

# ESSENTIAL TOPICS IN SEXUAL HEALTH EDUCATION

Created by the Vermont Sexual Health Education  
Stakeholders Group

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# ACKNOWLEDGEMENTS

This document was developed by the Sexual Health Education Stakeholders group, a collaboration between health teachers, community organizations specializing in Sexual Health Education Content areas, the Vermont Agency of Education, and the Vermont Department of Health.

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# TABLE OF CONTENTS

<b>INTRODUCTION</b> .....	<b>1</b>
<b>BEST PRACTICES FOR EVERY LESSON</b> .....	<b>5</b>
<b>ABSTINENCE AND SEXUAL DECISION-MAKING (SDM)</b> .....	<b>10</b>
Best Practices for Abstinence and SDM Education.....	12
Essential Content for Abstinence and SDM Education .....	14
Abstinence and Sexual Decision-Making Resources .....	16
<b>BARRIER METHODS EDUCATION</b> .....	<b>17</b>
Best Practices for Barrier Methods Education.....	19
Essential Content for Barrier Methods Education .....	21
Barrier Methods Education Resources .....	23
<b>CONSENT EDUCATION</b> .....	<b>24</b>
Best Practices for Consent Education .....	26
Essential Content for Consent Education .....	28
Consent Education Resources.....	31
<b>CONTRACEPTION EDUCATION</b> .....	<b>32</b>
Best Practices for Contraception Education .....	34
Essential Content for Contraception Education.....	36
Contraception Education Resources .....	38
<b>HEALTHY RELATIONSHIPS</b> .....	<b>39</b>
Best Practices for Healthy Relationships Education.....	42
Essential Content for Healthy Relationships Education .....	44
Healthy Relationships Education Resources .....	47
<b>PUBERTY HEALTH EDUCATION</b> .....	<b>48</b>
Best Practices for Puberty Health Education .....	50
Essential Content for Puberty Health Education .....	53
Puberty Health Education Resources.....	55
<b>SEXUALLY TRANSMITTED INFECTIONS (STIs) EDUCATION</b> .....	<b>56</b>
Best Practices for STIs Education .....	58
Essential Content for STIs Education.....	60
STIs Education Resources .....	62
<b>APPENDICES</b> .....	<b>63</b>
Appendix A: Standards.....	64
Appendix B: State of Vermont Information .....	65
Appendix C: Curricula and Online Resources.....	67
Appendix D: Responding to Disclosures.....	69
Appendix E: LGBTQ+-Inclusive Sexual Health Education.....	71
Appendix G: Racial and Reproductive Justice .....	72
Appendix F: Youth with Disabilities .....	73

## An Excerpt from A Poem About Stories

By Amy Dawson

*Reprinted with permission from [slowchathealth.com/2021/05/01/a-poem-about-stories](http://slowchathealth.com/2021/05/01/a-poem-about-stories)*

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No personal stories shared in class during the sexual health unit.

That's the agreement.

But the stories come:

During lunch.

After class.

After school.

During the remote learning, in the chat.

Can I talk to you?

My mother has HIV, and I'm scared.

Can I talk to you?

One of my testicles is bigger than the other and I think I'm dying of cancer.

...

And so many, many more stories.

When students share these stories,

I often feel powerless, overwhelmed.

There is value in listening, but...what next?

I connect with

my principal,

the school counselor,

the social worker,

community groups,

parents,

and yes, call child services on occasion.

And together we support students.

This is

Whole School

Whole Community

Whole Child

In action.

This happens because students shared their stories.

...

When we teach students skills...

How to find help

How to ask for help

How to say no

How to say yes

How to advocate for themselves and others

How to make healthy decisions

How to set healthy goals

Students can learn to take ownership of their stories.

Health education works...

# INTRODUCTION

## **Health education is a broad field for teachers and students alike.**

There are many different subtopics under the health subject umbrella: substance use and abuse, mental health and wellness, nutrition, sexual health and more. Of all these subjects, sexual health is often one of the most challenging to navigate. There are a variety of standards, requirements, laws, and beliefs about sexual health education.

Essential Topics in Sexual Health Education was developed to address and support sex educators in schools and community settings while reflecting the reality of what teaching this subject often entails. This guide seeks to identify high priority topics in sexual health education, to provide best practices for teaching these topics, and to ensure that teachers and educators, many of whom did not receive high quality sexual health education when they were younger, are aware of the essential content that all students must learn in order to lead healthy lives.

This document primarily focuses on upper elementary (grades 3-5) and secondary (grades 7-12) students. While some of the topics may be applicable K-12 and beyond, the contents of this document focus on these grade levels.

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## PURPOSE

This guide seeks to support the process of sexual health curriculum development by identifying the minimum core content that must be delivered, in accordance with Vermont State Law, the National Sex Education Standards, the National Health Education Standards, and the experience and knowledge of the group of Stakeholders who developed it. The Best Practices and Essential Content within each identified topic guide teachers and educators as they develop, select, and modify lesson plans and build curricula.

Many teachers, districts, and supervisory unions prefer to build their own health education curricula, in house, based on what they believe to be the best and most relevant information for their students. Without intending to, this process can often result in a set of materials that may not fully cover the most important parts of sexual health education, may not follow best practices, and may not address the lived experiences and identities of all students. This guide is intended to support you however you build your curriculum, whether it's developed in-house, pulled from multiple existing curricula, or modifying a pre-packaged curriculum adopted by your district.

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## USING THIS DOCUMENT

This document is focused on Sexual Health Education **CONTENT**. While it does refer to Health Education **SKILLS** and suggests strategies for incorporating these skills into lessons, this guide concerns itself with the information about sexual health that all young people need in order to lead healthy lives and to make healthy decisions for themselves. This is not a curriculum or a lesson plan. There are no model lessons included. There is a short list in the Appendices for specific curricula that educators may want to refer to as they are selecting or modifying lessons.

The set of practices outlined will aid schools in developing, selecting, and modifying existing lesson plans and curricula to ensure that health teachers deliver the best, most effective information to students in a way that recognizes their diverse identities, promotes healthy behaviors, and respects individual choices and values. For instance, when a health teacher reviews a lesson plan about contraception, they can use the Contraception Education section to evaluate the strength of that lesson, to make modifications if needed to meet best practice or essential content, and to ensure that they teach the lesson effectively.

The following content areas are identified as Essential Topics in Sexual Health Education, listed in alphabetical order. This list of topics should be considered the baseline: the bare minimum that young people need. We encourage anyone teaching sexual health education to look to the National Sex Education Standards and [16 V.S.A. § 131](#), the Comprehensive Health Education Statute, to develop sexual health curricula that are as expansive as possible beyond this list.

**As we know that health teachers are limited in time and capacity, if you teach nothing else, be sure that you teach these topics:**

- Abstinence & Sexual Decision-Making
- Barrier Methods
- Consent
- Contraception
- Healthy Relationships
- Puberty
- Sexually Transmitted Infections (STIs)

Each topic has four sections: an **Overview**, **Best Practices**, **Essential Content**, and Content-Specific **Resources**. Within the **Overview**, the topic is outlined at its most basic, including why it is considered “essential” and when within upper elementary and secondary education the topic should be taught. It includes a summary of the National Sex Education Standards for the topic area and identifies specific items from the Vermont Comprehensive Health Education Statute (see the Appendix for full text of the laws, also available on the Vermont Statutes Online linked throughout). **Best Practices** outline **HOW** the topic area can be taught most effectively, including specific teaching practices, techniques, and considerations. The **Essential Content**

outlines what youth must learn within the specific topic area in order to fully prepare them to be healthy sexual citizens. Finally, there is a “top three” set of **Resources** specifically for the topic.

Some topics overlap, for instance, discussions of STIs and Barrier Methods may go hand in hand in some lessons or curricula. Ensure that messages in one topic support the practices in the other. The Best Practices and Essential Content are not broken out by grade level, so there will be certain points that are more relevant or developmentally appropriate for students at certain grade levels. The messages may need to be modified or emphasized differently for different populations.

There are many available sexual health education resources and curricula that span all of the topics. Rather than list these in each section, a list of general sexual health education resources is listed in the Appendix C.

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## GUIDING PRINCIPLES

The Sexual Health Education Stakeholders group believes the following principles are vital to teaching sexual that meets the needs of all young people.

1. Sexuality includes many components of a person: their sex assigned at birth, sexual orientation, gender identity, sexual practices, sexual fantasies, attitudes, and values related to sex. Sexuality describes how one experiences and expresses one’s self as a sexual being. It begins to develop at birth and continues over the course of one’s lifetime.<sup>1</sup>
2. All young people have the right to accurate information about sexuality. This includes youth with disabilities (physical and intellectual or developmental), LGBTQ+ youth, racial and ethnic minority youth, youth with limited English proficiency, youth from different cultural and religious backgrounds, youth impacted by the foster care and criminal justice system, etc.
3. All young people need and deserve to see their lived experience represented in sexuality education. Materials and visuals must represent a broad spectrum of identities and contexts.
4. Sexual health education must be medically accurate. In very few other topic areas is there a belief or expectation that teaching young people incorrect information will benefit them. We do not mandate that math instruction be mathematically accurate- it just is.
5. There is nothing embarrassing or shameful in talking about sexual health and sex. Overcoming this taboo may be a personal journey- many of us did not have excellent role

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<sup>1</sup> Future of Sex Education Initiative. (2020). National Sex Education Standards: Core Content and Skills, K-12 (Second Edition). National Sex Education Standards Glossary. See Appendix A.

models in our lives. Doing the work on your own will ensure that you can be a role model for your students.

6. To center the safety and learning of youth, there must be limitations on personal disclosures. It is important to ensure that youth disclosures are appropriate (someone asking a question about masturbation may be appropriate, while someone describing masturbation techniques they personally use is generally not). Teachers must maintain professional boundaries when it comes to personal disclosure and recognize that personal disclosure, whether active or passive, can have an impact on the learning environment.
7. Teachers are responsible for creating a space where young people recognize the range of beliefs and influences that exist both in the world and in the sexual health education classroom. It is imperative that teachers teach facts and skills while encouraging a learning experience that fosters greater self and community understanding.
8. Media literacy includes pornography literacy. Media both produces AND reproduces the culture. Media does not create harmful views and stereotypes out of nowhere- they already exist in the culture. Media may amplify these messages, thus causing additional harm by doing more to reinforce already-existing messages.
9. Parents are largely supportive of comprehensive sex education. Ninety-three percent of parents place high importance on sex education in both middle and high school,<sup>2</sup> even though it is often portrayed as a divisive issue. The most impactful sex education is a collaboration between schools and families, where parents/caregivers are encouraged to feel like they can be part of the learning and positive health reinforcement process as askable adults (if they wish).

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<sup>2</sup> Kantor, L., & Levitz, N. (2017). Parents' views on sex education in schools: How much do Democrats and Republicans agree?. PLOS ONE, 12(7), e0180250. doi: 10.1371/journal.pone.0180250



# BEST PRACTICES FOR EVERY LESSON

No matter when, how, or where you are teaching sexual health education, there are broad principles and practices that will benefit your instruction and your students.

1. Establish a classroom environment in which students feel respected and safe to talk about sexuality. Develop and adhere to classroom agreements collaboratively with youth.
2. Integrate key elements of Social and Emotional Learning (SEL) throughout health content to set the stage for consent education, including verbal and non-verbal communication skills. Invest in establishing trusting relationships in the classroom.
3. Reinforce the roles of trusted adults and reliable resources. Help students brainstorm trusted adults they can go to with questions or for help. Identifying reliable resources is a health skill that can be practiced AND it benefits youth to generate or provide a list of trusted resources that they can reach out to as needed.
4. Use a trauma-informed approach to sexual health education that recognizes that many people have experienced interpersonal or sexual violence or other trauma.<sup>3</sup> Trauma-informed strategies include providing trigger or content warnings before teaching sensitive topics, allowing youth the right to pass or take breaks as needed, promoting self-regulation strategies, and ensuring that additional support is available.
5. Prepare for disclosures, including those that require mandatory reporting. Talk about confidentiality and be honest about what you can and can't offer and what you will do if you learn about harm or abuse - *before* youth share sensitive information with you. If a student reveals they are being harmed during a class discussion, offer affirmation of their experience and don't continue to discuss the issue in the group.
6. Similarly, prepare for disclosures from gender and sexual minority youth who may "come out" to you during and after class. Ensure that you do not disclose this information to others (their parents or other teachers and students) without their consent.<sup>4</sup>
7. Screen guest speakers invited to your classroom to ensure that they follow all best practices and principles. Some organizations that advertise sex education programming do not provide medically accurate instruction that meets Vermont State Law. If working with an outside organization, consider using the online Toolkit from Advocates for Youth.<sup>5</sup>

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<sup>3</sup> Future of Sex Education Initiative. (2020). National Sex Education Standards: Core Content and Skills, K-12 (Second Edition).

<sup>4</sup> For more information about responding to disclosures like those outlined in 5 and 6, see Appendix D.

<sup>5</sup> Gould, J., et al. Using Outside Speakers to Provide Sex Education. Retrieved from <https://www.advocatesforyouth.org/resources/curricula-education/using-outside-speakers-to-provide-sex-education>

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## LGBTQ+ IDENTITIES

As you may have noticed, the list of Essential Topics does not include a section about teaching Lesbian, Gay, Bisexual, Transgender, Queer and Questioning and more (LGBTQ+) Identities. It is the belief of this Stakeholders group that LGBTQ+ youth are better served when their lived experiences and identities are fully incorporated throughout all lessons, just as those of straight youth would be. No sexual health educator would ever teach a sex ed curriculum that spent more time defining the word “heterosexual” than it spent on the sexual health needs of straight people, never mentioning that straight folks engaged in sexual behavior. All sexual health lessons, units, and curricula should include LGBTQ+ identities. Topic-specific Best Practices are included and identified through this document.

Incorporating LGBTQ+ youth into all aspects of sexual health education is essential. As numerous studies show, LGBTQ+ youth are at higher risk for negative sexual and other health outcomes. It is important to recognize that this is often due to the systems, beliefs, and behaviors that marginalize them, not due to their identities in and of themselves. Sexual health education that assumes that LGBTQ+ youth do not need information about pregnancy prevention, that places the blame for HIV infection on gay men and boys rather than on higher-risk sex practices, or that ignores the existence of transgender youth all set up young people who hold those identities for more difficult health outcomes long-term.

For specific information about teaching LGBTQ+-inclusive sexual health education and modifying existing curricula, we encourage you to check out [Full Spectrum: Educators’ Guide to Implementing LGBTQ+ Inclusive Sex Ed](#), written by Outright Vermont and Planned Parenthood of Northern New England with support from the Vermont Agency of Education.

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## RACIAL JUSTICE

Just as it is essential to teach sexual health education that reflects diverse gender identities and sexual orientations, it is also essential to teach sexual health education in ways that reflect how racism impacts the sexual health of BIPOC (Black and Indigenous People of Color) young people. The history of sexualized racism in this country includes instances such as the Eugenics movement, the Tuskegee Syphilis Study, forced sterilization of the 1940s, and the Puerto Rican Birth Control Pill trials. Due to this history, communities of color experience generational trauma around their sexual health and behavior that adversely affects the sexual health experiences of their young people. This experience may be even more tenuous for Black and Brown cisgender, heterosexual girls and LGBTQ+ youth. Present day instances of sexualized racism include medical providers and institutions targeting, over-incentivizing, and, in some

cases, compelling BIPOC girls into “choosing” LARCs (long-acting reversible contraceptives)<sup>6</sup>, and the unchecked perpetuation of HIV stigma for Black and Brown gay men and boys.<sup>7</sup> This trauma may become intensified when interacting with both the sex education classroom and sexual health care systems.

The Sexual Information and Education Council of the United States (SIECUS) has published the following list of tips on how to start using sex ed to advance racial justice:<sup>8</sup>

- Avoid the use of problem-focused language (for example, claiming that being a person of color is a “risk factor” or a “problem” needing to be fixed).
- Acknowledge Black and Brown communities’ histories of racism and keep that information at the front of our minds as we provide sex ed.
- Actively search for the ways in which racism and white supremacy show up in our day-to-day classroom and community activities and work to identify, uproot, and eliminate those practices.
- Stop relying on old sex education tactics and approaches. Instead, start listening to the young people in front of you.
- Do not place the burden of advancing racial justice solely on folks of color. It is up to the people with the most power and privilege—mostly white people—to do the work.

Beyond historical and temporal factors, it is important for all sexual health educators to be ever mindful about how sexual stereotypes about BIPOC communities may seep into their own biases about what students are color are doing sexually, what they *should or shouldn’t* be doing sexually, and what they may need in the way of education and support. This particular introspective work cannot be done in isolation, and requires the continued accountability found in community and ongoing professional development.

Throughout this guide, we have identified specific instances where a racial justice lens should be applied. Ultimately, it is important that educators take an *intersectional* approach when teaching sexual health topics—one that recognizes and is responsive to the ways that the experiences of students of color may be uniquely impacted by systems of oppression like racialization, so as not to further perpetuate shame, stigma, or harm.

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<sup>6</sup> Capello, O. (2021). Powerful contraception, complicated programs: Preventing coercive promotion of long-acting reversible contraceptives. Retrieved from <https://www.guttmacher.org/gpr/2021/05/powerful-contraception-complicated-programs-preventing-coercive-promotion-long-acting#>

<sup>7</sup> Arscott, J., Humphries, J. Merwin, E., & Relf, M. (2020). "That guy is gay and Black. That's a red flag." How HIV stigma and racism affect perception of risk among young Black men who have sex with men. *AIDS & Behavior*, 24(1):173-184. doi: 10.1007/s10461-019-02607-4.

<sup>8</sup> Eisenstein, Z. (2021). Sex education is a vehicle for racial justice. Retrieved from <https://siecus.org/sex-ed-is-a-vehicle-for-racial-justice/>

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## YOUTH WITH DISABILITIES

Youth with disabilities need and deserve access to sexual health education, just as youth without disabilities do. Youth with physical and intellectual and developmental disabilities experience a range of challenges in accessing sexual health education that meets their needs. Whether it is students with physical disabilities who do not see their bodies or physical needs represented in sexual health education, students with Intellectual/Development Disability (I/DD) who may be inappropriately removed from health classes, or other intentional and unintentional omissions all people need and deserve access to this information in ways that are developmentally appropriate and meet the needs of their chronological age.

According to research identified in SIECUS's Comprehensive Sex Education for Youth With Disabilities: A Call to Action, "Many YWD have their first relationship and sexual experiences during adolescence and early adulthood, similar to their peers."<sup>9</sup> Youth with disabilities experience puberty in line with their chronological age, regardless of development, and parents and health care providers are often hesitant or unwilling to provide instruction to prepare young people for this eventuality. People with I/DD are often at higher risk for sexual victimization, in spite and as a direct result of a culture that renders them invisible and sexless. Ensure that students are able to access sexual health education classes, in line with Individual Education Plans (IEPs) and other assistive supports as they would any other class or subject. Paraeducators and the special education team must also understand the need for this kind of information; youth with disabilities should not be taken out of health classes. As SIECUS puts it, "Disability impacts *how* content is taught but not *what* content is taught."

When teaching sexual health education, adopting the following practices can foster better inclusion of youth with disabilities:

- Use resources that are cognitively accessible, use plain language, and are concrete in their delivery of abstract concepts.
- Make sure your photos and examples represent various disabilities.
- Use person first language ("a person with autism") unless someone refers to themselves with identity first language ("autistic").
- Explore your beliefs about people with disabilities to be sure you aren't thinking of them as children and needing pity.

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<sup>9</sup> Graham Holmes, Ph.D., L., & SIECUS. (2021). Comprehensive Sex Education for Youth with Disabilities A Call to Action. Retrieved from <https://siecus.org/wp-content/uploads/2021/03/SIECUS-2021-Youth-with-Disabilities-CTA-1.pdf>

Additional Practices that can be implemented both within and outside of sexual health education classrooms include:

- Choose resources developed by people with disabilities for people with disabilities. As the self-advocacy movement states, “Nothing about us without us.”
- Some young people with disabilities are very eager to please and have been taught to comply. This can deter a student from expressing themselves and speaking up. Teach how to speak up for yourself. Use lots of role plays and practicing of skills. Check for learning by using a teach-back approach since students may want to please you and say “yes” when asked if a concept makes sense.
- When answering questions, it is helpful to add the social aspects and emotional aspects related to that question. Social aspects include laws, privacy, responsibility and emotional aspects are any emotions related to the question.
- Many students with developmental disabilities struggle forming close, supportive relationships and knowing the social boundaries normalized and expected by others. There are additional topics to include that go beyond many sexual health education programs such as types of relationships, differences between public and private behavior, how to read body language, etc.

It is important to recognize that youth may hold multiple identities and lived experiences that are marginalized. Just as youth without disabilities may be straight, gay, lesbian, bi- or pansexual, cisgender, transgender, nonbinary, or something else, youth with disabilities also have a range of sexual identities and experiences. Youth of color may or may not have disabilities. While they are often identified as groups with individual needs in this document for clarity, reality is intersectional.

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## CONCLUSION

We hope this document will be a supportive guide for you as you implement comprehensive sexual health education in schools and in the community. Young people are depending on you to help them! Thank you for taking the time to read this document and for teaching sexual health education.

# ABSTINENCE AND SEXUAL DECISION-MAKING (SDM)

## What is abstinence and sexual decision-making education?

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A key component of social-emotional learning is responsible decision-making: the abilities to make caring and constructive choices about personal behavior and social interactions across diverse situations.<sup>10</sup> Sexual decision-making extends beyond the decision to have sexual intercourse or not; it includes decisions about preventing pregnancy, protecting against STIs, deciding on the types of sexual behavior<sup>11</sup> in which one wants to engage, and more. Sexual decision-making is the process of considering one's values alongside knowledge of consequences that may result from various sexual behaviors in order to make choices about when, why, and how to engage in sexual behaviors. Making decisions about sexual behavior, including if and when to choose abstinence, is essential to the health and wellbeing of youth. No one is born knowing how to make and then act on healthy decisions. It's a skill and a content area in which youth need support and instruction.

Specifically, abstinence is choosing to refrain from a behavior. Sexual abstinence refers to refraining from certain sexual behaviors for a period of time.<sup>12</sup> Abstinence has often been discussed in terms of abstinence-only until marriage programs (AOUM) that emphasize choosing abstinence from all sexual behavior until someone is married. AOUM is ineffective: studies indicate that it does not result in a reduction in unintended pregnancies and STIs nor does it delay the decision to start engaging in sexual behaviors.<sup>13</sup> Rather, AOUM typically provides youth with incomplete information that makes healthy, informed decisions more difficult to make. This is because teaching only about abstinence, rather than comprehensive sexual health education, often does not clarify risks or specify how someone could reduce risk when and if they choose to engage in specific sexual behaviors.

## Why is teaching about abstinence and sexual decision-making important?

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Helping young people learn how to make sexual decisions for themselves is a lifelong skill and is the foundation of healthy sexuality. Young people need to learn how to make decisions, like they learn other skills. Making decisions about sexual behavior is a lot like making other kinds of decisions, even though it's often framed as purely a matter of following instinct and hormones.

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<sup>10</sup> What is SEL?. (2021). Retrieved from <https://casel.org/what-is-SEL/>

<sup>11</sup> *Acts that include, but are not limited to: vaginal sex, oral sex, anal sex, mutual masturbation, genital rubbing, or masturbation.* National Sex Education Standards Glossary.

<sup>12</sup> National Sex Education Standards Glossary. See Appendix A.

<sup>13</sup> Abstinence-Only-Until-Marriage Policies and Programs: An Updated Position Paper of the Society for Adolescent Health and Medicine. (2017). *Journal Of Adolescent Health*, 61(3), 400-403. doi: 10.1016/j.jadohealth.2017.06.001

Sexual decisions often include added pressures from family and friends, social norms, values, etc. Making decisions under these pressures can be more difficult, so considering the decision-making process in advance is more likely to result in actions that are in line with an individual's intentions. Additionally, healthy relationships involve the capacity and practice of having direct conversations about intimacy and consent.

### When should abstinence and sexual decision-making be taught?

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While upper elementary age youth may not be making decisions about partnered sexual behavior, there are opportunities to introduce decision-making processes at this age that are relevant to sexual health. These may include decisions about maintaining or ending friendships, which transfer to other relationship contexts as youth age, or making decisions around masturbation and using menstrual hygiene products.

Per the National Sex Education Standards (NSES), in grades 6-8 students should learn how to identify factors that are important in deciding whether and when to engage in sexual behaviors and how to compare and contrast behaviors to determine the potential risk of pregnancy and/or STI transmission. As students reach high school, their knowledge should become deeper, including the ability to compare and contrast the advantages and disadvantages of abstinence, apply decision-making models to choices about sexual behavior, and how to communicate those decisions with a partner.

### What is required in Vermont Pre-K-12 schools?

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Within Vermont's Comprehensive Health Education Law ([16 V.S.A § 131](#)), the following topics related to Abstinence and Sexual Decision-Making must be taught:

- (5) Family health and mental health, **including instruction that promotes the development of responsible personal behavior involving decision making about sexual activity, including abstinence...**



## BEST PRACTICES FOR ABSTINENCE AND SDM EDUCATION

### **1. Frame decisions around abstinence from sexual activity very differently than you frame decisions about abstinence from drugs, smoking, etc.**

It's important to recognize that abstinence from sexual activity is very different from abstinence from unhealthy behaviors like using drugs or tobacco. Sexual activity IS inherently healthy, when people are able to decide for themselves and are able to manage health and emotional outcomes. Almost all people will choose to experience it in their lives. Research suggests that it is important for instruction to frame teen sex as normative, rather than pathological.<sup>14</sup> It's normal for young people to want to experience sexual activity, while recognizing that some asexual people may not. Lessons should provide information to support students in choosing for themselves when it is the right time to participate in sexual behavior. They should learn how to make these decisions in accordance with their own personal values, beliefs, and decision-making processes while also respecting the sexual autonomy of others.

### **2. Recognize that there are a variety of values around abstinence and SDM.**

Talking about abstinence often brings up *values*.<sup>15</sup> In sexual health education, it's important to stress universal values rather than your personal values in the classroom. Universal values may be "everyone has a say over what happens to their body" or "people should only have sex when they want to." Discuss a range of values that young people may have or know about. Encourage them to explore and identify their own and those of the people with whom they are close. When possible, reframe values questions in terms of facts; for instance, abstinence, especially for younger teens, is the "healthiest" choice (fact) rather than the "best" choice (opinion).

### **3. Reframe the goals of abstinence.**

Most discussions of abstinence focus on the importance of "being abstinent" and not on what someone choosing abstinence hopes to achieve. Someone who is choosing abstinence to avoid a pregnancy may have very different ideas and behaviors than someone who is choosing abstinence to avoid STIs. In this way, it's possible to avoid focusing discussions of abstinence on the "can'ts" and instead focus on what someone who is choosing abstinence is hoping to achieve with this decision.

### **4. Provide a variety of Abstinence endpoints.**

Discussions of abstinence are often only framed as ending at marriage. The reality is that there are a number of different endpoints a person may consider: until graduating from high school/college, reaching a certain age, being in a certain kind or length of

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<sup>14</sup> Goldfarb, E., & Lieberman, L. (2020). Three Decades of Research: The Case for Comprehensive Sex Education. *Journal Of Adolescent Health, 68*(1), 13-27. doi: 10.1016/j.jadohealth.2020.07.036

<sup>15</sup> A belief or opinion about the morals or ethic of an issue- right and wrong, good and bad, and/or the relative importance or what one should or should not do. National Sex Education Standards Glossary.



relationship, etc. Each person may have their own endpoint and will also have to discuss and come to an agreement if theirs doesn't match that of their partner. By recognizing that all of these are possible, youth will be more likely to believe that abstinence is a goal that they can achieve if they choose.

**5. Avoid use of the word “foreplay” to describe sexual behaviors that are not intercourse.**

Foreplay literally means before play. Using foreplay to describe sexual behavior assumes that these sexual behaviors are leading to something else (usually penetrative sex) rather than recognizing that they may be the goal of the interaction. Focus on the idea that physical intimacy and sexually stimulating sensory experiences are all part of sexual behavior and/or sexual intercourse. People choose which behaviors to engage in based on their goals for the encounter they are having. Outercourse, sexual activity,<sup>16</sup> or terms that describe the specific behaviors (e.g., genital touching) are preferred.

**6. Don't define virginity but be prepared for when youth ask about it.**

It is not uncommon for discussions of abstinence to be intertwined with virginity- resist this impulse! There are many reasons to avoid the concept of virginity. Virginity is often used to describe people who have not had penis-in-vagina sex. This erases some LGBTQ+-people, defines sexual risk narrowly, and leaves context out of the discussion of abstinence. It is important to remember that virginity has never been enforced equally: cisgender women and girls have always been the focus of the virginity movement and have typically been the people harmed by the enforcement of expectations of virginity. It is also important to recognize that there are different racial stereotypes and experiences of virginity: white women's virginity has been highly valued historically, while that of BIPOC girls is often undervalued or ignored entirely by a cultural and historical narrative that paints them as always sexually willing and available and never sexually innocent. Virginity is a social construct, meaning that it is an idea that is created and enforced by society. When young people ask about virginity (e.g., “what is a virgin?” “Can you do X and still be considered a virgin?”), reframe the discussion around facts and abstinence: “Virginity is a word that people use to describe people who haven't had certain sexual experiences based on their personal or societal values.” Emphasize that virginity is a personal value, is different for everyone, and the types of sexual experiences someone chooses to engage in do not reflect on the character of a person. “Sexual debut” might be a better term to consider, if such a term is needed.

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<sup>16</sup> *Being involved with your own or someone else's body with the goal of creating pleasure and/or intimacy with those involved.* Al Vernacchio. <https://alvernacchio.com/>

## ESSENTIAL CONTENT FOR ABSTINENCE AND SDM EDUCATION

### 1. Use decision-making models or processes.

Making decisions around relationships, sexual behavior, and sexual health is a lifelong skill. Teaching young people decision-making involves more than simply stating that people make decisions; it includes explicit instruction in *how* to make decisions. A decision-making model or process is an identified set of steps that someone can use to lead them through the decision-making process. There are a number of different models available: the D.E.C.I.D.E. model, a decision tree, models embedded in specific curricula, etc. Help students practice a variety of decisions that they could make and how to ensure that they feel good about those decisions.

Important message: *Making sexual decisions is a lot like making other decisions; using a decision-making model can help people clarify what they want and how they'll achieve that. They also must recognize how to manage making sexual decisions with a partner and how to handle when their decisions are in conflict.*

### 2. Help youth identify their own values around sexual activity, including abstinence.

Different people have different values about what is right or wrong. Values clarification activities give young people the freedom to truly think about their own values, what feels right, and how to act in accordance with those values. It's important to help youth sort through all of the influences on their values- family, friends, media, etc. Values also grow and change as young people do.

### 3. Identify how discussions of sexual decision-making overlap with consent and healthy relationships.

While each person has their own values and their own desires around sexual behavior, partnered sexual activity and relationships require communication and negotiation with someone else. Ensure that discussions about making decisions around sexual behavior center on respecting the sexual autonomy of the people involved and ensuring all interactions are free from coercion. Focus on the importance of talking about difficult and taboo subjects. Young people who practice this skill demonstrate improved communication skills, increased self-efficacy, and increased intention to discuss difficult subjects with partners.<sup>17</sup>

Important message: *These conversations are ongoing throughout life with different partners and even in multiple contexts with the same partner. People can choose to abstain from behaviors even if they have already engaged in those behaviors previously with another partner or with the same partner.*

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<sup>17</sup> The Case for Comprehensive Sex Education: Healthy Relationships. (2021). Retrieved from <https://www.advocatesforyouth.org/wp-content/uploads/2021/04/Healthy-Relationships-One-Pager.pdf>

**4. Include discussions about the goals of sex.**

What is sex for? There are many ways people could respond to this question. It may be different for each person. It may be different depending on when the question is asked and answered (e.g., for pleasure, to connect with another, to have children, etc.). The goals of sex are formed by young people's experiences, but also shaped by messages from family and community<sup>18</sup> (this is also referred to as "Sexual Projects" in some of the literature). Defining goals is part of the healthy decision-making process<sup>19</sup> and helping young people identify and navigate their own goals for sexual activity can help them make decisions that are right for them.

Important message: *Pleasure can be the goal, with or without orgasm. There are more things to enjoy aside from genital stimulation. Ensuring that everyone in a sexual interaction is on the same page about the goal is important, even if each individual's goals are different.*

**5. Identify that there are multiple definitions of abstinence and that may impact how effective it is in meeting a person's intended goals.**

There is no one universally accepted definition of abstinence. Sometimes, young people may believe that abstinence is specifically about abstaining from penis-in-vagina sex. It is important to state that abstinence defined this way is not 100% effective at preventing STIs (and depending on the exact behaviors, may carry a slight risk of pregnancy if semen gets on or in the vulva). Similarly, abstinence is not the only 100% effective method of preventing pregnancy; having sex with someone who has the same genitals carries a 0% chance of pregnancy. Be accurate about the definition of abstinence you are using or be sure that you are talking about avoiding specific sexual behaviors rather than using abstinence as a generality.

**6. Emphasize that abstinence is effective, right up until it isn't.**

Someone who chooses abstinence will always need to consider what happens when they are no longer abstinent. While abstinence may be very effective (when practiced perfectly and consistently), for 99% of folks, it's not a lifetime method. Vows of abstinence break far more often than condoms!

Important message: *Abstinence is 100% effective only when people are committed to practicing it. As soon as someone chooses not to be abstinent, which may happen suddenly or at a sooner time than someone identified as their goal, it is important to have/use another protection method and know how to use it effectively.*

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<sup>18</sup> Hirsch, J., & Khan, S. (2020). Sexual citizens. Retrieved from <https://www.sexualcitizens.com>

<sup>19</sup> Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion. (2019). National Health Education Standards—Achieving Excellence (2nd ed.). Retrieved from <https://www.cdc.gov/healthyschools/sher/standards/6.htm>

### **Scarleteen.com: Ready or Not? The Scarleteen Sex Readiness Checklist**

This article from Scarleteen.com, an independent, feminist, grassroots sexuality and relationships education media and support organization and website, covers a lot of questions that young people can ask themselves when making decisions about partnered sexual activity.

[www.scarleteen.com/article/relationships/ready\\_or\\_not\\_the\\_scarleteen\\_sex\\_readiness\\_checklist](http://www.scarleteen.com/article/relationships/ready_or_not_the_scarleteen_sex_readiness_checklist)

### **Teaching Sexual Health: Sexual Decision Making**

According to the Sexuality Information and Education Council of the United States (SIECUS), a sexually healthy teen will show or have the following qualities within their relationships with themselves, parents and family members, peers and intimate partners.

[teachingsexualhealth.ca/parents/information-by-topic/sexual-decision-making](http://teachingsexualhealth.ca/parents/information-by-topic/sexual-decision-making)

### **Abstinence-Only-Until-Marriage Policies and Programs: Society for Adolescent Health and Medicine**

This position paper provides an overview of scientific and human rights concerns with US-based programs and policies that promote abstinence-only-until-marriage (AOUM), including its lack of efficacy, harms for young people, and reinforcement of traditional gender roles.

[www.jahonline.org/article/S1054-139X\(17\)30297-5/fulltext](http://www.jahonline.org/article/S1054-139X(17)30297-5/fulltext)

# BARRIER METHODS EDUCATION

## What are Barrier Methods?

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Barrier methods include latex and plastic devices that are intended to create a physical barrier between sex partners to prevent sexually transmitted infections (STIs). The three basic types of barrier methods are external condoms (placed on a penis or sex toy), internal condoms (placed inside a vagina or anus), and dental dams (a sheet that provides a barrier between one partner's mouth and the other's vulva or anus).

## Why is Barrier Methods Education important?

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Youth need to know about protection methods for all different kinds of sex that they may engage in, now or in the future. Teaching about all barrier methods can reduce unintended pregnancy, STIs, and ensure that all students see themselves reflected in sexual health education curricula.

## When should Barrier Methods Education be taught?

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Teaching about barrier methods begins in middle school, as a way that people can protect themselves during sexual activity. For this age, that is often in the future as most middle schoolers have not yet had partnered sex. Including all barrier methods every time safer sex practices and STI reduction practices are taught is important. Young people who use a condom the first time they have sex are 36% more likely to continue using condoms than those who don't.<sup>20</sup> By encouraging condom use before the age at which young people become sexually active, health educators can promote healthy habits if and when students choose to become sexually active.

According to the National Sex Education Standards, by the end of 8<sup>th</sup> grade, students should be able to describe the steps to using barrier methods correctly and how they are part of a way to reduce risk of unintended pregnancy and/or STIs. Between 10<sup>th</sup> and 12<sup>th</sup> grade, students should be able to compare and contrast their advantages and disadvantages, demonstrate the ability to communicate with a partner about barrier method use, and demonstrate the steps to proper barrier method use.

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20 Shafii, T., Stovel, K., & Holmes, K. (2007). Association between condom use at sexual debut and subsequent sexual trajectories: a longitudinal study using biomarkers. *American journal of public health*, 97(6), 1090–1095. <https://doi.org/10.2105/AJPH.2005.068437>

## What is required in Vermont Pre-K-12 schools?

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Within Vermont's Comprehensive Health Education Law ([16 V.S.A § 131](#)) the following topics related to Barrier Methods must be taught:

(4) Disease, such as HIV infection, other sexually transmitted diseases, as well as other communicable diseases, and **the prevention of disease**.

(8) Human growth and development, including understanding the physical, emotional, and social elements of individual development and interpersonal relationships, including instruction in parenting methods and styles. This shall include information regarding the possible outcomes of premature sexual activity, **contraceptives**, adolescent pregnancy, childbirth, adoption, and abortion.

Additionally, [16 V.S.A. § 132](#) mandates that all secondary schools provide condoms to students for free:

### Secondary schools; provision of contraceptives

In order to prevent or reduce unintended pregnancies and sexually transmitted diseases, **each school district shall make condoms available to all students in its secondary schools, free of charge**. School district administrative teams, in consultation with school district nursing staff, shall determine the best manner in which to make condoms available to students. At a minimum, condoms shall be placed in locations that are safe and readily accessible to students, including the school nurse's office.

## BEST PRACTICES FOR BARRIER METHODS EDUCATION

- 1. Use inclusive terms for barrier methods: External Condoms, Internal Condoms, Dams.**

This language shift from gendered language to gender-neutral language promotes inclusion and accuracy. An external condom is worn outside the body- that may be on a penis or on a sex toy regardless of the gender identity of the people involved. Internal condoms are worn inside the body (a vagina or an anus). Talking about dams for oral sex on a vulva or anus includes sexual orientations and identities of folks for whom a condom will never be an appropriate safer sex practice.

- 2. Use body-first language in instruction.**

Not all people who have penises identify as male (and not all people who identify as male have penises!). Teaching barrier methods in an inclusive way requires that all sex acts are discussed in a way that stresses physical anatomy and not in a way that stresses orientation, sex assigned at birth, or gender identity. In practice this may look like saying, “dental dams are used for oral sex on a vulva or anus” or “The person wearing the condom should hold it at the base while withdrawing from the other person’s body.”

- 3. Teach the steps to proper condom use without making it seem overwhelming.**

While there are a number of steps that are important for young people to ensure that they are successful when it comes to using barrier methods properly, sometimes stressing all of the steps can feel overwhelming. Concentrate on the steps that young people are less likely to be aware of and/or most likely to cause failure. These include proper storage, leaving space at the tip, and holding the condom while withdrawing.

- 4. Stress the positives of condom use in addition to the negatives.**

Often, lessons about condoms will emphasize objections to condoms or reasons people don’t use them. It is important to also stress the benefits- barrier methods are typically easily accessible, relatively inexpensive, provide peace of mind, etc. Helping young people think through ways to address negatives can help improve overall barrier use rates among young people.

- 5. Reinforce dual use of Barrier Methods plus Contraception when talking about the kinds of sex that can cause pregnancy.**

Contraception Methods may be more effective at preventing pregnancy; pairing them with a condom provides double protection- from both pregnancy and sexually transmitted infections (STIs). Be mindful that many students with different gender and sexual identities may engage in penis-in-vagina sex that carries a risk of pregnancy and adapt language accordingly. Dual use applies to heterosexual people who have PIV sex as well as to bi- and pansexual people, some transgender and nonbinary people (some of whom may mistakenly believe that hormones are enough to prevent pregnancy), and to young people who may engage in PIV sex irrespective of their sexual orientation.

**6. Emphasize the role of lubricant.**

Using condom-compatible lubricants can increase comfort and pleasure and can reduce condom breakage. Include teaching about lubrication in lessons about barrier methods. Silicone- and water-based lubricants designed to work with condoms are available over-the-counter. Teaching students that lube exists and how it can positively benefit safer sex practices can contribute to successful barrier method use.

**7. Be aware of allergies and make a plan to accommodate students' needs.**

Most external condoms and dental dams are made of latex. Some students with latex allergies are able to be in a room with latex while others are vulnerable to reactions just from being in the room with an opened condom. Ensure that you are aware of any allergies and make necessary accommodations, by providing latex-free condoms to individuals or the entire class as required. All internal condoms are currently latex-free.

**8. Give students opportunities to practice skills related to proper barrier method use.**

Many times, teachers or guest speakers will demonstrate the steps to proper condom use but will not give students the opportunity to do so. Imagine if in drivers' ed, no one was allowed to drive a car until their driving test! Providing an opportunity for students to touch and feel condoms and dental dams, to practice how to do the steps in class in a neutral setting, and giving them an opportunity to become comfortable will lead to improved comfort and skills when they are in sexual situations. Proper barrier method use is a SKILL and requires practice.

**9. Expect some silly behavior.**

In the United States, condoms are still taboo. Condoms have their own texture and feel and an opportunity for students to touch them can sometimes result in behaviors that look "inappropriate" like blowing them up or putting them on their hands. These behaviors in reality are expected and beneficial- play is one of the ways people make sense of new objects. Work these opportunities in if possible- condom relay races, lube experiments,<sup>21</sup> condom balloons, etc. Any exposure to condoms helps to demystify them for young people and has value.

**10. Integrate media and porn literacy information.**

In pornography (and most other media), characters rarely use barrier methods for protection during sex. In reality, anyone having oral, vaginal, or anal sex needs to think about barrier methods if other STI mitigation factors aren't included. Help students recognize that this is an intentional omission- the people who create and produce pornography and other media are depicting a fantasy. Reality looks very different.

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<sup>21</sup> For example: "How Oil Based Lubes Destroy Condoms" available online at <https://youtu.be/WtCOcW5irNA>



## ESSENTIAL CONTENT FOR BARRIER METHODS EDUCATION

### 1. **How to use barrier methods properly.**<sup>22</sup>

Teaching barrier methods includes teaching the skills needed to use them properly. Students should learn the steps to proper use and be able to demonstrate them, along with explaining why these steps are important.

Important message: *In addition to learning the steps to use a barrier method correctly, it is vital to use condoms/barriers consistently, each and every time and for the entire time they are participating in a sexual act.*

### 2. **Techniques to overcome obstacles to proper condom use**

There are many techniques young people can learn that will make them more able to be consistent and correct condom users. Thinking through the places where people make mistakes and brainstorming techniques to overcome those mistakes before they happen will make them less likely.

### 3. **Stress that condoms provide very good STI prevention for people who choose to do sexual activities that carry risk.**

While condoms do not provide 100% protection from all STIs, they provide very good protection. Using a barrier method is much, much safer than not using a barrier method.

Important message: *Condoms and dams provide very good protection and are one technique that someone could select to reduce the risk of contracting an STI.*

### 4. **Condom and barrier method negotiation skills**

Barrier method use depends on the cooperation of a partner during sexual activity. No matter the barrier method being used, both partners need to communicate about its use and collaborate to ensure success. Communication skills, and negotiating with a partner when one person wants to use a barrier method, are vital for successful barrier use. Do not have students role play condom refusal; they can think of ways someone could bring condom use up to their partner, address common objections to condom use, etc.

### 5. **Validate condom size diversity.**

Although conventional condom “wisdom” may include the fact that condoms stretch, it is also true that one size does not fit all. Bodies are diverse, and so, by extension, are their condom needs. While one might assume that such responses only come from individuals looking to exaggerate about their bodies, shame the bodies of others, or avoid condom use altogether, there may in fact be folks for whom standard size condoms do not meet needs. Condoms are available in a variety of sizes and fits and

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<sup>22</sup> Barrett, MEd, M. (2019). Better Condom Education for High School Students: Putting Data into Practice [Blog]. Retrieved from <https://www.etr.org/blog/better-condom-education-for-high-school-students-putting-data-into-practice>

vary brand to brand; some trial and error may need to occur for someone to find the right match. Condom breakage and slippage related to inappropriate condom sizing occurs and everyone benefits from learning about the diversity of condom sizes and textures available. Avoid making assumptions about why students push back and offer information to help young people access the methods that are most appropriate for their specific needs.

**6. Always include information about internal condoms.**

Internal condoms (sometimes called “female” condoms) are worn inside the body during vaginal or anal sex. This type of barrier method allows the person who is being penetrated (and who is therefore at the most risk of STI transmission) to have control. While they are not as widely available as external condoms, young people need to know that they exist, how to use them properly, and where to access them.

**7. Always include information about dental dams.**

Dental dams may not be a commonly used barrier method. They are still vitally important for young people to learn about. Content knowledge includes: dams can be made by cutting up a condom; dams can be used for oral sex on a vulva or oral sex on an anus; saran wrap can be used in place of a dental dam.

**8. Ensure that students know where and how to access barrier methods for themselves and for others.**

Accessing health information and resources is another skill that barrier methods lessons can address. External condoms are widely available for free and for purchase by anyone over the counter. Internal condoms and dental dams may be more difficult to find. Help students make a plan, not only for use, but for how they/their friends can access barrier methods. Does your school or a local community organization make condoms available for free? What about dams and lube?

### CDC: Condom Effectiveness

This page from the CDC provides information on the correct use of external and internal condoms and dental dams, as well external condom effectiveness for STIs, and links to additional resources.

[www.cdc.gov/condomeffectiveness/index.html](http://www.cdc.gov/condomeffectiveness/index.html)

### ETR: Better Condom Education for High School Students

Based on research about common errors students make about condom use, this article details adaptations that teachers can make to ensure that their skills-based instruction addresses the common missteps that can lead to condom failure.

[www.etr.org/blog/better-condom-education-for-high-school-students-putting-data-into-practice](http://www.etr.org/blog/better-condom-education-for-high-school-students-putting-data-into-practice)

# CONSENT EDUCATION

## What is Consent Education?

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Teaching about consent is an essential component of Pre-K-12 social-emotional learning. There is a special focus on sexual consent within comprehensive sexuality education and healthy relationships competencies. Consent lessons focus on motivating students to seek consent and mutuality in interactions and relationships and equipping them with skills for verbal and non-verbal communication and respecting boundaries.

## Why is Consent Education important?

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Education about sexual consent will not end all sexual violence, but it will help. Younger people aged 12-34 experience the highest rates of sexual assault and other forms of sexual harm.<sup>23</sup> Most often, people sexually harm someone they know or are in a relationship with. Sexual harm has significant impacts across the lifespan, especially for those most impacted and most often targeted for harm: historically marginalized groups and communities, including LGBTQ+ students, students of color, and students with disabilities.

## When should Consent Education be taught?

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Consent can and should be taught throughout Pre-K-12 grades. Consent is not just important for sexual interactions. Teaching consent in elementary school may look like emphasizing that students should ask before touching another student or their things (“can I borrow your pencil?” “Do you want a hug?”). We can listen to and respect younger students’ assertions of consent, even while recognizing that some things must be done for their health and safety. All teachers can build a culture of consent at any grade level. Ensure that students are taught to observe body language, to hear and respect a No from others and have their own wishes respected, and to receive support from adults when their consent is violated. What adults often identify as “flirting” is only flirting if both parties are consenting to it.

Per the National Sex Education Standards (NSES), students should be able to define consent and demonstrate communication of and respect for boundaries by the end of 2nd grade. By the end of 5th grade, they should be able explain the relationship between consent, personal boundaries, and bodily autonomy. Students completing 8th grade should be able to identify factors, including power differences, that may impact consent and relationships and be able define sexual consent

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<sup>23</sup> Victims of Sexual Violence: Statistics | RAINN. (2021). <https://www.rainn.org/statistics/victims-sexual-violence>

and sexual agency. Between the end of 10th and 12th grade students should be able to describe effective ways to communicate consent and boundaries, including how they relate to intimacy, pleasure, sexual behavior, and privilege and recognize legal consequences of violating another's consent.

### What is required in Vermont Pre-K-12 schools?

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Within Vermont's Comprehensive Health Education Law ([16 V.S.A § 131](#)) the following topics related to Consent must be taught:

**(11) How to recognize and prevent sexual abuse and sexual violence, including developmentally appropriate instruction about promoting healthy and respectful relationships, developing and maintaining effective communication with trusted adults, recognizing sexually offending behaviors, and gaining awareness of available school and community resources.**

## BEST PRACTICES FOR CONSENT EDUCATION

- 1. Be sensitive to trauma experienced by students.**

Assume that many students have experienced trauma, including sexual harm. Let youth know in advance what to expect so they can prepare for content. Be aware that there may be unhealthy relationships between students even within your classroom setting. Pay attention to romantic relationship dynamics and body language. Ensure students are able to practice self-care, including opting out of some content, without requiring that they disclose harm. Content and trigger warnings can all help students to mentally prepare for your lessons while minimizing negative or retraumatizing experiences.

- 2. Infuse body autonomy/sovereignty into the cultural foundation of classrooms.**

Bodily autonomy is an individual's right to make decisions regarding one's own body, including deciding at any point who may or may not touch their body.<sup>24</sup> Make it clear that you believe students are the experts on their own boundaries and bodily experiences. Teach body literacy, including always using anatomically correct terminology and communicating comfort with bodily functions like menstruation. Interrupt any teasing about bodies or bodily functions. Rather than making rules that restrict all students' access to the bathroom, for example, address individual issues with students when needed - keeping in mind that a student may have a real need for more frequent bathroom breaks, whether physical or social-emotional.

- 3. Address consent continually, not just when talking about sexual behavior.**

By intentionally practicing consent with students of all ages in your interactions, you can set up a culture of consent that will support any future lessons on sexual consent. This means finding opportunities to give students control of what happens to their bodies — “Congratulations! Would you like a high five or a hug?” — and allowing them to refuse. When observing interactions between students, you can make observations like “I see Brian shrinking - it looks like he might want some space,” or “I wonder whether Ally wants to be touched right now?”

- 4. Be cognizant of how power dynamics play into consent.**

Pay attention to classroom power and identity dynamics that impact your students. Are students touching a student's wheelchair or patting the student on the head? Are white students eager to touch the hair of a Black student, or to ask intrusive questions of a transgender student? Be sure you are addressing consent violations no matter who they are happening to. Power dynamics may play out in your school and community that affect youth understanding and negotiation of consent as well. Acknowledge that the ability to assert bodily autonomy may look different, or even be more challenging, for students interacting with institutions and within systems. Hold space as needed for

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<sup>24</sup>National Sex Education Standards Glossary.

students to discuss how such environments affect their experiences of autonomy, pleasure, and safety.

**5. Practice inclusion of all students.**

Use intentional and inclusive language — so all students feel included and respected, not stigmatized, including students who are LGBTQ+, students with intellectual and/or developmental disabilities, or pregnant and parenting. When using scenarios, ensure that all identities are represented.

**6. Frame consent as a “practice” rather than as a negotiation or as a contest.**

Many times, people think of consent as something one person “gets” and the other “gives.” When consent is identified as a practice, much like washing one’s hands, yoga, or another ritual, it becomes something that is ongoing, something that people must adopt as a habit. Recognize that all people in all sexual interactions benefit from practicing consent.

**7. Address gendered expectations, roles, and stereotypes.**

It is imperative that lessons about consent do not reinforce gender roles. Scenarios should not exclusively depict boy-girl couples where the boy is asking the girl for consent, as this relegates women/girls to the role of gatekeeper and men/boys to pursuer. It also renders LGBTQ+ students invisible. Recognize that different religions, cultures, and other identities have sexual stereotypes associated with them, to ensure that you are not reinforcing perceptions and experiences of only white students.

**8. Integrate information about consent in media and pornography.**

Most of the existing media does not model practicing consent. In movies and shows, characters merely make eye contact, music swells, and then it fades to black OR a montage of sexual activity begins. No words are exchanged. In pornography, consent is rarely shown. Help students analyze influences by recognizing the discrepancy between what they are being told is the expectation (practicing consent and respecting bodily autonomy) and what they are seeing in the media they consume.

**9. Teach skills and build in opportunities to practice.**

Use scenarios to apply learning. It is important to give students examples of what the concepts of consent can look like in real life. Scenarios, media examples, etc., can show students how consent is and is not practiced in situations where negotiating all kinds of sexual activity takes place. Do not have students role play in situations where they are practicing coercion or abuse!

## ESSENTIAL CONTENT FOR CONSENT EDUCATION

### 1. Teach “everyday consent.”

Students as young as preschool can learn the important life skill of respecting boundaries in relationships—all relationships, not just romantic or sexual relationships. When exploring scenarios or witnessing interactions in the classroom, narrate non-verbal cues and model what consent looks like. This helps students who have difficulty interpreting non-verbal communication and teaches that students have a responsibility to pay attention to others’ needs and wants.

### 2. Include information and skills about setting and respecting boundaries.

Boundaries can be discussed with youth of any age. Teach youth the skills to recognize their own boundaries, to communicate them, and to respect the boundaries of others. With older students, help them to explain why communicating about boundaries in a romantic or sexual relationship will support many topics—not only consent, but contraception and condom use, accessing health care, etc.

### 3. Normalize Affirmative Consent.

Affirmative consent recognizes that explicit agreement in advance and without coercion is the expected standard for behavior. It is sometimes referred to as “yes means yes” as an update from “no means no.” Affirmative consent teaches young people that a yes is how they know they have/have given consent, rather than accepting silence or hesitation as a yes. In the establishment of affirmative consent, encourage youth to think critically about the types of experiences they would like to have and practice saying yes to them. Keep in mind that this can be done age-appropriately, and students do not have to focus on sexual activities in order to practice this skill.

Important message: *A “yes” without coercion and with understanding of and desire for what is about to happen is how you know you have gotten/given consent. This is true for all kinds of activities: “Can I borrow your pencil?” “Have a bite of your dessert?”*

### 4. Emphasize “sexual citizenship.”

Sexual Citizenship is “the acknowledgment of one’s own right to sexual self-determination and recognizes the equivalent right in others.”<sup>25</sup> No person is entitled to another person’s body and each person is entitled to their own body. Many individuals have been socialized or outright taught that all sexual citizens are not created equal.

Important message: *Every person has the right to make decisions for themselves about their behavior and their body. No individual has more of a right than any other*

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<sup>25</sup> Hirsch, J., & Khan, S. (2020). *Sexual Citizens: A Landmark Study of Sex, Power, and Assault on Campus* (1st ed., p. xvi). W.W. Norton and Company.



*individual. Consent is equally important for women/girls as it is for men/boys and for non-binary, transgender, and queer people.*

**5. Teach about healthy consent practices rather than only focusing on what is not healthy.**

Focus on what you want students to learn and practice. Use scenarios and stories that model listening and respect. Explore what is going on in these scenarios, including what it might be like for a character who experiences disappointment and how they might deal with it. Talk about underlying expectations and how they impact relationships. For example, in a story about two students who communicate openly about what they want and respect each other's wishes, explore the expectations that allow for that type of interaction.

**6. Practice communication and refusal skills**

Teach refusal skills—"how to say no"—but do not stop there. Teaching young people how to say no to sexual activity they do not want is a protective factor.<sup>26</sup> It cannot stop there: students need to be ready to receive a "no" respectfully. Students also need to learn how to communicate "yes" to sexual activity. Helping students recognize what it feels like when they do want to do something with a partner is as important to practicing consent as learning to say and respecting someone else's no.

Important message: *Skills are needed for having open, honest conversations and making decisions about sexual behavior. Identifying what feels comfortable and being able to communicate that to a partner and being able to listen and respect what they want is an important skill to develop and practice.*

**7. Identify Age of Consent laws.**

Age of Consent laws vary by state. By the time young people are thinking about dating relationships, they need to know what the laws about sexual relationships are by age. Particularly by high school, there may be some relationships wherein sexual intercourse is not permitted by law. For others, dispelling existing misinformation can be reassuring.

Important message: *There are laws specifically around the age that partners can give one another consent for sexual behaviors legally. Making sure that both partners are "of age" is only one step in practicing consent, but it's an important one in high school where peers may be of different ages.*

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<sup>26</sup> Santelli, J. S., Grilo, S. A., Choo, T. H., Diaz, G., Walsh, K., Wall, M., Hirsch, J. S., Wilson, P. A., Gilbert, L., Khan, S., & Mellins, C. A. (2018). Does sex education before college protect students from sexual assault in college?. PloS one, 13(11), e0205951. <https://doi.org/10.1371/journal.pone.0205951>

**8. Explicitly identify coercion and power dynamics.**

Implicit in the practice of affirmative consent is that there is no room for coercion<sup>27</sup> Young people need to recognize that someone must have the ability to say yes or no equally in order for consent to be practiced. A power difference between two young people—age, status at a job, popularity, one being “out” about their sexual orientation—can all influence someone’s ability to give consent, particularly when the more powerful partner uses that position to influence, manipulate, or control the other.

Important message: *Consent should be freely given, with no conditions or negative consequences. A “yes” given under coercion is not consent.*

**9. Provide resources for support.**

When teaching consent, it is important that students know where they can go for support if they have an experience where their consent is violated. Identify school- and community-based resources and ensure that minors (particularly teens) know if there are mandated reporting laws in place.

Important message: *If you or someone you know wants support due to an experience, there are resources available. You have the right to seek support. In school, they include A, B, C. In the community, they are X, Y, Z. Sometimes, people under 18 have experiences that adults are required to report to keep them safe. These people are called “mandated reporters.”*

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<sup>27</sup> The act of using pressure, alcohol or drugs, or force to have sexual contact with someone against their will. What is sexual coercion? - love is respect. Retrieved from <https://www.loveisrespect.org/resources/what-is-sexual-coercion/>

## CONSENT EDUCATION RESOURCES

### **Vermont Network Against Domestic and Sexual Violence:** [www.vtnetwork.org](http://www.vtnetwork.org)

Consent Campaign Guidebook is a tool for promoting healthy relationships in your school community. The Guidebook contains step-by-step advice for creating a Consent Campaign, lesson plans for grades 7-10, and materials and resources.

[www.vtnetwork.org/consent-campaign](http://www.vtnetwork.org/consent-campaign)

Vermont's Relationship Status Booklet is a free resource for teens and people who support teens with information about healthy and unhealthy relationships as well as violence prevention tips and helping resources.

[www.vtnetwork.org/relationship-status-booklet](http://www.vtnetwork.org/relationship-status-booklet)

### **Virginia Sexual and Domestic Violence Action Alliance:** Ask. Listen. Respect.

Video and Discussion Guides promote healthy relationships among tweens and teens by providing concrete examples of how to ask for consent, what enthusiastic, verbal consent looks like, and how to accept "no" as a normal boundary-setting in relationships.

[www.teachconsent.org](http://www.teachconsent.org)

### **The National Sexual Violence Resource Center:** [www.nsvrc.org](http://www.nsvrc.org)

The NSVRC provides a variety of downloadable resources about consent. Here are two to check out:

I Ask: [www.nsvrc.org/i-ask-consent](http://www.nsvrc.org/i-ask-consent)

Everyday Consent: [www.nsvrc.org/everyday-consent-sheet](http://www.nsvrc.org/everyday-consent-sheet)

# CONTRACEPTION EDUCATION

## What is Contraception Education?

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Contraception Education is information regarding available contraceptive methods to prevent unintended or unwanted pregnancy. Contraception is any means used to reduce the risk of pregnancy, including, but not limited to, abstinence, barrier methods<sup>28</sup> (e.g., external condoms and internal condoms), hormonal methods (e.g., pill, patch, injection, implant, IUD, and ring), and other non-hormonal methods (e.g., sterilization and non-hormonal IUDs).<sup>29</sup> Contraception methods may also be known as birth control methods, though the former is the preferred term.

## Why is Contraception Education important?

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Contraception methods education lays the foundation for understanding all the different options available beyond abstinence to prevent unintended or unwanted pregnancy. It provides basic information that allows young people to continue conversations with medical providers and other supportive adults in their lives.

## When should Contraception Education be taught?

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Contraception education should begin prior to the time when young people may need to access contraceptive use so that they are prepared to make appropriate contraceptive choices prior to engaging in sexual activity that may result in pregnancy.

Per the National Sex Education Standards (NSES) by the end of 8th grade, students should be able to demonstrate how to reduce or eliminate risk for pregnancy, explain various methods of contraception and how to access them, and describe laws related to minors' access to health care. Students in grades 10-12 should expand this knowledge considerably, including the ability to compare and contrast different contraception methods, apply decision-making models to choosing contraception, demonstrate the steps to proper barrier methods use, and define reproductive justice and its history.

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<sup>28</sup> See the *Barrier Methods* section for more specific information about instruction on condoms and dams.

<sup>29</sup> Future of Sex Education Initiative. (2020). National Sex Education Standards: Core Content and Skills, K-12 (Second Edition).

## What is required in Vermont Pre-K-12 schools?

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Within Vermont's Comprehensive Health Education Law ([16 V.S.A § 131](#)) the following topics related to Contraception must be taught:

- (1) Body structure and function, **including the physical, psychosocial and psychological basis of human development, sexuality, and reproduction.**
- (5) Family health and mental health, **including instruction that promotes the development of responsible personal behavior involving decision making about sexual activity**, including abstinence...
- (8) Human growth and development, including understanding physical, emotional, and social elements of individual development and interpersonal relationships, including instruction in parenting methods and styles. This shall include information regarding the possible outcomes of premature sexual activity, **contraceptives**, adolescent pregnancy, childbirth, adoption, and abortion.

## BEST PRACTICES FOR CONTRACEPTION EDUCATION

- 1. Ensure students have a basic understanding of human reproductive anatomy and reproduction before discussing contraception.**

It is essential that students understand how pregnancy can happen before they learn how contraception methods prevent pregnancy. If pregnancy is taught significantly before contraception methods, ensure that a quick review is conducted so that students understand that contraception interferes with the process of a sperm and an egg joining and then implanting.

- 2. Include all identities in discussions of contraception.**

Despite what many people assume, it is not only straight young people who need to be concerned with contraception methods. LGBTQ+ young people are also at risk of having or causing a pregnancy, more so according to some studies. Identity is not the same as behavior, so some gay or lesbian students may still engage in sex that can cause pregnancy (sometimes to “prove” their identities to themselves or to hide them from others), bi- or pansexual students engage in penis-in-vagina sex (PIV), and transgender students may need to know what options are available for their bodies, rather than for their gender identity. Students with disabilities must also learn about contraceptive methods in developmentally appropriate ways.

- 3. Use body-first language when describing contraception.**

Explain how contraception methods are used with language based on the bodies of the people using them: “Hormonal birth control works by interrupting ovulation in people with ovaries;” “External condoms are worn on a penis and prevent pregnancy by keeping sperm from being ejaculated into the vagina.” This will ensure that all students know the mechanisms behind contraception methods and which methods may be appropriate for them. Using the term “penis-in-vagina sex” (PIV) when discussing contraception makes it clear to all students what is being discussed, whereas “intercourse” or “straight sex” can be confusing and inaccurate.

- 4. Use demonstration items/pictures of contraception methods as available.**

Passing an IUD or a photo of the Nexplanon Implant around the classroom so everyone has a chance to see and feel what one is will provide students with hands-on learning opportunities. Planned Parenthood and other sexual health education resource programs sell Contraception Kits with sample methods or find pictures online that will help to convey the size and shape of these methods. Students should be able to describe, if not demonstrate, how the methods are properly used (condom demonstrations for the whole class can be fun and informative).

**5. Emphasize the importance of choosing a method that works best for the individual.**

One of the most common questions asked about contraception is “what is the best method?” The reality is that the best method of contraception varies according to the person using it. There are many considerations, from medical to social to financial to emotional. Effectiveness rates are only one part of the picture. The most effective method of contraception is the one that a person is comfortable with and can use consistently and correctly.

**6. Validate a range of values and experiences around contraception use.**

Encourage students to practice informed agency in choosing a contraceptive method, and validate those who respectfully resist or raise concerns about those currently available. Although misinformation about contraception is abundant, there are very real concerns and experiences that may make some people deeply uncomfortable with choosing particular methods. Youth whose families have been affected by historical instances of sexualized racism and/or reproductive coercion may express aversion to hormonal contraceptive methods, while others may report experiencing side effects from previous methods used (or stories of others who have experienced them), particularly if they have undetected reproductive issues (e.g., fibroids).

**7. Integrate pornography and media literacy information.**

In pornography (and most other media), it is rare for any of the characters to talk about contraception before sexual intercourse takes place. In reality, anyone having penis-in-vagina sex needs to think about contraception methods if they do not want to have or cause a pregnancy. Help students recognize that this is an intentional omission- the people who create and produce pornography are depicting a fantasy. Reality is far messier.

**8. Access valid information about contraception.**

Ensure that contraception resources and information are up to date by accessing (and encouraging students to access) only the most reliable of resources. Online, misinformation about contraception is easily available, sometimes due to the fact that medical information changes and other times due to the fact that some people are opposed to contraception information and deliberately attempt to mislead people about their rights and the safety and efficacy of contraception.

## ESSENTIAL CONTENT FOR CONTRACEPTION EDUCATION

### 1. **Discuss all available contraception methods.**

Teach all of the available contraception methods. It can be helpful to students to group similar methods together. There are different ways to accomplish this, including how they are used (as [Bedsider](#) and [Planned Parenthood](#) do) or how they work (barriers, Short acting hormonal methods, Long acting hormonal and non-hormonal methods).

### 2. **Include information on Emergency Contraception.**

Describe available emergency contraception methods. Emergency Contraception is not the “abortion pill.” Be sure to identify that these methods work as contraception to prevent pregnancy. None of them will end a pregnancy that has already begun.

Important message: *Emergency contraception can be used when a primary method fails (a condom breaks) or if no method was used.*

### 3. **Identify how contraception works.**

Most methods of contraception work by addressing one of two parts of the reproductive process: either by preventing ovulation or by preventing sperm from being able to reach the egg. Many hormonal methods that prevent ovulation also prevent sperm from being able to pass through the cervical mucus. Provide an overview of each method with enough information that young people know what to expect, but do not feel as though you need to provide the same level of detail that a medical provider would.

Important message: *Using contraception consistently and correctly is the most effective way to prevent pregnancy for folks engaging in PIV sex.*

### 4. **Do NOT focus on failure rates or side effects of contraception methods.**

When teaching contraception methods, focusing on the negatives paints an inaccurate picture of the safety and efficacy of most methods. Just as one wouldn't emphasize that young drivers get in more car accidents and therefore young people should choose not to drive, young people need to understand that there are things that they can do to reduce the likelihood that their method will fail, by stressing the importance of using contraception as directed. Discussions of side effects can occur in a general way and should also include the positives (like how hormonal birth control causes a reduction in acne or cramps). Side effects will be stressed by a medical provider, who will be knowledgeable about an individual's medical history.

### 5. **Include information about Youth Rights to access contraception.**

In Vermont, as in other states, young people have a legal right to access a variety of contraception methods without parental involvement or interference. In Vermont, any young person 12 and older can access any method of contraception without parental consent, so long as the medical provider believes that they are able to understand and consent to their care.



**6. How and where to access contraception**

Accessing health care is a life skill. Ensure that young people know how they can access a variety of contraception methods, including over the counter methods and methods they must visit a health care provider for or that require a prescription.

Important message: *When selecting a method to prevent pregnancy, each individual deserves to be informed of their choices, possible outcomes, and to have access to information, with the support of a medical provider and/or trusted adult when possible.*

**7. Ensure that communication skills are part of contraception education.**

Negotiating a contraception method involves communication skills. No matter the method chosen, an individual may need or want to communicate with another person in order to access it, including a doctor or pharmacist, their partner, or a trusted adult. Instruction in contraception should build in opportunities to develop and practice these skills. These include, but are not limited to, negotiating use of a condom with a partner, making a doctor's appointment or asking a doctor about a particular contraception method, asking a partner who could become pregnant what method of contraception is being used, etc.

**8. Recognize that contraception use and access was and is not created equal.**

The U.S. has a long and shameful history when it comes to contraception. People of color have been routinely used in medical testing of contraception methods, resulting in negative health outcomes and/or loss of fertility. Individuals of color, with disabilities, who were poor, or otherwise marginalized were and are sterilized against their will. Other populations have had their access to contraception restricted by the beliefs of others (IUDs are often denied to young [white] women due to outdated fears about harm to their future fertility). This history has shown some populations that their right to contraception is controlled not by themselves, but by others. Teach young people about this history, encourage them to make their own, informed decisions, and respect that there is no one size fits all answer to ensuring that pregnancies are planned and wanted.

**9. Reinforce the principles of Reproductive Justice.<sup>30</sup>**

Reproductive Justice is a term used to define the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities, coined by the Women of African Descent for Reproductive Justice. In addition, it demands sexual autonomy and gender freedom for every human being. All young people have sexual and bodily autonomy; it is a responsibility to teach them the skills they need to advocate and make decisions for themselves.

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<sup>30</sup> Reproductive Justice — Sister Song. Retrieved from <https://www.sistersong.net/reproductive-justice>

## CONTRACEPTION EDUCATION RESOURCES

### **Bedsider:** [www.bedsider.org](http://www.bedsider.org)

Bedsider is an online birth control support network. Their interactive Birth Control Methods Matrix lists methods side by side and allows people to compare and contrast.

[www.bedsider.org/methods/matrix](http://www.bedsider.org/methods/matrix)

The Emergency Contraception Explainer compares and contrasts available methods of EC.

[www.bedsider.org/methods/emergency\\_contraception](http://www.bedsider.org/methods/emergency_contraception)

### **Reproductive Health Access Project: Birth Control Across the Gender Spectrum**

This chart offers a quick look at all of the available contraception methods and does so in a way that is inclusive across the gender spectrum.

[www.reproductiveaccess.org/wp-content/uploads/2018/06/bc-across-gender-spectrum.pdf](http://www.reproductiveaccess.org/wp-content/uploads/2018/06/bc-across-gender-spectrum.pdf)

### **Adolescent & Young Adult Health Care in VT: A Guide to Understanding Consent & Confidentiality**

This guide provides a summary of legal health care consent requirements and confidentiality protections for adolescents and young adults in VT to inform health care providers and promote access to essential health care including preventive health services.

[contentmanager.med.uvm.edu/docs/vermont\\_ayah\\_confidentiality\\_guide/vchip-documents/vermont\\_ayah\\_confidentiality\\_guide.pdf](http://contentmanager.med.uvm.edu/docs/vermont_ayah_confidentiality_guide/vchip-documents/vermont_ayah_confidentiality_guide.pdf)

### **Resources available for purchase**

Contraception teaching kits allow youth to see and touch sample methods of contraception.

[www.ppnne.org/contrakits](http://www.ppnne.org/contrakits)

Power to Decide offers a variety of contraception methods graphics, posters, and handouts.

[shop.powertodecide.org/educational-materials.html](http://shop.powertodecide.org/educational-materials.html)

# HEALTHY RELATIONSHIPS

## What is Healthy Relationships Education?

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Healthy relationships are those that consist of mutual respect, trust, honesty, support, fairness/equity, separate identities, physical and emotional safety, and good communication.<sup>31</sup> Healthy Relationships Education is teaching about a specific subset of interpersonal relationships and the skills required to develop and maintain respectful intimate relationships. There is overlap between Consent and Healthy Relationships Education, even though not all unhealthy relationships include violations of consent and not all violations of consent occur in relationships. Both topics must be covered for young people to develop Social-Emotional skills to promote sexual health and well-being.

## Why is teaching about Healthy Relationships important?

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One in four adolescents reports verbal, emotional, physical, or sexual dating violence each year.<sup>32</sup> Evidence shows that educational programs designed to reduce dating and interpersonal violence can make a difference, with students demonstrating improved knowledge, attitudes, skills and intentions around relationships and communication.<sup>33</sup> Even more encouraging are studies that show changes in behavior: these include reductions in intimate partner violence, emotional abuse and verbal aggression, and increased positive bystander behaviors and improved overall school climate.<sup>34</sup>

The burden of teen dating violence is not shared equally across all groups: LGBTQ+ youth are disproportionately affected by all forms of violence, as are some racial/ethnic minority groups. Rates of abuse for people with disabilities are higher than for the general population. Specifically, people with physical disabilities are four times more likely than the general population to be abused, people with I/DD are 7 times more likely, and women with I/DD are 12 times more likely.<sup>35</sup> During the pre-teen and teen years, it is critical for youth to begin learning the skills needed to create and maintain healthy relationships. These skills include things like

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<sup>31</sup> National Sex Education Standards Glossary.

<sup>32</sup> Dating Matters: Strategies to Promote Healthy Teen Relationships. (2021). Retrieved from [www.cdc.gov/violenceprevention/pdf/DMpromotionalbrochure-508.pdf](http://www.cdc.gov/violenceprevention/pdf/DMpromotionalbrochure-508.pdf)

<sup>33</sup> The Case for Comprehensive Sex Education: Healthy Relationships. Retrieved from [futureofsexed.org](http://futureofsexed.org)

<sup>34</sup> The Case for Comprehensive Sex Education: Dating and Intimate Partner Violence Prevention. Retrieved from [futureofsexed.org](http://futureofsexed.org)

<sup>35</sup> U.S. Department of Justice Office of Justice Programs Bureau of Justice Statistics. (2016). Crime Against Persons with Disabilities, 2009-2014 - Statistical Tables. NCJ 250200.

how to manage feelings and how to communicate in a healthy way.<sup>36</sup> It is important to recognize that while some youth may have positive role models within their families and social circles, others may not. Addressing healthy relationships as part of sexual health education “provides youth with the dating guidance they’re seeking (but may not be asking about), teaches them about what healthy relationships should look like and about the signs of unhealthy relationships, and makes it easier for youth to communicate with their parents.”<sup>37</sup>

## When should Healthy Relationships Education be taught?

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Although this resource focuses on upper elementary and secondary students, healthy relationships can and should be taught throughout pre-K-12 grades. Upper elementary age youth may not be engaging in what adults think of as “dating relationships;” however there are still reasons to reinforce respecting all people and to help identify healthy ways to express feelings. Elementary school youth may experience romantic feelings (“crushes”) that they aren’t prepared to manage. When these are unrequited, it offers opportunities to learn how to deal with and respect rejection. Adults should never allow young people to violate another student’s personal boundaries; the trope of a boy who pulls a girl’s hair “because he likes her” is harmful. Even before youth reach the upper elementary level, students should be able to describe the characteristics of a friend, identify different kinds of families, and demonstrate communication of and respect for boundaries, according to the National Sex Education Standards (NSES). As youth age, instruction about healthy relationships can and should mature with students.

By the end of 5th grade, students should be able to describe characteristics of healthy and unhealthy relationships among family and friends. Students completing 8th grade should be able to compare healthy and unhealthy dating relationships, analyze influences about relationships, and describe ways to end an unhealthy relationship, including involving trusted adults. Between 10th and 12th grade, students should be able to analyze positive and negative roles of media, technology, and social media on relationships and apply decision-making models to maintain healthy relationships and end unhealthy ones, as well as understand factors that could keep someone from leaving an unhealthy relationship.

## What is required in Vermont Pre-K-12 schools?

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Within Vermont’s Comprehensive Health Education Law ([16 V.S.A § 131](#)) the following topics related to Healthy Relationships must be taught:

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<sup>36</sup> Teen Newsletter: January 2021 - HPV. (2021). Retrieved from [www.cdc.gov/museum/education/newsletter/2021/mar/index.html](http://www.cdc.gov/museum/education/newsletter/2021/mar/index.html)

<sup>37</sup> Dating Matters: Strategies to Promote Healthy Teen Relationships. (2021). Retrieved from [www.cdc.gov/violenceprevention/pdf/DMpromotionalbrochure-508.pdf](http://www.cdc.gov/violenceprevention/pdf/DMpromotionalbrochure-508.pdf)

(8) Human growth and development, including understanding the physical, **emotional, and social elements of individual development and interpersonal relationships...**

(11) How to recognize and prevent sexual abuse and sexual violence, **including developmentally appropriate instruction about promoting healthy and respectful relationships**, developing and maintaining effective communication with trusted adults, recognizing sexually offending behaviors, **and gaining awareness of available school and community resources.**

## BEST PRACTICES FOR HEALTHY RELATIONSHIPS EDUCATION

### 1. **Deliver content across multiple lessons and grades.**

Research shows that comprehensive and repetitive education that unfolds over multiple lessons and across multiple grades can be profoundly effective, where one-off lessons may have little impact on students' attitudes, skills and behavior. Knowledge about one type of relationship can translate into other types of relationships as students age.<sup>38</sup> Integrating learning about healthy relationships across academic focus areas can also be highly effective.

### 2. **Be sensitive to trauma and risks in students' lives.**

There may be unhealthy relationships between students within your school and/or classroom—and the risk of harm and other impacts may be significant. Identify that these experiences are common, while clearly communicating that they are not ok or safe. Pay attention to relationship dynamics and body language that you see among students. Content and trigger warnings can all help students to mentally prepare for your lessons and plan for their safety, while minimizing negative or re-traumatizing experiences. Ensure students are able to practice self-care, including opting out of some content, without requiring that they disclose harm.

### 3. **Place responsibility for abuse on people who cause harm—never on those who are being harmed.**

Don't cause additional harm. Because there will be students in your class who have experienced or may in the future experience dating violence, take care to not reinforce the myth that victims are to blame for the behavior of the abuser. Abusive behavior is not a “both sides” problem where folks have equal or shared responsibility. Place the responsibility of preventing abuse on the person who is committing it. Abusive behavior follows a pattern and there is frequently a significant power imbalance favoring one partner over the other, even in relationships where both partners have used physical violence. People living with the impacts of sexual harm and dating violence commonly feel shame and blame themselves, and can interpret statements like, “The first time someone experiences abuse, they should just end the relationship” as reinforcement of the idea that they were at fault, even when that is not the speaker's intention. Resilience and healing are more robust when people are clear that they are not to blame for harm done to them.<sup>39</sup>

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<sup>38</sup> The Case for Comprehensive Sex Education: Dating and Intimate Partner Violence Prevention. Retrieved from [futureofsexed.org](http://futureofsexed.org)

<sup>39</sup> Domhardt, M., Münzer, A., Fegert, J., & Goldbeck, L. (2014). Resilience in Survivors of Child Sexual Abuse. *Trauma, Violence, & Abuse*, 16(4), 476-493. doi: 10.1177/152483801455728

**4. Practice inclusion of all students and all kinds of relationships.**

Ensure that all identities are represented when discussing relationships and in lesson materials—including students who are LGBTQ+, students of color, students with intellectual and/or developmental disabilities, or pregnant and parenting students. When using scenarios and imagery, ensure that all identities are represented in a range of positive and negative situations. For instance, it is not appropriate to use scenarios where unhealthy behaviors are shown in LGBTQ+ couples, while scenarios with straight couples depict healthy relationships. Incorporate information about different types of families as a natural part of media, scenarios, and discussion.

**5. Focus on equity and shifting norms.**

Evidence about what works in reducing dating and intimate partner violence finds that the most promising approaches utilize rights-based frameworks and focus on social justice,<sup>40</sup> shifting community norms around gender roles and intimate partner violence, and managing conflict. Make discussions of human rights central to lessons, recognizing that power and privilege are not equal for all people. Even young children are capable of understanding how gender, racial, disability, and other stereotypes and expectations are unjust and have a negative impact. Incorporate gender equity as a core element of healthy relationships education; addressing social justice in this way has been shown to reduce myriad unhealthy sexual outcomes.<sup>41</sup>

**6. Integrate information about relationships in media and pornography.**

Movies and shows are full of depictions that reinforce harmful messages about gender, relationships, sexuality, etc. These examples can contribute to the idea that behaviors like this are normal, common, and/or romantic. Help students analyze influences by recognizing healthy and positive relationship practices as well as coercive, disrespectful and other harmful behaviors. Remember that students learn these messages from adults—starting at a very young age—as well as from peers and media.

**7. Teach skills and build in opportunities to practice.**

Use scenarios to apply learning. Interpersonal skills are transferable, so when younger students practice having a difficult conversation or establishing a boundary using a friendship scenario, this can help build their readiness for healthy communication in a dating relationship. *Do not have students role play in situations where they are practicing coercion or abuse!* Students can also practice how they would support a friend who was experiencing abuse, how they would address a friend who was being abusive, and what they would do if they saw abuse happening.

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<sup>40</sup> *The view that everyone deserves to enjoy the same economic, political, and social rights and opportunities, regardless of race, sex, gender, gender identity, socio-economic status, sexual identity, ability, or other characteristics.* National Sex Education Standards Glossary.

<sup>41</sup> The Case for Comprehensive Sex Education: Dating and Intimate Partner Violence Prevention. Retrieved from [futureofsexed.org](http://futureofsexed.org)

## ESSENTIAL CONTENT FOR HEALTHY RELATIONSHIPS EDUCATION

### 1. **Teach students to recognize the influence of cultural messages and social norms.**

Help students identify gender roles, stereotypes, and social messages that they receive from the world around them. Breaking down expectations that someone's gender identity determines the emotions they feel, their behavior in relationships, and how they treat others has been shown to have a positive impact on attitudes, beliefs and expectations about relationships. Helping to upend gender and other stereotypes supports all students in realizing the full human experience and in recognizing it in others.

### 2. **Focus on how to have healthy, safe, and caring relationships and emphasize how to be a good partner or friend.**

Students need to understand the characteristics of healthy relationships and have the chance to explore what equality, safety, and respect look like both within and outside of romantic and sexual relationships. Research shows that healthy friendships knowledge carries over to healthy dating relationships contexts. How to assess whether you are ready for a romantic or sexual relationship, understanding what you want in a relationship and a dating partner, how you want to be treated in a relationship, and what you would want to know about someone before getting involved, are all important elements to include in relationship lessons.

### 3. **Emphasize healthy communication skills.**

Lessons about healthy communication should address verbal and non-verbal communication as well as text and tech-based communication, helping students reflect on what communication methods are best for different purposes and understand how to use social media safely, legally, and respectfully. Healthy communication is as much about the “why” as the “what” and “how,” and students need opportunities to reflect on their intentions—what they need and want, and how they want the other person to feel—as a starting place for communication. Learning to listen is as important as learning to communicate clearly, assertively and respectfully.

*Important message: You can change your words, your body language, and your tone of voice but if your intent is to insult the other person, they will still feel insulted. Good communication starts with the intention to be respectful and caring, even in tough conversations.*

### 4. **Recognize the importance of talking about difficult and taboo subjects.**

Allow students time to practice communication skills with these types of topics. Difficult topics can include naming body parts, discussing romance, sex and sexuality, establishing wants and boundaries, practicing consent, or disclosing harassment or



abuse, among others.<sup>42</sup> Recognize that the idea of talking about difficult or taboo subjects (and what those subjects are) may vary according to students' beliefs, cultural norms, and experiences. Meet students where they are, while encouraging skills development and practice. Students need to be able to communicate their own boundaries and show respect for others' boundaries.

*Important message: Talking about sexual health and behavior can feel challenging. It's also an incredibly important skill, including with partners and with medical providers. Like any skill, the more you practice, the easier it becomes.*

**5. Teach respectful approaches to conflict and ending a relationship.**

Skills for respecting boundaries, addressing conflict, and understanding and managing one's own emotions are essential for students of all ages. Help students understand that feeling angry or jealous can be normal. Anger or jealousy can be unhealthy when it arises from stereotypes or unfair expectations—about relationships, gender and more—and can be part of a pattern of abuse. Students should be able to apply a decision-making model to maintaining a healthy relationship and/or ending a relationship and know where to go if they need help.

**6. Ensure students can recognize abuse in a relationship, and its impacts.**

The ability to compare and contrast the characteristics and patterns of healthy, unhealthy, and abusive relationships and identify different types of abuse are essential. Help students understand the role of power in relationships by offering opportunities to analyze how age differences, privilege, and marginalization can impact the balance of power in a relationship, and how a pattern of abusive behavior creates an imbalance of power. Students should be able to articulate why a person being abused is never to blame for the actions of the person causing the harm, as well as the relationship dynamics and personal and societal factors that can make it hard to leave a relationship with an abusive partner. Students should understand that drugs and alcohol don't cause abusive behavior, though a partner may be more dangerous or cause more harm when using substances.<sup>43</sup>

**7. Address how to support and intervene with others.**

Teach positive bystander intervention skills, those that empower youth to intervene before, during, or after a situation when they see or hear behaviors that threaten, harass, or otherwise encourage sexual violence.<sup>44</sup> Youth can practice having conversations with a friend who is being abused that emphasize listening, believing, and validating,

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<sup>42</sup> The Case for Comprehensive Sex Education: Healthy Relationships. (2021). Retrieved from [futureofsexed.org](http://futureofsexed.org)

<sup>43</sup> For more information about how substance use impacts consent to sexual activity, please see the Consent section.

<sup>44</sup> NSVRC Tip Sheet: Bystander Intervention Tips and Strategies. (2018). Retrieved from [www.nsvrc.org/sites/default/files/2018-02/publications\\_nsvrc\\_tip-sheet\\_bystander-intervention-tips-and-strategies\\_1.pdf](http://www.nsvrc.org/sites/default/files/2018-02/publications_nsvrc_tip-sheet_bystander-intervention-tips-and-strategies_1.pdf)

offering support and resources, and respecting the choices of someone who is being abused, avoiding gossip and protecting privacy. Young people can also practice ways to address situations where their friend is disrespecting or abusing a partner, if it feels safe to do so. This learning should focus on staying connected, asking questions and listening, while helping an abusive friend focus on the survivor's perspective and the harmful impacts of their behavior. Ongoing conversations with a friend who has been abusive can have a big impact if young people are encouraging a friend to change and emphasizing the positive impacts of change. Help students think about what might make it hard to intervene with a friend, and how they can get support for themselves.

**8. Provide resources for support.**

Students need to know where they can go if they need help. Identify school- and community-based resources and ensure that minors know about mandated reporting and what will happen if they share reportable information. Share national and online resources as well, such as those listed in the resources section. Love is Respect offers support for young people who want to help friends through their phone hotline, chat and text support - whether the friend is abusing a partner or is being abused.

Important message: *If you or someone you know wants support due to an experience, there are resources available. You have the right to seek support. In school, they include A, B, C. In the community, they are X, Y, Z. Sometimes, people under 18 have experiences that adults are required to report. These people are called “mandated reporters.”*

## HEALTHY RELATIONSHIPS EDUCATION RESOURCES

### Love is Respect

Love is Respect is a comprehensive online resource about relationships and sexuality, offering specialized support through 24/7 online chat.

[www.loveisrespect.org](http://www.loveisrespect.org)

### That's Not Cool

That's Not Cool offers free online educational and organizing tools to support young people and adults in addressing dating violence, unhealthy relationships and digital abuse, as well as training and support for youth and adults.

[thatsnotcool.com](http://thatsnotcool.com)

### Vermont Network Against Domestic and Sexual Violence: [www.vtnetwork.org](http://www.vtnetwork.org)

Local Support: Domestic Violence Hotline: 1-800-228-7395

Sexual Violence Hotline: 1-800-489-7273

[www.vtnetwork.org/get-help](http://www.vtnetwork.org/get-help)

Vermont's Relationship Status Booklet is a free resource for teens and people who support teens with information about healthy and unhealthy relationships as well as violence prevention tips and helping resources.

[www.vtnetwork.org/relationship-status-booklet](http://www.vtnetwork.org/relationship-status-booklet)

# PUBERTY HEALTH EDUCATION

## What is Puberty Health Education (PHE)?

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According to the National Sex Education Standards (NSES), puberty is a stage of human biological development during which adolescents become sexually mature and capable of reproduction.<sup>45</sup>

PHE provides students with knowledge about changing bodies in relation to hormones, secondary sex characteristics, emotions, and relationships and encompasses subjects typically introduced in upper elementary and middle school grades. In addition, some curricula address healthy relationships, sexuality, and the prevention of pregnancy and sexually transmitted infections (STIs).<sup>46</sup>

## Why is Puberty Health Education important?

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All youth have a right to know what processes are happening in their bodies and how to maintain safe and healthy hygiene. Teaching Puberty Health Education can help students to be informed about changes that will happen to their bodies. Knowing what to expect before puberty happens can help to prepare young people, emotionally and physically, for these changes before they happen, to help them navigate this biological process, and to give them supportive resources for when and if they need them. Puberty is a universal experience; learning about puberty should be.

Puberty Health Education must be inclusive of all students' identities, including transgender and nonbinary youth. Inclusive Puberty Health Education is affirming for all students and life-saving for trans and nonbinary youth.

## When should Puberty Health Education be taught?

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Puberty health education for all students, regardless of ability or disability, should begin in elementary school, largely before youth begin to experience changes related to puberty so they know what to expect before they happen. For many young people, getting this information in 4-5th grades is going to be sufficient. As such, much of this guide is tailored to elementary and early middle school grades.

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<sup>45</sup> National Sex Education Standards Glossary

<sup>46</sup> Gender Inclusive Puberty and Health Education. (2019). Retrieved from [genderspectrum.org/articles/puberty-and-health-ed](https://genderspectrum.org/articles/puberty-and-health-ed)

The NSES outlines Puberty Health Education content knowledge that should be delivered between 3rd and 5th grades for students. By high school, most students are already well on their way to completing the most significant steps of pubertal development.

### What is required in Vermont Pre-K-12 schools?

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Within Vermont's Comprehensive Health Education Law ([16 V.S.A § 131](#)) the following topics related to Puberty must be taught:

- (1) Body structure and function, including the physical, psychosocial and psychological basis of human development, sexuality, and reproduction.**
- (6) Personal health habits** including dental health.
- (8) Human growth and development, including understanding the physical, emotional, and social elements of individual development...**

## BEST PRACTICES FOR PUBERTY HEALTH EDUCATION

### 1. **Start from a place of “gender literacy.”**

The best puberty education helps youth understand gender as a spectrum rather than as a binary. Gender literacy means that students learn more than stereotypes about people. It helps students recognize the differences between their physical bodies, their internal identities and experiences, and how they present their gender to the world around them.

### 2. **Address gender stereotypes.**

Young people who adhere strongly to gender stereotypes are more likely to take risks when they become sexually active and are less likely to have protected sex.<sup>47</sup> Strong beliefs in adherence to gender stereotypes also contributes to unhealthy relationship behaviors.<sup>48</sup> By addressing gender stereotypes early and often, educators can help to lay a strong foundation for sexual health. Help students to recognize that there may be patterns that they notice regarding gender roles, but these are not set rules.

### 3. **Use body-first language.**

Not all people who have penises identify as male (and not all people who identify as male have penises!). When talking about anatomy and puberty, talk about what “people with penises” experience and what “people with vaginas” experience. Label your diagrams like this too! Students, even in 4th and 5th grade, can generally understand that many people with penises are male but not all are. Hormones are another example: all people have a combination of the hormones testosterone, estrogen, and progesterone. Discuss how human bodies respond to these hormones and how these hormones help the reproductive anatomy to function. Use “menstrual [hygiene] products” rather than “feminine hygiene products” to describe period management products. Not everyone with a period identifies as feminine.

### 4. **Emphasize that people (no matter their sex assigned at birth) have more in common with one another than different.**

Men are from Mars; Women are from Venus? Not at all! All people are from Earth! We have far more in common with one another than different. A person with a penis has far more in common with a person with a vagina than either of them have with a table lamp. Emphasize this! Puberty is a common experience; folks may feel many different ways about the changes their body and mind are experiencing. While outlining differences is important, do not do so to the detriment of the overarching reality that humanity is not a binary experience.

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<sup>47</sup> Lefkowitz, E., Shearer, C., Gillen, M., & Espinosa-Hernandez, G. (2014). How Gendered Attitudes Relate to Women’s and Men’s Sexual Behaviors and Beliefs. *Sexuality & Culture*, 18(4), 833-846. doi: 10.1007/s12119-014-9225-6

<sup>48</sup> Carr, J.L., & VanDeusen, K.M. (2004). Risk Factors for Male Sexual Aggression on College Campuses. *Journal of Family Violence*, 19, 279-289.

**5. Use realistic, accessible anatomy diagrams and visuals.**

Assess the visual aids that you use in class to ensure that they are realistic and also accessible to your students. Diagrams or anatomy activities should not use symbols, but realistic drawings. Some anatomy diagrams that students are filling out may look more accessible to youth when printed in grayscale rather than color and will also ensure that skin tone does not affect students' perceptions of who the diagram is for. Use your best judgement.

**6. Normalize intersex<sup>49</sup> bodies and identities.**

Intersex reflects a natural biological variation; despite this, being intersex has been historically stigmatized as a “disorder” of sex development. While some intersex traits are noticed at birth, others may not show up until puberty (or later). Intersex individuals make up roughly 2% of the population, which means it is possible that there may be an intersex child in class. Normalizing their experience can be as simple as acknowledging that some bodies may differ from the traditional binary norm.

**7. Promote diversity- diversity of bodies and diversity of families.**

All bodies are different. There is no one right way to have a body. Bodies all have their own abilities and limitations. Ensure that your puberty lessons emphasize that bodies look different. Use language like “typical” rather than “normal” to avoid giving students the impression that if their body doesn't match exactly what they are seeing (in a diagram, hearing from others, etc.) means that something is wrong with them. Age when puberty starts is different; anatomy size, shape, color are different. There is similarly no one right way to have a family—elementary school age children may have different understandings of reproduction, and all children this age can understand the different ways that families (and/or babies) come to be.

**8. Recognize that discussing sexual health in an open and honest way can be awkward.**

Puberty can be an awkward conversation. It's healthy to be able to talk about sexual health, even though lots of us have been taught that it's a conversation we shouldn't have. As an educator, reinforce that it can be uncomfortable to have these discussions in class, particularly in a mixed-gender classroom. Student discomfort is to be expected; it's a coping mechanism. Awkwardness and discomfort are manageable, and we can

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<sup>49</sup> *Intersex is an umbrella term for differences in sex traits or reproductive anatomy. Intersex people are born with these differences or develop them in childhood. There are many possible differences in genitalia, hormones, internal anatomy, or chromosomes, compared to the usual two ways that human bodies develop.* InterACT.

<https://interactadvocates.org/faq>

find ways to handle them so they don't get in the way of important things we need to learn.

**9. Do not separate students for puberty health education based on sex assigned at birth.<sup>50</sup>**

There is nothing secretive or shameful about puberty. Everyone (just about) goes through it! When schools separate students for puberty education, it can shroud the topic in mystery and shame. All people have bodies. All people know people who have bodies that are different than their own! Students who are transgender or intersex may be placed in situations where their needs are unmet when students are separated in this way. Ensure that everyone has access to the same information by teaching them together.

**10. Students with Intellectual/Developmental Disabilities need access to information at the same chronological age as their peers.**

Best practice is to never pull students with I/DD out of a class if the only reason is their disability/neurodiversity. Sexual health education must be taught to their chronological age in ways that are cognitively accessible and concrete. While much of this can occur in sexual health education classes, additional supports in special education settings can also support young people with I/DD in reinforcing the difference between public and private behavior, additional role plays and skills practice, how to read body language, etc.

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<sup>50</sup> *The sex that the medical community labels a person when they are born, which is typically based on their external genitalia.* National Sex Education Standards Glossary. Sex assigned at birth is a more inclusive term than “biological sex.”



## ESSENTIAL CONTENT FOR PUBERTY HEALTH EDUCATION

### 1. Gender Literacy

Content knowledge includes the parts of the body, their functions, and that there are natural variations to these including intersex bodies.

Important message: *Sex assigned at birth (when a doctor looks at a baby's genitals and makes a determination of Male, Female, or Intersex) is not the only predictor of gender identity. Gender encompasses an individual's internal sense of who they are (gender identity), how they show their gender to others (gender expression), and how gender stereotypes impact people's gender identity.*

### 2. Typical physical, social, and emotional changes that occur during puberty

Teaching what to expect can prepare students to experience the changes that puberty will bring.

Important message: *Puberty begins at different ages and lasts different amounts of time for different people. It is common for onset to occur between the ages of 8 and 14 and for the process to last 2-5 years once it starts.*

### 3. Reproductive process

Teaching the reproductive process helps students understand why the changes of puberty are occurring. Understanding anatomy is fundamental knowledge.

Important message: *Puberty is the process that prepares bodies for the potential to reproduce. Menstrual cycles and sperm production are part of creating this potential.*

### 4. Menstrual cycle

Understanding menstruation prepares people who will menstruate and people who do not. It is important to avoid shaming language and to address any that students bring up.

Important message: *Menstrual cycles vary in terms of length and effects that a person may experience during a cycle.*

### 5. Personal hygiene

Puberty triggers a lot of changes that people may manage in different ways: development of sweat glands, body hair growth, managing menstruation, etc.

Important message: *Personal hygiene helps us to keep our bodies safe and healthy. There are also some social expectations around good personal hygiene such as smelling clean, but different cultures may have different expectations.*

### 6. Emotional management tactics

Don't neglect the social-emotional impacts of puberty. This is another opportunity to reinforce social-emotional learning skills and development.

Important message: *Emotions can be intense and sometimes even unexpected during puberty. Having plans in place for how to take care of yourself and others as moods change can help provide stability.*

**7. Sexual feelings and masturbation**

Not only are young people's bodies changing, so are their feelings and the way they experience them. Address the changes directly to help them understand the causes and associations.

Important message: *Sexual feelings are one part of sexual development that some (not all) people begin to experience during puberty. Experiencing sexual feelings is not an indication on their own that someone is ready for sexual activity with themselves or others.*

**8. Body image**

Representations of bodies that students are exposed to vary greatly and impact young people. It's important to reinforce that what they see in media is not a reliable or realistic representation of human bodies.

Important message: *Friends, family, media, ability or disability, society, and culture can influence ideas about body image. Body image is a person's perception of their physical self, and that perception may be positive, negative, or both.*

**9. Finding reliable, accurate information**

Important message: *Each person is their own lifelong health teacher! It is good to learn where to find reliable information about health and wellness and also to identify trusted adults to ask questions.*

### **Gender Spectrum: Principles for Gender Inclusive Puberty and Health Education**

This landmark publication outlines the first-ever comprehensive approach to gender for puberty health educators and inspired the creation of *Essential Topics in Sexual Health Education*.

[genderspectrum.org/articles/puberty-and-health-ed](https://genderspectrum.org/articles/puberty-and-health-ed)

### **Planned Parenthood: Puberty**

The puberty resource page includes information about what happens during puberty and includes puberty information for transgender, nonbinary, and intersex people.

[www.plannedparenthood.org/learn/teens/puberty](https://www.plannedparenthood.org/learn/teens/puberty)

# Sexually Transmitted Infections (STIs) Education

## What is STIs Education?

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STIs education includes information about Sexually Transmitted Infections (STIs), including HIV, signs, symptoms, risk factors, testing, treatment, and prevention. STIs is the preferred term, over STDs (Disease). Not only does using Infections reduce stigma associated with the word “disease,” it’s also more accurate medically as infection occurs when bacteria, viruses, or other microbes enter the body—disease occurs when signs and symptoms of an illness appear, which may be years later if ever.

## Why is STIs Education important?

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All students should be provided with information about STIs as nearly all of them will choose to engage in partnered sexual activity at some point in the future. STIs Education lays the foundation for understanding all the different prevention options available, beyond choosing abstinence until marriage with a partner who has chosen the same. It provides basic information that allows young people to continue conversations with medical providers and other supportive adults in their lives.

## When should STIs Education be taught?

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STI Education should begin prior to the time when young people may become sexually active so that they are prepared to make appropriate prevention and protection choices prior to engaging in sexual activity that may result in transmission.

Per the National Sex Education Standards (NSES) by the end of 5th grade, students should be able to define STIs and clarify common myths about transmission. 8th grade students should be able to identify signs, symptoms, transmission, prevention, and impact of a range of STIs, identify medically accurate sources of information, including testing and treatment resources and minors’ ability to consent to healthcare, and be able to develop a plan to reduce STI risk.

Students in grades 10-12 should expand this knowledge considerably, including the ability to communicate with a partner about reducing STI risk and seeking treatment and analyze external factors that can make this more challenging; analyze laws that impact minors’ ability to consent to care; and describe the impact of stigma and bias on STI prevention and treatment.

## What is required in Vermont Pre-K-12 schools?

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Within Vermont's Comprehensive Health Education Law ([16 V.S.A. § 131](#)) the following topics related to Sexually Transmitted Infections must be taught:

**(4) Disease, such as HIV infection, other sexually transmitted diseases, as well as other communicable diseases, and the prevention of disease.**

(5) Family health and mental health, including **instruction that promotes the development of responsible personal behavior involving decision making about sexual activity...**

**(6) Personal health habits**, including dental health.

(8) Human growth and development, including understanding physical, emotional, and social elements of individual development and interpersonal relationships, including instruction in parenting methods and styles. **This shall include information regarding the possible outcomes of premature sexual activity**, contraceptives, adolescent pregnancy, childbirth, adoption, and abortion.

Sexually Transmitted Infections is the only sexual health education topic area where Vermont Law explicitly provides a parent opt-out. The Religious Exemption law ([16 V.S.A. § 134](#)) states that:

Any student whose parent shall present to the school principal a signed statement **that the teaching of disease, its symptoms, development, and treatment**, conflicts with the parents' religious convictions shall be exempt from such instruction, and no child so exempt shall be penalized by reason of that exemption.

## BEST PRACTICES FOR STIs EDUCATION

### 1. **Emphasize harm reduction.**

Not all sexual activities share an equal risk of transmission. Not all STIs share an equal health impact. To help students make healthy decisions, STI prevention is not all or nothing. Having fewer partners, always using barrier methods, choosing to engage in lower risk sexual activities, getting tested regularly, only having one partner at a time, etc., are all techniques that people can use in their own personal prevention choices.

### 2. **Make prevention of STIs real.**

STI prevention must be taught before students are sexually active. It sets them up to begin sexual activity from a place of safety, rather than changing an unsafe behavior after the fact. As such, it's important to help students think through prevention in a way that is real for them. This can be done in a variety of ways: using prevention of other illnesses as a model, scenarios/role plays, and other activities that illustrate how prevention works.

### 3. **Meet the needs of all students.**

Every single student is likely to need to navigate STI prevention at some point in their lives. Helping all young people think through risk factors, prevention techniques, and decision-making is imperative to ensuring that whenever young people choose to engage in partnered sex of any kind, they have the tools and information they need.

### 4. **When discussing risk factors, focus on behavior, not on sexual orientation or race.**

By focusing on the behaviors that are most risky, students will have better information with which to make decisions about risk and prevention. All STI transmission is not created equal: while oral sex performed on a vulva is very low risk for HIV transmission, it's high for Herpes transmission. "Gay men" are not at increased risk for HIV; people who have unprotected anal sex with HIV-infected individuals are (as are people who engage in other behaviors with HIV-infected individuals that carry risk, both sexual and non-sexual). HIV rates among some BIPOC are high, though not because of identity, but due to instances of shame, homophobia, and disease stigma, and systems like poverty, mass incarceration, and disparate access to and discrimination in sex education and health care. It is important to reflect that there is STI risk in partnered sexual activity and it depends on the STI and the related behaviors people are doing with one another.

### 5. **Address gendered expectations, roles, and stereotypes.**

There are many ideas about STIs that perpetuate gender stereotypes, roles, and expectations. Ensure that STI prevention information stresses the role that all people play in making decisions to prevent STIs, regardless of their gender identity, sexual orientation, sex assigned at birth, or disability. Address misinformation about condom use, which may include beliefs that only people in short-term relationships or hookups

need to worry about preventing STIs, that only people with penises carry or are responsible for condom use, etc.

**6. Integrate information about STIs as portrayed in media, including pornography.**

In pornography (and most other media), it is rare for any of the characters to talk about STI risks and prevention before sexual intercourse takes place. In reality, anyone having partnered sex needs to think about STI prevention. Help students recognize that this is an intentional omission- the people who create and produce pornography are depicting a fantasy. Reality is far messier.

**7. Teach skills and build in opportunities to practice.**

Skills-based sexual health education is important; knowing information about STIs is not a protective factor on its own. Young people must have the skills needed to have conversations with partners and health care providers, to make decisions that reduce their risk, and to develop and implement their own personal plans for health.

## ESSENTIAL CONTENT FOR STIs EDUCATION

### 1. **Provide an overview of sexually transmitted infection information.**

There are a number of different STIs. While giving students an overview of them is informative, spending too much time on the specifics of each may only help the students planning a career in medicine. Grouping them by type (bacterial, viral, parasitic) can be helpful in making connections.

Important message: *There are a number of different infections that can be sexually transmitted. The basic principles of how to prevent them, test for them, and treat them are universal.*

### 2. **Discuss symptoms in a realistic way.**

Do NOT use photos of extreme symptoms caused by STIs. These are unrealistic and give young people a false impression that there will always be recognizable symptoms of an infection, which may cause them to not use prevention methods unless these symptoms are present. While some STIs do cause symptoms, what young people really need to know is that if they are experiencing anything unusual on/in their genitals, they should see a medical provider.

Important message: *The most common symptom experienced by people with an STI is no symptoms at all.*

### 3. **Provide instruction on prevention of STIs.**

When thinking about what is most important for young people to know, prevention of STIs is a high priority. Prevention methods should include a variety of options for young people to think about using as part of their personal prevention plan: choosing not to have partnered sex, using barrier methods when/if they do, getting tested, talking with a partner about STI prevention, and using medical interventions like PrEP and vaccines.

Important message: *Anyone who chooses to have partnered sex of any kind (oral, vaginal, or anal) needs to consider the risks of acquiring an STI and how they want to address those risks.*

### 4. **Discuss the health impacts of STIs without perpetuating stigma.**

It is important that young people know that STIs can affect people's health, short term or long term. Do not use health outcomes as scare tactics, but as reasons that everyone should take steps to prevent STIs before they happen and get tested to ensure that they can be cured or treated. It's best to use language like "health impacts" or "outcomes" rather than "consequences"—a term generally associated with punishment, implying that people deserved to get an STI. Discourage the use of terms like "clean" or "dirty" to describe someone's health status. Stress the fact that acquiring an STI is not a death or a forever-alone sentence, even if it is incurable.



**5. Attribute risk factors for an STI to behavior.**

Identity is not a risk factor for an STI—behavior is. There are many layers to prevention and it's important to identify them and ways that young people may choose to navigate those risks themselves. Some risk factors are based on the types of partnered sex people participate in. A harm reduction approach emphasizes the risk factors while promoting safer choices and decision-making.

Important message: *There are many different risk factors for contracting an STI. People can make decisions to reduce their own risk.*

**6. Help students analyze influences, including the role of unjust systems, that result in the perpetuation of unequal impacts of STIs on different populations.**

Young people in your classroom may be familiar with statistics about the disproportionate experience of STIs among LGBTQ+ people and BIPOC, which may lead them to make inappropriate assumptions about STI risk among individuals who hold those identities. While there are higher rates of STIs reported in these communities, much of this disparity is due to the history of discrimination and marginalization that continues its impact in the present day. These influences include lack of access to education and health care for prevention and testing, historical neglect of Black & Brown and gay communities during the earliest years of the AIDS epidemic, extreme poverty, stigma, discrimination, and lack of access to gainful employment for many Black transgender individuals, racism in mainstream LGBTQ+ communities, etc. While students may be inclined to assert assumptions that STI acquisition is solely linked to individual behavior, it is important to remind them of how these systems operate in the present day, in order to avoid further stigmatization of these communities and perpetuation of health disparities.

Important message: *There is nothing about any of these identities in and of themselves that results in this increased impact. Systemic inequality (including decisions made by those in power) and racism/homophobia and transphobia are the causes.*

**7. Talk about STI testing.**

Provide information about testing. This includes basic information about how STI testing is done, where to access testing, young people's right to access health care, and how often someone might want to be tested. While medical guidance is different based on individual risk factors, young people should know that if they choose to have partnered sex, seeking testing is the best way to be responsible for their health.

**8. Provide resources for testing and treatment.**

Accessing health care is a life skill. Ensure that young people know how they can access STI testing and treatment, including their rights as minors. Help young people identify reliable resources for accessing testing by linking to testing resources provided by the CDC or other reliable local medical providers, taking care not to include organizations that provide misinformation like Crisis Pregnancy Centers.

## STIs EDUCATION RESOURCES

### Centers for Disease Control and Prevention: Sexually Transmitted Diseases

The resources on this page provide information about the impact of STDs on youth as well as resources for reaching this population.

[www.cdc.gov/std/life-stages-populations/adolescents-youngadults.htm](http://www.cdc.gov/std/life-stages-populations/adolescents-youngadults.htm)

### This Podcast Will Kill You: Episode 57 Herpes: Stop the STigma

This episode tackles not only the stigma surrounding herpes diagnoses, but also addresses many common questions about this often-maligned STI, like, “how do these viruses hide out in your body?”, “what kind of treatment is available?”, and “where did these viruses even come from?”.

[www.thispodcastwillkillyou.com/2020/09/01/episode-57-herpes-stop-the-stigma](http://www.thispodcastwillkillyou.com/2020/09/01/episode-57-herpes-stop-the-stigma)

### Very Well Health: How to Prevent STDs

This article from Very Well Health discusses STI prevention in a way that recognizes that STI risk will happen and walks through many techniques a person could use to reduce their risk, without stigmatizing STI diagnoses.

[www.verywellhealth.com/top-ways-to-avoid-getting-an-std-3133082](http://www.verywellhealth.com/top-ways-to-avoid-getting-an-std-3133082)

# APPENDICES

## APPENDIX A: STANDARDS

### National Standards for Sexual Health Education

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#### NATIONAL HEALTH EDUCATION STANDARDS

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[www.cdc.gov/healthyschools/sher/standards/index.htm](http://www.cdc.gov/healthyschools/sher/standards/index.htm)

The NHES are written expectations for what students should know and be able to do by grades 2, 5, 8, and 12 to promote personal, family, and community health.

#### NATIONAL SEX EDUCATION STANDARDS, SECOND EDITION

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[www.advocatesforyouth.org/media/future-of-sex-education-national-sex-education-standards-second-edition/](http://www.advocatesforyouth.org/media/future-of-sex-education-national-sex-education-standards-second-edition/)

The National Sex Education Standards (NSES) outline the foundational knowledge and skills students need to navigate sexual development and grow into sexually healthy adults. The updated NSES reflect advancements in research regarding sexual orientation, gender identity, social, racial, and reproductive justice, and the long-term consequences of stigma and discrimination.

### Professional Development Standards

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#### PROFESSIONAL LEARNING STANDARDS FOR SEX EDUCATION (PLSSE)

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[sexeducationcollaborative.org/resources/plsse](http://sexeducationcollaborative.org/resources/plsse)

The Professional Learning Standards for Sex Education (PLSSE) is the newest set of standards designed to help improve educators' ability to effectively address sexuality in the classroom. Created by the Sex Education Collaborative (SEC), the PLSSE were developed to provide guidance to school administrators and classroom educators about the content, skills, and professional disposition needed to implement sex education effectively.

#### NATIONAL TEACHER PREPARATION STANDARDS FOR SEXUALITY EDUCATION

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[www.advocatesforyouth.org/wp-content/uploads/2019/09/teacher-standards-1.pdf](http://www.advocatesforyouth.org/wp-content/uploads/2019/09/teacher-standards-1.pdf)

The National Teacher Preparation Standards for Sexuality Education were created to provide guidance to programs within institutions of higher education in order to better prepare undergraduate pre-service students to deliver sexuality education.

## APPENDIX B: STATE OF VERMONT INFORMATION

### Vermont Laws

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*For the full text of Vermont Laws about Comprehensive Health Education, and Sexual Health Education specifically, please visit the following links.*

#### 16 V.S.A. § 131: COMPREHENSIVE HEALTH EDUCATION

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This statute, cited throughout this document, includes all of the health content that Vermont students are expected to learn. “As used in this title, "comprehensive health education" means a systematic and extensive elementary and secondary educational program designed to provide a variety of learning experiences based upon knowledge of the human organism as it functions within its environment.”

For the full text of this law, visit: [legislature.vermont.gov/statutes/section/16/001/00131](https://legislature.vermont.gov/statutes/section/16/001/00131)

#### 16 V.S.A. § 132: SECONDARY SCHOOLS; PROVISION OF CONTRACEPTIVES

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This statute adopted in 2021 requires secondary schools provide condoms to students.

For the full text of this law, visit: [legislature.vermont.gov/statutes/section/16/001/00132](https://legislature.vermont.gov/statutes/section/16/001/00132)

#### 16 V.S.A. § 134: RELIGIOUS EXEMPTION

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This statute outlines Vermont’s Opt-Out law for Comprehensive Health Education (full text also available in the STIs Overview).

For the full text of this law, visit: [legislature.vermont.gov/statutes/section/16/001/00134](https://legislature.vermont.gov/statutes/section/16/001/00134)

### State Government Resources

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#### VERMONT AGENCY OF EDUCATION SEXUAL HEALTH RESOURCE PAGE

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[education.vermont.gov/student-support/healthy-and-safe-schools/sexual-health](https://education.vermont.gov/student-support/healthy-and-safe-schools/sexual-health)

The Agency of Education (AOE) is responsible for helping to increase the awareness of sexual health related information and services that are available to promote student wellness and increase academic success. This includes a variety of health-related issues including but not limited to: sexual health, LGBT education, HIV/AIDS and STD education, sexual violence prevention, and healthy relationships.

#### VERMONT DEPARTMENT OF HEALTH ADOLESCENT SEXUAL HEALTH PAGE

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[healthvermont.gov/children-youth-families/adolescent-health/adolescent-sexual-health](https://healthvermont.gov/children-youth-families/adolescent-health/adolescent-sexual-health)

Through the Personal Responsibility and Education Program (PREP), the Vermont Department of Health supports a variety of community organizations that promote adolescent sexual and reproductive health. Authorized by Congress as part of the Affordable Care Act of 2010, the Personal Responsibility

Education Program (PREP) teaches about abstinence and contraception to prevent pregnancy and sexually transmitted infections. Vermont's PREP program also covers three adult preparation topics: Healthy Relationships, Healthy Life Skills, and Adolescent Development.

## YOUTH RISK BEHAVIOR SURVEY

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[www.healthvermont.gov/health-statistics-vital-records/population-health-surveys-data/youth-risk-behavior-survey-yrbs](http://www.healthvermont.gov/health-statistics-vital-records/population-health-surveys-data/youth-risk-behavior-survey-yrbs)

YRBS was developed by the [Centers for Disease Control and Prevention](#) in 1990 to monitor priority health risk behaviors that contribute to the leading causes of death, disease, injury and social problems among youth. The survey is part of a larger effort to help communities increase the resiliency of young people by reducing high risk behaviors and promoting healthy behaviors. Vermont collects student responses every two years from nearly every high school and middle school in the state.

## APPENDIX C: CURRICULA AND ONLINE RESOURCES

There are many sexual health education curricula available that cover all or many of the Essential Topics. This is a short list that we have identified that could be helpful for Vermont schools. These have not been measured against the criteria in this document and may require further modifications in order to meet the Best Practices and Essential Content outlined.

### Curricula: Available for Free

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#### RIGHTS, RESPECT, RESPONSIBILITY (3RS)

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[3rs.org/3rs-curriculum/download-3rs/](https://3rs.org/3rs-curriculum/download-3rs/)

This K-12 curriculum from Advocates for Youth is a collection of lesson plans on a wide range of topics including self-understanding, family, growth and development, friendship, sexuality, life skills, and health promotion. Rights, Respect, Responsibility is free for all to access.

#### FLASH

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[kingcounty.gov/depts/health/locations/family-planning/education/FLASH/about-FLASH.aspx](http://kingcounty.gov/depts/health/locations/family-planning/education/FLASH/about-FLASH.aspx)

FLASH is a widely used sexual health education curriculum developed by Public Health – Seattle & King County and designed to prevent teen pregnancy, STDs, and sexual violence, and to increase knowledge about the reproductive system and puberty. FLASH is available for elementary, middle, high school and special education classrooms.

#### BE REAL, BE READY

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[ahwg.org/be-real-be-ready-2017/](http://ahwg.org/be-real-be-ready-2017/)

“Be Real. Be Ready” is a comprehensive relationship and sexuality curriculum for high school students created by the Adolescent Health Working Group, SFUSD teachers, and the San Francisco Department of Public Health. It challenges students to consider what they want from a healthy relationship, how to assess various levels of risk, what are the most effective measures for birth control, and how to navigate conversations about sex with peers and romantic partners.

### Curricula: Available for Purchase

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#### GET REAL

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[www.getrealeducation.org](http://www.getrealeducation.org)

Get Real: Comprehensive Sex Education That Works is a unique curriculum designed for implementation in both middle and high schools. Get Real emphasizes social and emotional skills as a key component of healthy relationships and responsible decision making.

## START STRONG

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[bphc.org/whatwedo/violence-prevention/start-strong/Pages/Start-Strong.aspx](http://bphc.org/whatwedo/violence-prevention/start-strong/Pages/Start-Strong.aspx)

Start Strong is an internationally recognized high school peer leadership program that aims to prevent teen dating violence and promote healthy relationships. It uses a trauma-informed youth development framework to start conversations on systems of oppression, intersectionality, and prevention/promotion work primarily using a media literacy lens. It includes a Porn Literacy Course.

## Online Resources

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In addition to the topic-specific resources identified in each section, there are many excellent online resources that span many topics in sexual health education.

[Advocatesforyouth.org](http://Advocatesforyouth.org)

Advocates for Youth partners with youth leaders, adult allies, and youth-serving organizations to advocate for policies and champion programs that recognize young people's rights to: honest sexual health information; accessible, confidential and affordable sexual health services; and the resources and opportunities necessary to create sexual health equity for all youth.

[Amaze.org](http://Amaze.org)

AMAZE harnesses the power of digital media to provide young adolescents around the globe with medically accurate, age-appropriate, affirming, and honest sex education they can access directly online—regardless of where they live or what school they attend.

[Plannedparenthood.org/learn](http://Plannedparenthood.org/learn)

Planned Parenthood delivers vital reproductive health care, sex education, and information to millions of people worldwide. Visit the Learn section of their website for sexual health information for teens, parents, and educators.

[Powertodecide.org](http://Powertodecide.org)

Power to Decide works to ensure that all young people—no matter who they are, where they live, or what their economic status might be—have the power to decide if, when, and under what circumstances to get pregnant and have a child. They provide trusted, high-quality, accurate information—backed by research—on sexual health and contraceptive methods so young people can make informed decisions.

[Scarleteen.com](http://Scarleteen.com)

Scarleteen provides “sex ed for the real world: inclusive, comprehensive, supportive sexuality and relationships info for teens and emerging adults.” Founded in 1998, Scarleteen is an independent, feminist, grassroots sexuality and relationships education media and support organization and website.



## APPENDIX D: RESPONDING TO DISCLOSURES

Disclosures in Sexual Health Education can take many forms. The following resources are provided for specific kinds of disclosures AND to encourage you to consider other disclosures that might take place. Consider the steps needed to protect the privacy of youth, when it does not put them at risk of harm or conflict with mandatory reporting requirements.

### WHEN A STUDENT COMES OUT TO YOU

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[www.glsen.org/activity/glsen-safe-space-kit-solidarity-lgbtq-youth](http://www.glsen.org/activity/glsen-safe-space-kit-solidarity-lgbtq-youth)

When a student comes out to you and tells you they are lesbian, gay, bisexual, transgender, or queer (LGBTQ) your initial response is important. The student has likely spent time in advance thinking about whether or not to tell you, and when and how to tell you. Download the GLSEN Safe Space Kit for more information on how to respond.

### WHAT TO DO WHEN SOMEONE DISCLOSES VIOLENCE OR ABUSE EXPERIENCES

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1. **Let them know if there are limits to your ability to keep their information confidential.** Tell the person if you are obligated to share their information with any individual or agency, law enforcement, or Department for Children & Families or Adult Protective Services.
2. **Validate the person's feelings.** Let the person know that you believe her/him and that you are **concerned about their safety.** Helpful things to say:
  - I'm glad you told me.
  - Many people I work with have had similar experiences.
  - I'm sorry this happened to you.
  - It's not your fault.
  - You don't have to be alone.
  - It's normal to feel...angry, confused, conflicted, etc.
3. **Talk about other people who can help.** Tell the person that there are people (advocates) who work specifically with people who have experienced violence or abuse, and **with whom they can speak confidentially.** Advocates can talk to a person privately and keep information private. Ask if they want you to help contact an advocate.

#### **IF THE PERSON WANTS TO TALK TO A COMMUNITY-BASED ADVOCATE:**

Give the person the hotline or support line number (see page two). Offer them a phone and a private room. Offer to leave the room while they talk to the hotline advocate.

**If the person wants you to initiate the call**, dial the hotline, explain who you are, why you are calling, and that you will or will not be in the room for the rest of the conversation. Tell the advocate that the person would like to speak with a confidential advocate.\* Pass the phone to the person.

\*While many advocates are not mandated reporters, some are. If the advocate who answers the hotline is a mandated reporter, she or he may be able to get a non-mandated advocate to talk to the person. The person can also call anonymously.

4. **Do not make promises or assurances that are beyond your control** (i.e., “We’re going to make sure this will never happen again,” or “You don’t have to be afraid anymore.”)
5. **If the person and/or other people are in immediate danger**, ask the person if they would like to call 911. Explain what will happen if 911 is called. Encourage the person to seek medical attention if there may be injuries (internal or external) and/or a need for proper medical treatment.
6. **If the person is in ongoing danger**, let them know they can call a hotline or support line anytime.
7. **Accept the person’s choices about what to do next.** Remain calm, and be aware of your own personal beliefs or biases. Remember that reporting violence or abuse often does not result in positive outcomes for victims. Victims/survivors are the experts in their own situations. Do not confuse what a law or policy may require you to do with what is “right” or “best” for the person. Even if you have to disclose information against the wishes of the person, it may be possible for you to continue to be a supportive person in her/his life if you are responding to the person’s needs as she/he defines them.
8. **If you have to make a report to Adult Protective Services or the Department for Children and Families:** Give the person a choice to:
  - i. Call APS/DCF and self-report in private (this may not fulfill your obligation as a mandated reporter).
  - ii. Call APS/DCF and have you there when they report.
  - iii. Have you call APS/DCF with them present.
  - iv. Make a plan for her/his safety.
9. If you have any question or concerns, want information on safety planning or other resources, **call one of the numbers below.** Consultation, help and support are available for you, too.

**National Hotlines & Support Lines: Free and confidential help and information.**

**24/7 Domestic Violence 1-800-799-7233**

**24/7 Sexual Violence 1-800-656-HOPE (4673)**

*Thanks to the Vermont Network Against Domestic and Sexual Violence for providing this handout for reproduction in its entirety. Contact the Network for more information at: PO Box 405 Montpelier, VT 05601 | 802.223.1302 | [www.vtnetwork.org](http://www.vtnetwork.org)*

## APPENDIX E: LGBTQ+-INCLUSIVE SEXUAL HEALTH EDUCATION

### Full Spectrum Educators' Guide to Implementing LGBTQ+ Inclusive Sex Ed

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[education.vermont.gov/documents/edu-full-spectrum-educators-guide-to-implementing-lgbtq%2B-inclusive-sex-ed.pdf](https://education.vermont.gov/documents/edu-full-spectrum-educators-guide-to-implementing-lgbtq%2B-inclusive-sex-ed.pdf)

The goal of Full Spectrum: Educators' Guide to Implementing LGBTQ+ Inclusive Sex Ed is to provide a clear and concise list of practices commonly found in health classes that promote the inclusion of LGBTQ+ students, and to identify practices that LGBTQ+ students often find exclusionary. Also available at [bit.ly/fullspectrumed](https://bit.ly/fullspectrumed).

### Outright Vermont

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[Outrightvt.org](https://outrightvt.org)

Outright Vermont is building a Vermont where all LGBTQ+ youth have hope, equity, and power. Their youth programs, groups, and queer youth space (unless otherwise stated) are for queer and questioning people, ages 22 and under. Their education & outreach work is for all ages and ranges from work in schools to local non-profit agencies.

### Additional Resources:

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#### GLSEN

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[glsen.org](https://glsen.org)

The mission of the Gay, Lesbian & Straight Education Network is to ensure that every member of every school community is valued and respected regardless of sexual orientation, gender identity or gender expression. GLSEN seeks to develop school climates where difference is valued for the positive contribution it makes to creating a more vibrant and diverse community.

#### INTERACT: ADVOCATES FOR INTERSEX YOUTH

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[interactadvocates.org](https://interactadvocates.org)

interACT uses innovative legal and other strategies, to advocate for the human rights of children born with intersex traits.

#### Trevor Project

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[thetrevorproject.org](https://thetrevorproject.org)

Founded in 1998 by the creators of the Academy Award®-winning short film TREVOR, The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer & questioning (LGBTQ) young people under 25.

## APPENDIX G: RACIAL AND REPRODUCTIVE JUSTICE

### Heart to Grow

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[hearttogrow.org](http://hearttogrow.org)

The mission of Heart to Grow is to ensure that all Muslims have the resources, language, and choice to nurture sexual health and confront sexual violence.

### Sex Ed for Social Justice

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[siecus.org/sex-ed-is-a-vehicle-for-racial-justice/](http://siecus.org/sex-ed-is-a-vehicle-for-racial-justice/)

SIECUS explores how sex education can help to advance racial justice in this post. They spoke with two leaders in the field with decades of experience working with communities of color: Nakisha Floyd, a North Carolina-based sex educator, member of Women of Color Sexual Health Network (WOCSHN), and PhD student at Widener University, and Mariotta Gary-Smith, an Oregon-based sex educator and co-founder of WOCSHN.

### Sexual and Reproductive Justice Discussion Guide

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[www1.nyc.gov/site/doh/health/health-topics/sexual-reproductive-justice-nyc.page](http://www1.nyc.gov/site/doh/health/health-topics/sexual-reproductive-justice-nyc.page)

The Sexual and Reproductive Justice Community Engagement Group of the New York City Department of Health and Mental Hygiene has, in partnership with Bianca I. Laureano of AnteUp PPD, has created a 25-page guide for teachers who wish to facilitate dialogue about reproductive justice with their students. Scroll down to “Video- Working Together for Justice” to find a video and discussion guide, along with several other PDFs that offer resources and terminology, and much more.

### When SEL is Used as Another Form of Policing

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<https://medium.com/@justschools/when-sel-is-used-as-another-form-of-policing>

SEL conversations, practices, and curricula are too often based on white, cisgender, patriarchal norms and values which further enact emotional and psychological violence onto Black, Brown, and LGBTQ+ youth of color, in particular. The current narrative around SEL is that students must manage and regulate themselves and their emotions, conform and constrict their identities, and not express their fullest, most authentic selves. As school districts begin to devise plans for back-to-school, we must re-examine how we talk about and teach SEL.

## APPENDIX F: YOUTH WITH DISABILITIES

### Comprehensive Sex Education for Youth with Disabilities: A Call to Action

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[siecus.org/resources/comprehensive-sex-education-for-youth-with-disabilities](https://siecus.org/resources/comprehensive-sex-education-for-youth-with-disabilities)

This Call to Action from SIECUS identifies the history, current state, and recommendations for improvement for inclusion of youth with disabilities in sex education. There are policy and practice recommendations and resources available in the document.

### Elevatus Training

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Sexuality Education For People With Developmental Disabilities

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<https://www.elevatustraining.com/workshops-and-products>

Elevatus Training has a variety of materials available for free and purchase, including curriculum, self-study courses and live workshops/in-service to help staff, educators, direct support pros, self-advocates and parents confidently navigate the topic of sexuality.

Sexual Assault Awareness Toolkit For People With Developmental Disabilities

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[www.elevatustraining.com/free-toolkit-registration/](http://www.elevatustraining.com/free-toolkit-registration/)

Elevatus Training has developed a Sexual Assault Awareness Toolkit. The toolkit is filled with articles, resources, and an activity to help you and the people you work with.

### FLASH for Middle and High School Students with Special Needs

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[kingcounty.gov/depts/health/locations/family-planning/education/FLASH/special-education.aspx](http://kingcounty.gov/depts/health/locations/family-planning/education/FLASH/special-education.aspx)

This is a curriculum designed by the Public Health – Seattle & King County, Family Planning Program. It consists of twenty-eight lesson plans for the self-contained special needs classroom in a middle or high school. Although a bit older/out of date, the materials may be useful with modifications.

### Green Mountain Self Advocates

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[gmsavt.org](http://gmsavt.org)

The purpose of Green Mountain Self-Advocates (GMSA) is for people with developmental disabilities to educate peers to take control over their own lives, make decisions, solve problems, and speak for themselves.