIs, HIV, and Teen Births in Wisconsin

- Youth sexual risk behaviors are associated with STIs, HIV infection, and teen births.
- Teens in Milwaukee, especially African Americans, have high rates of teen births, sexually transmitted diseases, and HIV compared to teens in other cities. In some cases, Milwaukee has nearly the highest rate in the nation.
- Teen birth rates are high in Latinas and American Indians as well as African Americans.
- Nonetheless, there are a few favorable trends:
 - Cases of Chlamydia and gonorrhea have declined modestly in Milwaukee and in African Americans since about 2006.
 - Teen birth rates in Milwaukee declined by 50% from 2006 to 2012, although rates still remain very high.

Condom use

- rates of STIs, males, females, AA, Hispanic, white, gender of sexual partner
- The majority of chlamydia cases in Wisconsin are located in the southeastern part of the state; Milwaukee County has the largest number of cases.
- STD rates are especially high in Milwaukee — the second highest in the nation of major cities. The chlamydia rate in Milwaukee teens in 2009 was more than double the U.S. rate and nearly five times that of the rest of Wisconsin. The gonorrhea rate was more than triple the U.S rate and more than ten times that of the rest of Wisconsin.

Combined data from the 2007 and 2009 YRBS found that 16 % of HS students in Milwaukee reported same sex behavior,

- **Rates of HIV in young men who have sex with men, increased markedly over the decade, especially in African American men.**

Young African American MSM is the group most affected by HIV; as many as 20% to 40% are infected with HIV

Based on all data presented it is clear that any person who are sexually active in Milwaukee, and especially for men who have sex with men, condoms are essential to decreasing the risk of disease transmission. This means it’s even more important to use condoms consistently and correctly during every act of sexual intercourse.

Assessment Directions

Assessments should be used to help teachers gauge how well students are learning the content. The first assessments are the Pre/Post assessment. This is to be given to every student. The Pre/Post assessment could be used as part of a teacher's SLO. The 6th grade Pre/Post assessment is an online assessment.

Go to the Health Education Page on mConnect: <https://mconnect.milwaukee.k12.wi.us/MPS-Intranet/Departments/cao/Curriculum-Instruction/PE--Wellness/Health-Education.htm> . Scroll to the bottom to find the link to the survey.

You are also asked to *complete two more* assessments during the course of the HGD curriculum. These additional assessments may be used as Formative or Summative assessments.

The teachers who prepared these assessments listed several assessments that were embedded into the lessons that you could use:

In addition there are two other assessments completed. These two “quizzes” follow on the next pages.



Name: _____

Hour/Class: _____

Reproductive Quiz

Directions: List the pathway of sperm through the male reproductive system. Write a “1” to “5” on the line to put these actions in the correct order with 1 being the first, 5 being the last.

- _____ Sperm travel through the urethra
- _____ Sperm is produced in the testicles
- _____ Sperm leave the male body through ejaculation
- _____ Sperm moves to the epididymis where it matures and is stored
- _____ Sperm moves to the Vas Deferens where it mixes with fluid from the seminal vesicle, prostate gland, and Cowper’s gland.

Directions: List the pathway of the egg through the female reproductive system. Write a “1” to “5” on the line to put these actions in the correct order with 1 being the first, 5 being the last.

- _____ Implantation of Embryo occurs
- _____ Ovary produces an egg
- _____ Fertilization occurs and a zygote is formed
- _____ Female is considered pregnant
- _____ Ovary releases the egg into the Fallopian tubes

Directions: Match the male reproductive organ with the function: Write the correct letter from the function with the blank line of the organ.

_____ Penis	A. Where sperm are matured and stored
_____ testicles	B. Before ejaculation it secretes a clear fluid that protects the sperm from acid in the male urethra.
_____ epididymis	C. The male sex organ, also used to urinate
_____ vas deferens	D. Tubes in which sperm is combined with other fluids from the prostate gland and seminal vesicles to make semen.
_____ Cowper’s gland	E. Also called the testes; two oval-shaped organs that are contained in the scrotum. They produce the male hormone testosterone and sperm.



Name: _____

Hour/Class: _____

Directions: Match the female reproductive organ with the function: Write the correct letter from the function with the blank line of the organ.

_____ Egg	A. A muscular passageway that lies between the bladder and the rectum. It serves as a female organ of intercourse, of the arriving sperm, the birth canal and the passageway for the menstrual flow.
_____ Uterus	B. The organ that prepares each month to receive a fertilized ovum. It also prepares to support the fertilized ovum during pregnancy and to contract during childbirth to help with delivery.
_____ Vagina	C. The tubes that extend from near the ovaries to the uterus.
_____ Ovary	D. Also called an ovum; the female reproductive cell.
_____ Fallopian Tubes	E. The two almond-shaped glands that produce the egg and send out hormones.

Short answer: Most teenagers believe that more of their peers engage in high risk behaviors than actually do based on self reported surveys. Why do you think teenagers believe more of their peers engage in risky sexual behaviors than do in reality?



Reproductive Quiz: Answer sheet

Directions: List the pathway of sperm through the male reproductive system. Write a “1” to “5” on the line to put these actions in the correct order with 1 being the first, 5 being the last.

- __4__ Sperm travel through the urethra
- __1__ Sperm is produced in the testicles
- __5__ Sperm leave the male body through ejaculation
- __2__ Sperm moves to the epididymis where it matures and is stored
- __3__ Sperm moves to the Vas Deferens where it mixes with fluid from the seminal vesicle, prostate gland, and Cowper’s gland.

Directions: List the pathway of the egg through the female reproductive system. Write a “1” to “5” on the line to put these actions in the correct order with 1 being the first, 5 being the last.

- __4__ Implantation of Embryo occurs
- __1__ Ovary produces an egg
- __3__ Fertilization occurs and a zygote is formed
- __5__ Female is considered pregnant
- __2__ Ovary releases the egg into the Fallopian tubes

Directions: Match the male reproductive organ with the function: Write the correct letter from the function with the blank line of the organ.

__C__ Penis	A. Where sperm are matured and stored
__E__ testicles	B. Before ejaculation it secretes a clear fluid that protects the sperm from acid in the male urethra.
__A__ epididymis	C. The male sex organ, also used to urinate
__D__ vas deferens	D. Tubes in which sperm is combined with other fluids from the prostate gland and seminal vesicles to make semen.
__B__ Cowper’s gland	E. Also called the testes; two oval-shaped organs that are contained in the scrotum. They produce the male hormone testosterone and sperm.



Name: _____

Hour/Class: _____

Directions: Match the female reproductive organ with the function: Write the correct letter from the function with the blank line of the organ.

<p>_D___ Egg</p> <p>_B___ Uterus</p> <p>_A___ Vagina</p> <p>_E___ Ovary</p> <p>_C___ Fallopian Tubes</p>	<p>A. A muscular passageway that lies between the bladder and the rectum. It serves as a female organ of intercourse, of the arriving sperm, the birth canal and the passageway for the menstrual flow.</p> <p>B. The organ that prepares each month to receive a fertilized ovum. It also prepares to support the fertilized ovum during pregnancy and to contract during childbirth to help with delivery.</p> <p>C. The tubes that extend from near the ovaries to the uterus.</p> <p>D. Also called an ovum; the female reproductive cell.</p> <p>E. The two almond-shaped glands that produce the egg and send out hormones.</p>
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Short answer: Most teenagers believe that more of their peers engage in high risk behaviors than actually do based on self reported surveys. Why do you think teenagers believe more of their peers engage in risky sexual behaviors than do in reality?

Sample answers should include:

- a. My friends are doing it.
- b. People lie about what they are doing to try and fit in, so it seems like everyone is doing it.
- c. They have seen people doing these things so they think everyone does it.



Name: _____

Hour/Class: _____

Dating Violence Quiz

Directions: List the three stages of an abusive relationship and explain what happens in each:

1.

2.

3.

Directions: True and False. Write a “T” by a statement that is true, and an “F” next to a statement that is false. Give a short explanation why the statement is true or false.

1. _____ After paying for a fancy dinner on a first date, it’s not a big deal for someone to make their date kiss them even if the date says they do not want to.

Explain:

-
2. _____ It is common for an abuse victim to blame herself for being abused.

Explain:

-
3. _____ Jealousy is always a sign of true love.

Explain:

-
4. _____ It is okay to tell the person you are dating who they can and cannot talk to.

Explain:



Dating Violence Quiz: Answer Sheet

Directions: List the three stages of an abusive relationship and explain what happens in each:

Happy or romantic stage: In this stage, the relationship is going well. The partner is often loving and attentive. If abuse has just occurred, the partner is often apologetic and asks for forgiveness.

Tension-building stage: Increased conflict occurs during this stage.

Explosive stage: This is the stage where actual abuse occurs.

Directions: True and False. Write a “T” by a statement that is true, and an “F” next to a statement that is false. Give a short explanation why the statement is true or false.

1. F After paying for a fancy dinner on a first date, it’s not a big deal for someone to make their date kiss them even if the date says they do not want to.

Explain: Forcing someone to do something sexual, including kissing, that they don't want to do **is always** wrong and is sexual abuse. No matter how much money was spent on a date, you never "owe" someone anything sexual. Everyone has the right to determine what type of involvement s/he wants in a relationship.

-
2. T It is common for an abuse victim to blame herself for being abused.

Explain: Many victims of abuse blame themselves. Yet, **NO ONE** can be held responsible for being the victim of abuse. Perpetrators choose to abuse, and they are the ones responsible for the abuse.

-
3. F Jealousy is always a sign of true love.

Explain: Jealousy and possessiveness may be signs that the person sees their friend or partner as an object or a possession. It can reflect the person's own insecurity. Jealousy is a common early warning signs of abuse.

-
4. F It is okay to tell the person you are dating who they can and cannot talk to.

Explain: A healthy relationship involves trust and interacting with others outside of the relationship. Controlling whom you can and cannot talk to is a sign of jealousy and possessiveness and is often a warning sign of an abusive relationship.