

Handouts Packet

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Handout #1

Our Whole Lives and Sexuality and Our Faith **Curriculum Components**

Grades K-1

Our Whole Lives: Sexuality Education for Grades K–1 by Barbara Sprung. This course includes eight one-hour sessions.

Sexuality and Our Faith: A Companion to Our Whole Lives, Grades K–1

- Unitarian Universalist: by Rev. Patricia Hoertdoerfer and Rev. Makanah Elizabeth Morriss
- United Church of Christ: by Rev. John M. Barrett and Faith Adams Johnson

Grades 4-6

Our Whole Lives: Sexuality Education for Grades 4–6 by Elizabeth M. Casparian, PhD, and Eva S. Goldfarb, Ph.D. This course includes eight one-hour sessions.

Sexuality and Our Faith: A Companion to Our Whole Lives, Grades 4–6

- Unitarian Universalist: by Rev. Patricia Hoertdoerfer and Rev. Makanah Elizabeth Morriss
- United Church of Christ: by Rev. John M. Barrett and Faith Adams Johnson

Grades K-1 and 4-6

The Parent Guide to Our Whole Lives: Grades K–1 and 4–6 by Rev. Patricia Hoertdoerfer

Sexuality and Our Faith: A Companion to Our Whole Lives, Grades K-1

Unitarian Universalist: by Rev. Patricia Hoertdoerfer and Rev. Makanah Elizabeth Morriss

United Church of Christ: by Rev. John M. Barrett and Faith Adams Johnson

Grades 7-9

Our Whole Lives: Sexuality Education for Grades 7–9 by Pamela M. Wilson, MSW. This course includes 27 two-hour sessions.

Sexuality and Our Faith: A Companion to Our Whole Lives, Grades 7–9

- Unitarian Universalist: by Rev. Makanah Elizabeth Morriss and Rev. Jory Agate
- United Church of Christ: by Rev. Lizann Bassham and Rev. Gordon J. Svoboda II

Optional *Sexuality and Our Faith* slide set for Grades 7-9 available to UU and UCC congregations only. Script by Dr. Duane Dowell and Jennifer Harrison.

Grades 10-12

Our Whole Lives: Sexuality Education for Grades 10–12 by Eva S. Goldfarb, Ph.D. and Elizabeth M. Casparian, Ph.D. This course includes 12 two-hour sessions.

Sexuality and Our Faith: A Companion to Our Whole Lives, Grades 10–12

- Unitarian Universalist: by Rev. Makanah Elizabeth Morriss, Rev. Jory Agate, and Sarah Gibb
- United Church of Christ: by Rev. Lizann Bassham and Rev. Gordon J. Svoboda II

Optional *Sexuality and Our Faith* video for Grades 10-12 available to UU and UCC congregations only. Script by Eva Goldfarb, Ph.D. and Elizabeth Casparian, Ph.D. Produced by Mark Schoen, Ph.D.

Young Adults

Our Whole Lives: Sexuality Education for Young Adults by Michael J. Tino, Sarah Gibb Milspaugh, and Laura Anne Stuart. This course includes 14 two-hour sessions.

Sexuality and Our Faith: A Companion to Our Whole Lives, Young Adults

Unitarian Universalist: by Mandy J. Keithan

United Church of Christ: Rev. T. Michael Rock and Lynn Young

Adults

Our Whole Lives: Sexuality Education for Adults by Richard S. Kimball. This course includes 14 two-hour sessions.

Sexuality and Our Faith: A Companion to Our Whole Lives, Adults

- Unitarian Universalist: by Judith A. Frediani
- United Church of Christ: Rev. T. Michael Rock of Robbinsdale, MN, and Ms. Lynn Young

Congregational and Community-Based Advocacy

The Advocacy Manual for Sexuality Education, Health and Justice: Resources for Communities of Faith Sarah Gibb, editor

Handout #2

Our Whole Lives Program Values

Self Worth

- Every person is entitled to dignity and self-worth, and to his or her own attitudes and beliefs about sexuality.

Sexual Health

- Knowledge about human sexuality is helpful, not harmful. Every individual has the right to accurate information about sexuality and to have her or his questions answered.
- Healthy sexual relationships are:
 - **consensual** (both people consent)
 - **nonexploitative** (equal in terms of power, neither person is pressuring or forcing the other into activities or behaviors)
 - **mutually pleasurable** (both receive pleasure)
 - **safe** (no or low risk of unintended pregnancy, sexually transmitted infections, and emotional pain)
 - **developmentally appropriate** (appropriate to the age and maturity of persons involved)
 - based on mutual expectations and caring
 - **respectful** (including the values of honesty and keeping commitments made to others).
- Sexual intercourse is only one of the many valid ways of expressing sexual feelings with a partner. It is healthier for young adolescents to postpone sexual intercourse.

Responsibility

- We are called to enrich our lives by expressing sexuality in ways that enhance human wholeness and fulfillment and express love, commitment, delight and pleasure.
- All persons have the right and obligation to make responsible sexual choices.

Justice and Inclusivity

- We need to avoid double standards. People of all ages, genders, races, backgrounds, income levels, physical and mental abilities and sexual orientations must have equal value and rights.
- Sexual relationships should never be coercive or exploitative.
- Being romantically and sexually attracted to one's own and other genders (bisexual), the same gender (homosexual) or another gender (heterosexual) are all natural in the range of human sexual experience.

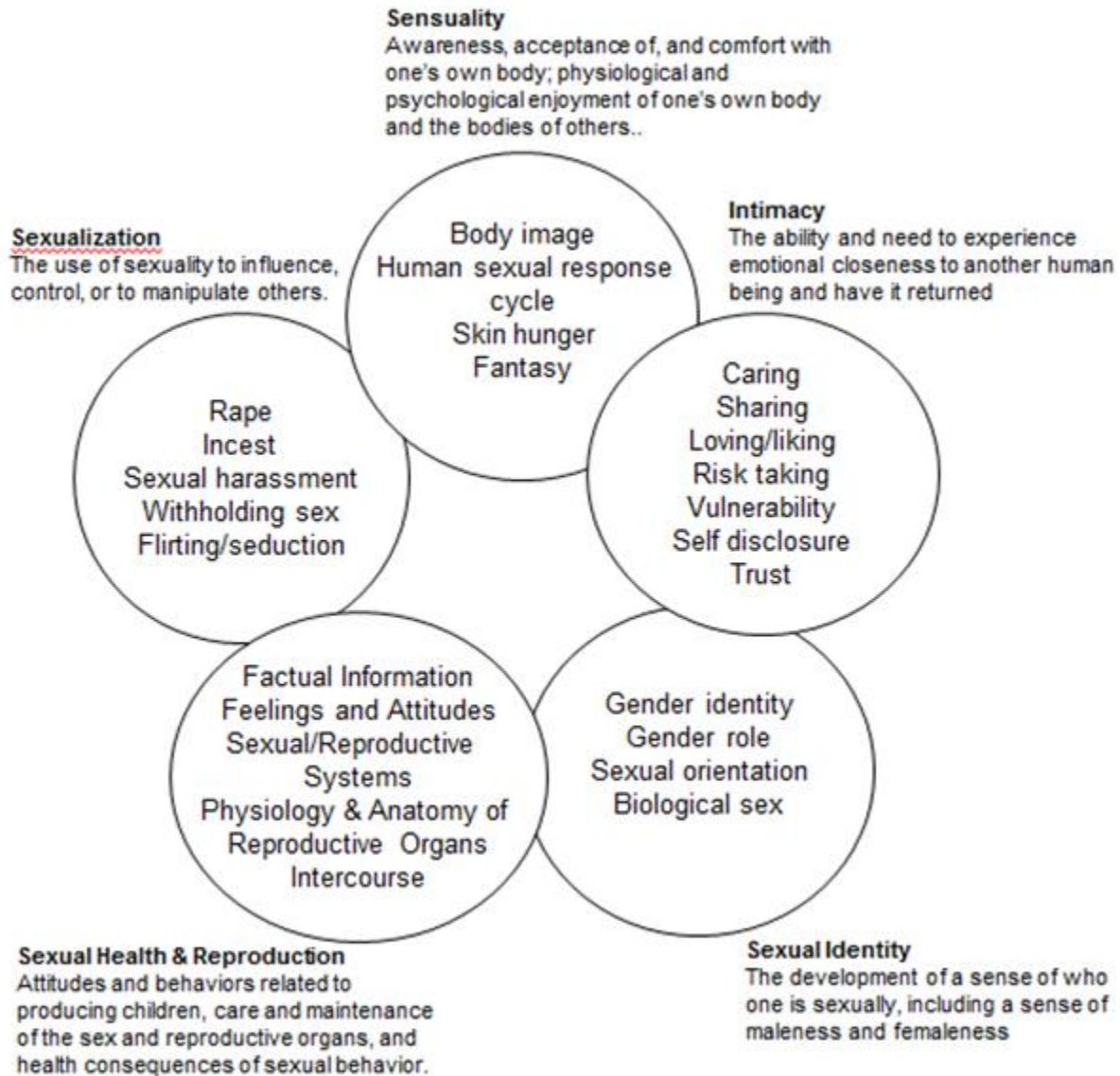
Our Whole Lives Program Assumptions

- All persons are sexual.
- Sexuality is a good part of the human experience.
- Sexuality includes much more than sexual behavior.
- Human beings are sexual from the time they are born until they die.
- It is natural to express sexual feelings in a variety of ways.
- People engage in healthy sexual behavior for a variety of reasons including to express caring and love, to experience intimacy and connection with another, to share pleasure, to bring new life into the world, and to experience fun and relaxation.
- Sexuality in our society is damaged by violence, exploitation, alienation, dishonesty, abuse of power, and the treatment of persons as objects.
- It is healthier for young adolescents to postpone sexual intercourse.

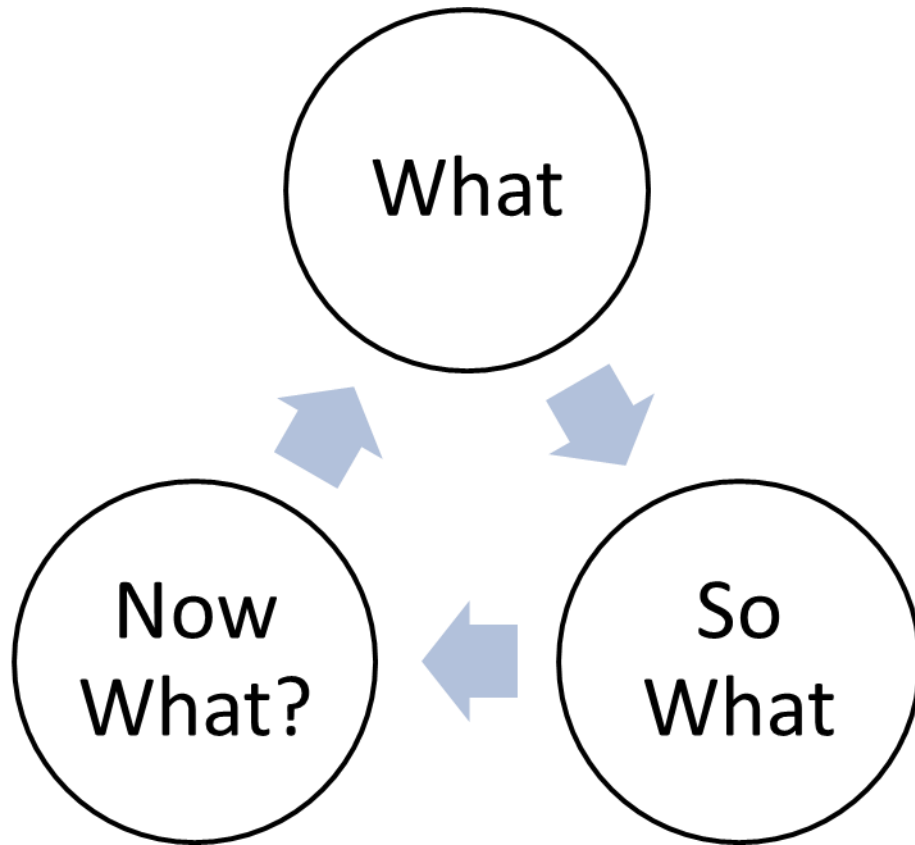
Handout #5

Circles of Sexuality

from Our Whole Lives: Sexuality Education for Grades 7-9, p. 31, and
Our Whole Lives: Sexuality Education for Grades 10-12, p. 139.



Experiential Learning Cycle



Effective Group Facilitation Techniques

- Speak with a lot of expression.
- Maintain eye contact with the whole group. Pick up on group members' nonverbal communication—signs of boredom, confusion, etc.
- Call participants by name and make references to their earlier comments.
- Use humor—but never at a participant's expense.
- Keep a lively pace. Dead time encourages boredom and acting out.
- Keep the group on task but don't control it.
- Be yourself. Allow your real personality to emerge.
- Ask open-ended questions (rather than yes/no questions).
- Share appropriate stories and anecdotes to demonstrate a point (never disclose information about your personal sexual history or interests).
- Use "I" language and encourage others to do the same.
- Listen carefully and learn from participants.
- Be a role model (attitudes, knowledge and skills).
- Know your own limitations. You're running an informal education group, not group counseling. If someone needs counseling, please make an appropriate referral.
- Share the leadership. Avoid the urge to maintain control of everything that happens. Communication should be multi-directional.
- Respond appropriately to challenging group dynamics—monopolizers, silent members, hidden agendas, etc.
- Be nonjudgmental and unshockable. You want to know what participants really think. Ask them to give you the "real answers" not the "right answers."
- Expect giggling, side comments, restlessness, and other distractions, but take steps to keep participant behaviors from getting out of control.
- Always demand a safe environment for all participants, both physically and emotionally. Do not allow any participant to say or do things that decrease the safety of OWL meetings.

Handout #10

Giving Constructive Feedback

By giving constructive feedback, you can help others improve their facilitation skills. Four criteria for providing corrective but constructive feedback are:

5. It's descriptive, not evaluative. Participants cannot know what another person's motives are—they can only know what behavior they exhibit. For example, saying "You faltered on certain words" is stating an observation. But saying, "You're great" is not observation—it is an evaluation.
6. It's specific rather than general. To be told that one "dominates a discussion" is not as useful as to be told "several people tried to oppose your point of view in that last activity, and you didn't really listen to what they said."
7. It's directed toward behavior that can change. For example, pointing out that a presenter uses poor English, stutters, or speaks with a lisp is probably pointing out patterns which are well-established, and the person will merely experience frustration when reminded of something he or she cannot control.
8. It provides alternatives rather than solutions. By suggesting alternatives, participants do not come across as experts, and they allow people to choose a behavior change that best fits with their style. For example, saying "You might want to stand in front of the desk, sit on the desk, or walk around the room instead of sitting behind the desk while you present" allows choices but provides clear feedback about a behavior that could be changed.

Other tips for giving constructive feedback include:

- Communicate clearly—check in with the presenter to see if your feedback was understood.
- Give feedback at the earliest opportunity after observing the behavior.
- If possible, wait until your feedback is solicited by the presenter.
- Remember the needs and feelings of the person on the receiving end of your feedback.

Handout #11

Normal Adolescent Development

Middle School and Early High School Years

Parents are often worried or confused by changes in their teenagers. The following information should help parents understand this phase of development. Each teenager is an individual with a unique personality and special interests, likes and dislikes. However, there are also numerous developmental issues that everyone faces during the adolescent years. The normal feelings and behaviors of the middle school and early high school adolescent are described below.

Movement Toward Independence

- Struggle with sense of identity
- Feeling awkward or strange about one's self and one's body
- Focus on self, alternating between high expectations and poor self- concept
- Interests and clothing style influenced by peer group
- Moodiness
- Improved ability to use speech to express one's self
- Realization that parents are not perfect; identification of their faults
- Less overt affection shown to parents, with occasional rudeness
- Complaints that parents interfere with independence
- Tendency to return to childish behavior, particularly when stressed

Future Interests and Cognitive Changes

- Mostly interested in present, limited thoughts of future
- Intellectual interests expand and gain in importance
- Greater ability to do work (physical, mental, emotional)

Sexuality

- Display shyness, blushing, and modesty
- Girls develop physically sooner than boys
- Increased interest in the opposite sex [for those attracted to opposite sex]
- Movement toward heterosexuality with fears of homosexuality
- Concerns regarding physical and sexual attractiveness to others
- Frequently changing relationships
- Worries about being normal

Morals, Values, and Self-Direction

- Rule and limit testing
- Capacity for abstract thought
- Development of ideals and selection of role models
- More consistent evidence of conscience
- Experimentation with sex and drugs (cigarettes, alcohol, and marijuana)

Teenagers do vary slightly from the above descriptions, but the feelings and behaviors are, in general, considered normal for each stage of adolescence.

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Normal Adolescent Development

Late High School Years and Beyond

Parents are often worried or confused by changes in their teenagers. The following information should help parents understand this phase of development. Each teenager is an individual with a unique personality and special interests, likes and dislikes. However, there are also numerous developmental issues that everyone faces during the adolescent years. The normal feelings and behaviors of the late high school adolescent are described below.

Movement towards Independence

- Increased independent functioning
- Firmer and more cohesive sense of identity
- Examination of inner experiences
- Ability to think ideas through
- Conflict with parents begins to decrease
- Increased ability for delayed gratification and compromise
- Increased emotional stability
- Increased concern for others
- Increased self-reliance
- Peer relationships remain important and take an appropriate place among other interests

Future Interests and Cognitive Changes

- Work habits become more defined
- Increased concern for the future
- More importance is placed on one's role in life

Sexuality

- Feelings of love and passion
- Development of more serious relationships
- Firmer sense of sexual identity
- Increased capacity for tender and sensual love

Morals, Values, and Self-Direction

- Greater capacity for setting goals
- Interest in moral reasoning
- Capacity to use insight
- Increased emphasis on personal dignity and self-esteem
- Social and cultural traditions regain some of their previous importance

Teenagers do vary slightly from the above descriptions, but the feelings and behaviors are, in general, considered normal for each stage of adolescence.

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Handout #12

What Would You Do If

- What is the primary problem or issue?
- Who might feel unsafe as a result of the attitudes or behavior exhibited?
- What are some options for handling the situation?

If you need help handling the situation, to whom can you turn?

- What result(s) would you hope for?

Handout #13

Tips for Managing Problem Participants

This list was generated as a brainstorm during the Training of Trainers for *Our Whole Lives: Sexuality Education for Grades 7-9*, August, 1999. Rev. 2013

POLARIZATION

- Physically separate the youth
- Create an organized, recognized debate (1 minute each)
- Ask poles to take opposite side and make argument
- Foster empathy—"How does it feel to take on a position you don't agree with?"
- Line up, take turns repeating what people on the other side said
- Help youth remember the ground rules
- Rearrange the room
- Give voice to the middle ground
- Go around the room, hear everyone's opinion—synthesize
- Agree to disagree
- Have the youth role play each other's positions
- Facilitate a fish bowl activity
- Form small groups with mixed sides
- Conduct team building with mixed sides
- Name the polarization
- Allow for an anonymous vote about the issue
- Conduct a "stand in other's shoes" exercise
- Facilitate an active listening activity

THE MONOPOLIZER

- Affirm the comment and say you'd like to hear from others who haven't yet spoken
- Acknowledge that the person's hand is raised (or has begun commenting) and say, "I see your hand and will call on you after two other people have commented."
- Acknowledge the information given: "That's a good point"; put it into the parking lot
- Say, "Let's hear from this side of the room."
- Pass a "talking stick" or ask people to raise hands
- Add "Step forward; Step back" to the group covenant
- Hold a private conversation with the "monopolizer" as needed
- Honor the person's expertise
- Talk directly to the individual
- Ask the person to be the "scribe" or recorder
- Give pennies to each person which buy "talking time." When the pennies are all spent, the person remains quiet.
- Give everyone the a chance to speak for one minute (and then open the conversation)
- Ask, "Is there someone who hasn't spoken who would like to share?"
- Ask for input/feedback as written communication
- Use an egg timer for discussions
- In extreme instances, ask the "monopolizer" to leave
- Give a mini-lecture on democratic process

VERBAL ABUSE

- Refer participants to the group covenant (no putdowns)
- Refer back to values—self-worth and respect

- Speak privately as needed—ask the person what’s going on?
- Use a “code word” or “safe word” such as “Ouch”
- Nip abusive behavior at the start. Do not allow it to continue for multiple OWL meeting sessions
- As the facilitator, model using “I” statements
- Model active listening
- Ask “abused” to share their feelings
- Do a process check—asking the group for feedback about the session
- Remind participants that participation is optional
- Invite the participant and their parents to discuss the behavior privately
- In extreme instances, ask the “abuser” to leave
- Use the power of the group—peer pressure
- Ask group members how they feel about the comments being made

DEVELOPMENT OF SUBGROUPS

- Move people/chairs to rearrange groups
- Use mixing games and randomly assign small groups (by colors, numbers, or other “arbitrary” techniques)
- Lead an energizer
- Foster debate within the subgroup to help understand differences
- Conduct “new games” (non-competitive, no winners/losers)
- Let subgroup members be with each other sometimes
- Design gender diversity into small groups (same & mixed)
- Have them participate in activities that s-t-r-e-t-c-h them as a group

THE PARTICIPANT WHO ENTERTAINS

- Redirect comments, jokes, etc., to something positive and related to the topic
- Facilitate role plays
- Remind the group of the tasks at hand
- Designate a time for entertainment (retreats are great for this!)
- Allow participants to take turns facilitating a group
- Use the person’s talent in a purposeful way
- If the “entertainer” is not disruptive, let it go
- Ask the person to mentor another participant
- Give the person other responsibilities, like setting up snacks, distributing papers, etc.
- Applaud
- Have a one-on-one discussion with the “entertainer”
- Begin with ritual to set a tone
- Review the ground rules (especially if the comments are put-downs)

SIDE CONVERSATIONS

- Review the ground rules
- Use the names of the “side talkers” in conversation
- Check-in: ask if there is a problem or concern?
- Give those involved in side conversations some responsibility
- Split up “side talkers”
- Stop the presentation until everyone is quiet
- Use “I” statements
- Ask “side talkers” if they’d like to share their comments with the rest of the group

- Position yourself near them
- Make sure their questions are answered and that they've heard/understood what's been said
- Use the clap technique ("If you can hear me, clap once. If you can hear me, clap twice...")
- Teach the "quiet coyote" hand signal for everyone to hold up when they are paying attention: Touch your thumb, middle and ring finger tips together, with your index and pinkie fingers straight. Tap and close the touching fingertips to indicate the coyote's mouth being still.
- Whistle or ding a bell to get their attention (avoid loud sounds if you have participants sensitive to sound)
- Pass a "talking stick"
- If it's not disruptive, let it go
- Use humor—"Could we have a minority report?"
- Remind them they can express concerns or ask questions through the question box

THE SILENT MEMBER

- Understand the person's style and respect their silence, but check in occasionally
- Call on the person; ask, "Would you like to add a comment?"
- Use written techniques (personal reflection)
- Create different configurations for discussion: small groups, dyads, etc.
- Facilitate role plays
- Create smaller small groups so the quiet person doesn't get lost in a big group
- Check in with the person one-on-one
- Assess the person's needs in non-threatening way
- Pass a "talking stick"
- Go around the room; say, "Let's hear from everybody."
- Ask the person to do a reading or something structured and safe
- Give the person a direct task
- Buddy them up with someone else
- Give everyone an opportunity to speak one minute before opening up the discussion
- Look for what may spark the quiet person and engage them separately

Kinsey and Klein Scales

KINSEY SCALE

"Alfred Kinsey's research into sexuality led to the creation of the Kinsey Scale, which defines sexuality as a continuum as opposed to a category...Kinsey believed that few people fell at either end, that most were between one and five...For some people, behavior and identity may differ. For example, someone who is bisexual may have only different gender partners or someone who is predominantly homosexual may be married and behave bisexually or predominantly heterosexually..."

0	1	2	3	4	5	6
exclusively	predominantly	somewhat	bisexual	somewhat	predominantly	exclusively
Heterosexual						Homosexual

KLEIN SCALES

"Psychologist Fritz Klein has put further thought and into sexual orientation. He has developed scales similar to Kinsey's scale but measuring nine different areas... Fritz Klein also asks each of these questions against a time frame.

1. How would you answer these questions for your past... beyond a year ago?
2. How would you answer these questions for the present... in the last twelve months?
3. How would your answers be if you could answer ideally for yourself?"

The nine scales are as follows:

1. Sexual Attraction (Who are you attracted to?)

0	1	2	3	4	5	6
exclusively	predominantly	somewhat	bisexual	somewhat	predominantly	exclusively
Heterosexual						Homosexual

2. Sexual Behavior (Who do you engage in sex with?)

0	1	2	3	4	5	6
exclusively	predominantly	somewhat	bisexual	somewhat	predominantly	exclusively
Heterosexual						Homosexual

3. Sexual Fantasies (Who do you fantasize about?)

0	1	2	3	4	5	6
exclusively	predominantly	somewhat	bisexual	somewhat	predominantly	exclusively
Heterosexual						Homosexual

The above text was quoted from *The Welcoming Congregation Handbook: Resources for Affirming Bisexual, Gay, Lesbian, and/or Transgender People. Second Edition.* Boston: Unitarian Universalist Association, 1999.

4. Emotional Preference (Do you love and like members of one or both genders?)

0 1 2 3 4 5 6

exclusively predominantly somewhat bisexual somewhat predominantly exclusively
Heterosexual Homosexual

5. Social Preference (Who do you socialize with, which may be different from whom you emotionally prefer?)

0 1 2 3 4 5 6

exclusively predominantly somewhat bisexual somewhat predominantly exclusively
Heterosexual Homosexual

6. Self-identification (How do you identify? This may not match the other scales.)

0 1 2 3 4 5 6

exclusively predominantly somewhat bisexual somewhat predominantly exclusively
Heterosexual Homosexual

7. Lifestyle (Where do you tend to spend time with whom?)

0 1 2 3 4 5 6

exclusively predominantly somewhat bisexual somewhat predominantly exclusively
Heterosexual Homosexual

8. Community Affiliation

0 1 2 3 4 5 6

exclusively predominantly somewhat bisexual somewhat predominantly exclusively
Heterosexual Homosexual

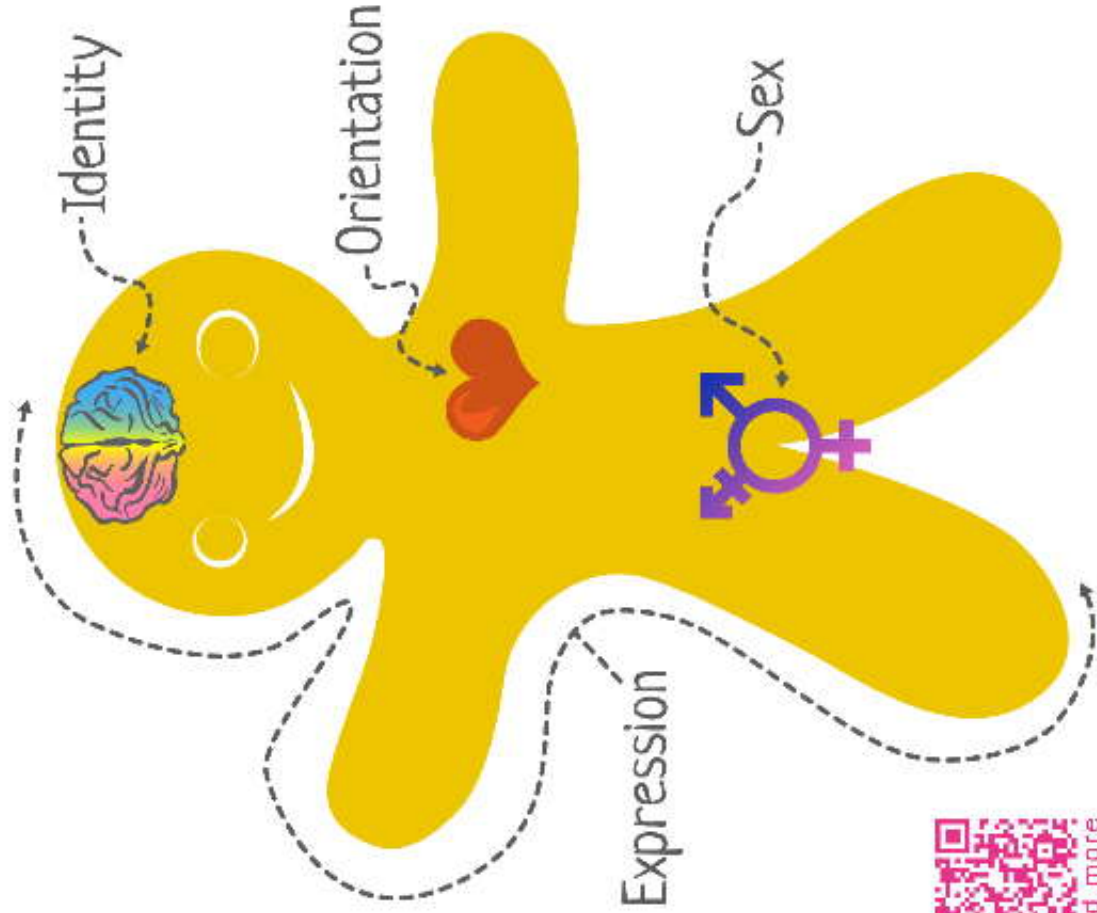
9. Political Identity

0 1 2 3 4 5 6

exclusively predominantly somewhat bisexual somewhat predominantly exclusively
Heterosexual Homosexual

The Genderbread Person

by www.ItsPronouncedMetrosexual.com



Gender identity is how you, in your head, think about yourself. It's the chemistry that composes you (e.g., hormone levels) and how you interpret what that means.



Gender expression is how you demonstrate your gender (based on traditional gender roles) through the ways you act, dress, behave, and interact.



Biological sex refers to the objectively measurable organs, hormones, and chromosomes. Female = vagina, ovaries, XX chromosomes; male = penis, testes, XY chromosomes; intersex = a combination of the two.



Sexual orientation is who you are physically, spiritually, and emotionally attracted to, based on their sex/gender in relation to your own.



Asexuality 101: some basics about asexuality

What Is Asexuality?

Asexuality is an emerging sexual orientation. Some people who identify as asexual do not experience sexual attraction to other people, while others experience sexual attraction but no desire to act on these attractions.

Asexuality Is Not Celibacy

Asexuality and Celibacy are not the same. Many people who are asexual live a celibate life, meaning that they do not engage in sex with others. But while Celibacy is a choice (often motivated by religion and other life circumstances), asexuality is not.

About Relationships and Intimacy

Some people who are asexual lead solitary lives. Many form deep bonds of friendship. Some people who are asexual form long-term relationships with significant others, while others people who are asexual marry.

People who are asexual have varying levels of comfort with physical intimacy. Some do not like to be touched. Some enjoy cuddling, kissing and other forms of physical intimacy outside of sexual relationships. Some people who are asexual enter into fully sexual relationships with their partners for the sake of the love they share. Just like any person entering into a relationship that involves sex, people who are asexual need to communicate and agree with their partner(s) about the level of sexual interaction that is acceptable to the individuals involved. As in all successful relationships, communication is the key.

Asexual Isn't the Same as Sexless

The subjective experience of sexuality varies widely among people who are asexual. Some are uncomfortable with any reference to or depiction of sex while others are sex positive without wanting to participate in sex. Some people who are asexual masturbate and others do not. The only consistent defining characteristic of asexuality is that people who are asexual have no sexual attraction to other people and do not desire to engage in sexual activities with others. On any other issue of sexuality and human relationships, people who are asexual are as varied and diverse as people of other sexual orientations.

Why Is This Sexual Orientation Emerging Only Now?

There have probably always been people who are asexual, but until recently there has been no research or scholarly work done on asexuality. Additionally, the availability of the internet has made it easier for people who think they might be asexual to find others like themselves and form relationships and communities.



Bisexuality: information to know

“What attracts me most to the bisexual community is not sexual identity, but my respect for the honesty and openness I find there. More than anywhere else, I encounter people who understand the value of knowing yourself well, realizing why you choose what you do, and of making those choices openly.”

—Kevin McCulloch, *Anything That Moves*, Summer 1998

The Basics

Some people do not believe bisexuality exists. Others believe everyone is bisexual. Neither statement is accurate. Ultimately, each person must decide how to identify for oneself, though often people do not have enough information to truly identify their own sexual orientation, let alone others.

Bisexuality is the name of the orientation for people who find both men and women attractive.

Attraction

Attraction is more than about sex. We are attracted to people for a variety of reasons, sexually being just one of them. We are also attracted to people emotionally and socially. This is true for people of all sexual orientations—including bisexual people, though often non-bisexual people forget this when thinking about bisexuality and bisexual people.

Being bisexual is about more than sex.

Kinsey Scale

Alfred Kinsey was famous for creating the scale of sexual orientation. He said that people fell in a range from 0 (completely heterosexual) all the way up to 6 (completely homosexual). Numbers in between represented being neither completely heterosexual nor homosexual. While some people refer to the 1's as predominantly heterosexual and some people refer to the 5's as predominantly gay or lesbian, these people could also be described as bisexual.

Bisexuality does not necessarily mean a person is equally attracted to men and women. This is not the case for many bisexual people.

Klein Scale

Fritz Klein believed sexual orientation was more complicated and not static. He asked people about who they were sexually attracted to, what their actual sexual behavior was, who they fantasized about, who they preferred emotionally, social preference, lifestyle preference, and how they self-identified. He also asked about each person's past, present life within the last year, and their ideal. The seven factors and three time periods make up orientation.

People's understanding of their sexual orientation may vary depending on how they are asked and may change over time.

Self-Identification

A person may identify as heterosexual but have sexual experiences with men and women. A person may identify as bisexual who is in a monogamous relationship with a woman (or man). Some people may have no sexual experiences but wish to have a relationship with someone. This person may identify as bisexual, gay, or heterosexual even with no sexual experience. Asking questions using the factors and time periods from the Klein scale may be useful, but...

Ultimately, each person decides for themselves how to identify and express their sexual orientation.



Bisexuality and Monogamy

A person who identifies as bisexual is as likely as a straight, gay, or lesbian person to be monogamous. Being attracted to more than one gender does not mean that a person will be in relationship with more than one gender. Being straight or gay or lesbian does not mean a person is more likely to be monogamous than a bisexual person.

Being bisexual does not mean a person is necessarily more promiscuous (a common and incorrect myth), nor does it mean a person is necessarily more like to be in non-monogamous relationships.

Biphobia

Biphobia is a fear or condemnation of bisexuality. It is also evident through silencing and making or keeping bisexuality invisible. This silencing can be done by using exclusive language or saying there are only heterosexual and homosexual people. Biphobia is not limited to straight people. Many gay and lesbian people are also biphobic.

Bisexual people suffer from biphobia from gay and lesbian people as well as from straight people.

Pansexual

Terms such as *pansexual*, *omnisexual*, *polysexual*, and *pomosexual* (post-modern sexuality), as well as *queer*, are other labels that people who are attracted to more than one gender use. Many people believe there are more than two genders and are attracted to people of all genders.

“Bisexual” can be a limiting term for people who others might describe as bisexual but who prefer to use different terms to describe themselves.

The Most Common Myths

- Everyone is bisexual
- No one is bisexual
- Bisexual people are promiscuous and interested in everyone
- Bisexual people can't make up their minds
- Bisexuality is a phase

Resources*

- Bisexuality Curriculum from Interweave: www.interweaveuu.org
- Workshops on bisexuality in the Welcoming Congregation Handbook and the Living the Welcoming Congregation curriculum: www.uua.org/lgbt/welcoming/program
- Bi the Way, a 2008 film on bisexuality: <http://www.bithewaymovie.com>
- “Bisexual Invisibility”: A report from the San Francisco Human Rights Commission’s LGBT Advisory Committee: www.birequest.org/docstore/2011-SF_HRC-Bi_invisibility_Report.pdf
- Bisexual resources from author Robyn Ochs: www.robynochs.com/resources/Bisexual.html
- Bisexual Resource Center: www.biresource.org
- BiNet USA: www.binetusa.org

*Note: There are very few organizations and resources that address issues specific to bisexual people, which is further evidence of the need for more understanding and education around bisexuality. Some LGBT organizations and websites have little specific information on bisexuality and some are even more exclusive of bisexuality despite including the word “bisexual” when describing whom they serve.

Handout #14

Transgender 102

This is a draft worksheet created by the Unitarian Universalist Association's Office of Bisexual, Gay, Lesbian and Transgender Concerns (OBGLTC). It is continually updated at <http://www.uua.org/obgltc>.

TRANSGENDER

Our culture tends to limit its understanding of gender to man and woman. OBGLTC believes there are more than two genders. OBGLTC uses the word transgender as an umbrella term to describe the following people: crossdressers/transvestites, third gender people, transsexuals, intersexuals and any self-identified transgender people.

GENDER IDENTIFICATION

Transgender is a gender identification—*not* a sexual orientation. Gender identification expresses how you identify your gender. Sexual orientation refers to whom you are sexually, affectionally, or romantically attracted. A transgender person can be of any sexual orientation.

GENDER V. SEX

People are assigned a biological sex, but define their own gender.

Sex: Male, Female, Intersexual

Gender: Man, Woman, Transgender

LANGUAGE

OBGLTC believes that "transgender" is a noun equivalent to "man" and "woman", and as such should not be spelled or pronounced with an "-ed" suffix. Just as we would not say a person is "manned" or "womanned", we should not say a person is "transgendered". Not all of the transgender community is in agreement about the use of "transgender" and "transgendered."

When adding transgender to the already long list of bisexual, gay and lesbian people, it is important to include transgender at the end, preceded by "and/or". We do this because it emphasizes that people can be bisexual, gay or lesbian, *and* transgender, but are not always both.

WHOM THE UMBRELLA COVERS

(We solicited these definitions from the communities they describe.)

- **CROSSDRESSERS** (also known as **TRANSVESTITES**)

People who dress in the clothing, partially or completely, of the societal norm for the "opposite" gender.

Most crossdressers are heterosexual men who crossdress for pleasure. Bisexual and gay men who crossdress usually do so for entertainment purposes, making fun of what it means to be a man.

DrAG Queens*—Dressed As a Girl

DrAB Kings*—Dressed As a Boy

* DrAG Queen and DrAB King are historical terms. Currently, "DrAG" refers to either.

- THIRD GENDER

A person whose understanding of her/hir/his gender identification transcends society's polarized gender system.

OBGLTC believes that the dichotomized system of gender is limiting; therefore, OBGLTC encourages everyone to think outside and beyond this schema.

Male-to-Third Gender (born in body of male, believe self to be another gender)*

Female-to-Third Gender (born in body of female, believe self to be another gender)*

* *People who are third gender often prefer "transgender" to "third gender".*

- TRANSSEXUALS

People born in the body associated with one gender but believe internally that they are of another gender.

Male-to-Female (born in body of male, believe self to be female)

Female-to-Male (born in body of female, believe self to be male)

Being transsexual may or may not involve sexual reassignment surgery (SRS). Some transsexuals use hormones to create the bodies they believe they were born to have. There seem to be some potential health risks for some hormone treatments. More research is needed to allow for better health care for transgender people. The Benjamin Standards are requirements set by a committee of the American Psychological Association. In order for a transsexual legally to change external identities and body, the person must meet the Benjamin Standards.

Pre-operative (considering or planning SRS)

Post-operative (has had SRS)

Non-operational (for personal and/or medical reasons—e.g., breast cancer—has chosen not to have SRS)

- INTERSEXUAL (historically called hermaphrodites)

A person born with mixed sexual physiology, with a physical manifestation of genital/genetic/endocrinological differentiation which is different from the cultural norm.

Intersexual people often are "assigned" a boy/girl gender, and surgery is done soon after birth to "correct" their "problem." The problem may well be our society's tightly held view that there are only 2 genders.

Handout #14, continued:

How To Be More Understanding and Welcoming of Transgender People

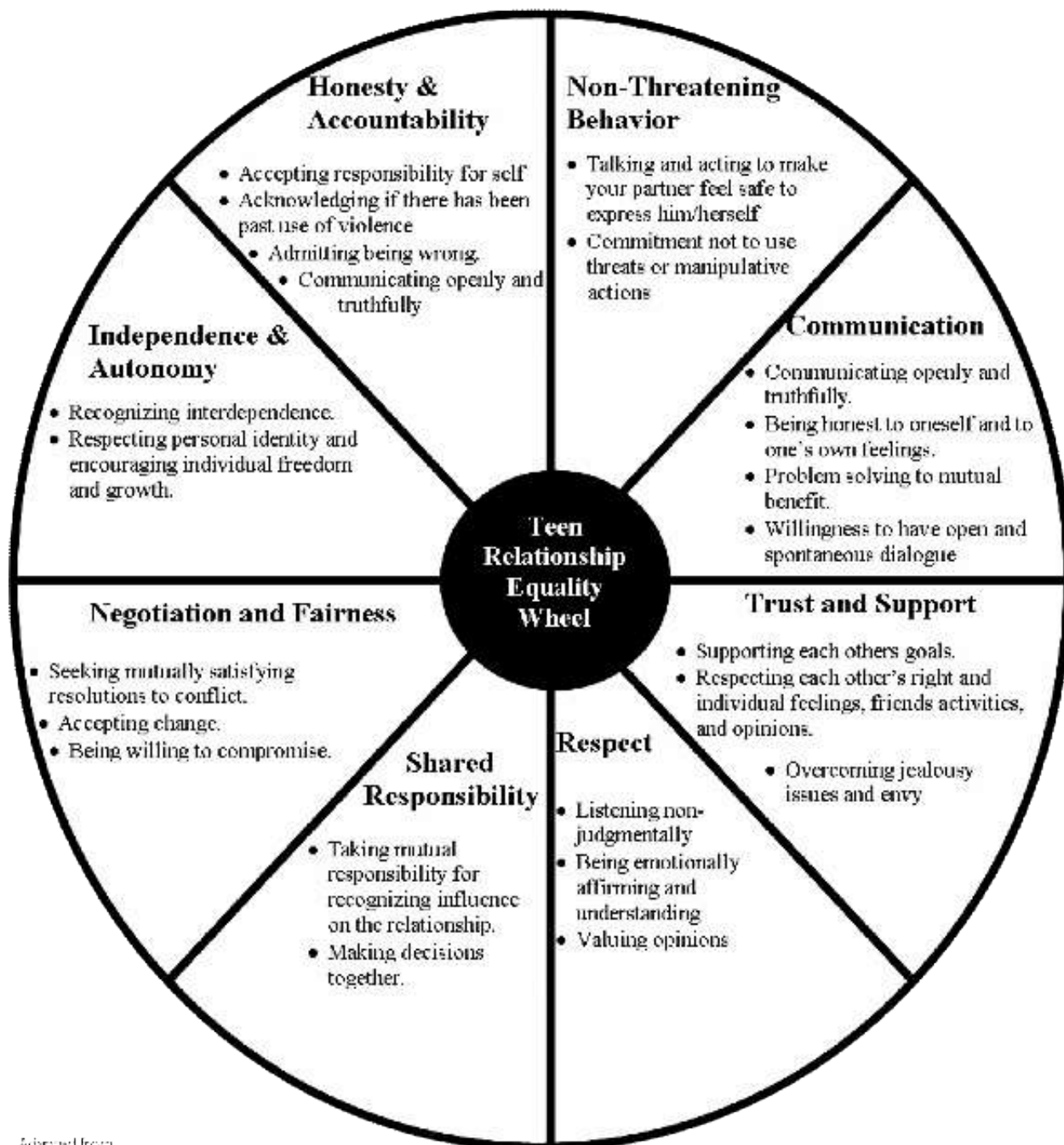
10 Basic Actions

11. Respect a person's identity and self-label.
12. Create single stall bathrooms.
13. Say the words: Bisexual, Gay, Lesbian, Transgender.
14. Do not use "-ed" at the end of "transgender".
15. Make no assumptions about gender identity or sexual orientation.
16. Do not assume a transgender person is all-knowing and/or wants to speak about TG issues.
17. Do not assume a transgender person can speak only about transgender, nor that it is or is not an issue at all.
18. Hand out TG102 wherever possible—make it available to all.
19. Use the word "children" instead of "boys and girls", "people" instead of "women and men".
20. Create/include a TG box on forms where gender is requested. Also, ask for "gender", not "sex".

10 Advanced Actions

1. Ask questions about transgender issues.
21. Do not tokenize persons who are TG.
22. Talk to children about transgender issues.
23. Talk about gender roles you grew up with.
24. Review member policies for your men's and women's groups—do they make room to include transgender folks?
25. Realize that learning about gender is a life-long process.
26. Do not divide groups (including in worship) into groups of men and women.
27. Do not ask the gender of a newborn child.
28. Experiment: Spend a day or week avoiding using pronouns when referring to someone important in your life.
29. Learn about the local laws regarding: hate crimes, name changes, changing gender, discrimination (employment, housing...), and impersonation of a gender.

Teen Relationship Equality Wheel



Adapted from
Domestic Abuse Intervention

Adapted from:
Domestic Abuse Intervention Project
202 E Superior St
Duluth, MN 55802
218.722.4134



Warning Signs/ Red Flags

- ❖ **Extreme Jealousy**- Everyone gets jealous sometimes: the key word is EXTREME. Both boys and girls can become extremely jealous. If your partner gets mad if you talk to other people, have good friends, or speak warmly about anyone else these are signs of extreme jealousy. The jealous person may withdraw, become angry, or abusive.
- ❖ **Possessive**- This becomes a danger sign when someone treats you as if you are a belonging. The possessive person will not want you to share your time or give your attention to anyone else.
- ❖ **Controlling**- This happens when one partner completely rules the relationship and makes all the decisions. Your point of view is not important to them. Often the controlling partner will try to tell the other how to dress, who to talk to and where to go.
- ❖ **Low Self Esteem**- People with low self esteem don't like themselves very much. In a dating relationship a person with low self esteem may say "I'm nothing without you" or "you are my world". That's a lot of pressure to live up to and these could be signs of manipulation and control. Healthy relationships have two equal partners.
- ❖ **Unpredictable Mood Swings**- Nobody stays in the same mood all the time but dramatic shifts in mood can be a danger sign. An example would be if your partner shifts quickly from being jealous, controlling or angry to being sweet, charming, and loving.
- ❖ **Explosive Anger/Blaming**- Even if you haven't seen your partner become aggressive with people; watch out for people who seem to get too angry. These people may hit walls or lockers, yell loudly, call names, or make threats of violence.
- ❖ **Abuse at Home**- It is important to remember that abuse at home is not a guarantee that a person will become abusive or become victimized. However, it is a serious problem if your partner is experiencing abuse or witnessing violence between the adults at home. It is important that your partner have some healthy outlets for what they are going through that include more than just you.
- ❖ **Too Much Too Fast**- It takes a while to get to know somebody. When we make new friends it will take time to let them get close to you. The same should apply to a new boyfriend or girlfriend. Take it slow and be sure that you really know them before making important decisions about your body and heart. Sometimes abusive people will sweep you off your feet and expect you to become soul mates too quickly. If you take time to get to know your partner you can get to know the real them and if they are the right fit for you, they will respect your decisions.



Warning Signs/Red Flags Continued....

- ❖ **Unrealistic Expectations-** Nobody's perfect, so no one has the right to expect you to be. People make mistakes! Often abusive people will expect their partners to be the perfect girlfriend or boyfriend.
- ❖ **Alcohol or Drug Abuse-** Remember that drug and alcohol use DOES NOT CAUSE violence. They do lower a person's ability to gauge the severity of abuse and can make the violence much more dangerous.
- ❖ **Your Friends are Worried About You-** Most often our friends want us to be happy, If your friends are worried about your safety or express concerns over how your partner treats you, TRY TO HEAR WHAT THEY HAVE TO SAY. Our friends are on the outside looking in on our relationships. They see things we don't because of our emotions. Sometimes that's a good thing and sometimes it's bad. Love can really be confusing. Sometimes our friends can see things more clearly.
- ❖ **Your Instincts Tell You Something's Wrong-** There are many studies that show humans can sense danger. We often call this a gut feeling. If you have a gut feeling that your partner is not right for you, listen!
- ❖ **Verbal Abuse-** Most violent relationships will begin with verbal abuse. This abuse includes a wide variety of possibilities such as: your partner ignores your feelings, calls you names, constantly criticizes you, humiliates you in public or private, or makes you feel bad about yourself.
- ❖ **Your Partner has Abused in the Past-** It is EXTREMELY unlikely that an abusive person will change without professional help.
- ❖ **You Think You Can Change Them-** Unfortunately we can't change anyone but ourselves. If we could change people we would live in a much better world! We all make our own choices in life.

What's it all About?



- **Sexual Violence-** violence which is specifically sexual in nature, or directed against persons of one sex because of their sex. An umbrella term that can include the following forms:
 - **Sexual Harassment-** unwanted or unwelcome sexual behavior which interferes with your right to get an education or to participate in school activities.
 - **Sexual Assault-** unwanted sexual contact that stops short of rape or attempted rape. This includes sexual touching and fondling. (But, be aware: Some states use this term interchangeably with rape.)
 - **Rape-** is forced sexual intercourse, including vaginal, anal, or oral penetration. Penetration may be by a body part or an object.
 - **Dating Violence-** abuse that occurs between two people in a close relationship. Includes 4 types of behavior: physical abuse, sexual abuse, threats, emotional abuse

- **Consent-** compliance in or approval of what is done or proposed by another.
 - **Are the participants old enough to consent?**
 - **Do both people have the capacity to consent?**
 - **Did both participants agree to take part?**

- **Coercion-** Can be defined in several ways such as: to restrain or dominate by force, to compel to an act or choice, or to achieve by force or threat
Examples:
 -

 -

 -



Reducing Your Risk

In a Social Situation

While you can never completely protect yourself from sexual assault, there are some things you can do to help reduce your risk of being assaulted in social situations.

- When you go to a party, go with a group of friends. Arrive together, check in with each other and leave together.
- **Practice safe drinking.** Try not to leave any beverages unattended or accept drinks from someone you don't know or trust. This is the same for nonalcoholic beverages.
- **Have a buddy system.** Don't be afraid to let a friend know if something is making you uncomfortable or if you are worried about your or your friend's safety.
- If someone you don't know or trust asks you to go somewhere alone, let him or her know that you would rather stay with the group.
- **Be aware of your surroundings.** Knowing where you are and who is around you may help you to find a way out of a bad situation.

If Someone is Pressuring You

If someone is pressuring you to engage in sexual activity, it is important to remember that being in this situation is not your fault. You didn't do anything wrong, it is the person who is making you uncomfortable who is to blame. But if you need to get out of an uncomfortable or scary situation here are some things that you can try:

- **Trust your instincts.** Don't feel obligated to do anything you don't want to. "I don't want to" is always a good enough reason.
- **Be true to yourself.** Do what feels right to you and what you are comfortable with.
- **Have a code word with your friends** or family so that if you don't feel comfortable you can call them and communicate your discomfort without the person you are with knowing. Your friends or family can then come to get you or make up an excuse for you to leave.
- **Lie.** If you don't want to hurt the person's feelings it is better to lie and make up a reason to leave than to stay and be uncomfortable, scared, or worse. Some excuses you could use are: needing to take care of a friend or family member, not feeling well, having somewhere else that you need to be, etc.
- Try to **think of an escape route.** How would you try to get out of the room? Where are the doors? Windows? Are there people around who might be able to help you? Is there an emergency phone nearby?
- If you and/or the other person have been drinking, you can say that you would rather wait until you both have your full judgment.

Handout #15

Supporting Survivors

When someone says, “I was raped”...

BELIEVE them. It is not your role to question whether a rape occurred but to be there to ease the pain. The fact is that false rape reports are uncommon; a recent study found only 1% of rape reports to be false.

HELP them explore their options. Don't take charge of the situation and pressure the rape survivor to do what you think they should. That's what the rapist did. Give them the freedom to choose a path of recovery that is comfortable for them, even if you'd do it differently. Remember, there is no one right way for a survivor to respond after being assaulted.

LISTEN to them. It is crucial that you let survivors in your lives know that they can talk to you about their experience when they are ready. Some may not wish to speak with you immediately, but at some point during the healing process, it is likely that the survivor will come to you for support. When that happens, don't interrupt, or yell, or inject your feelings. Just open your ears to the pain of being raped. Your caring but silent attention will be invaluable.

NEVER BLAME them for being assaulted. No one ever deserves to be raped. No matter what they wore, how many times they had sex before, whether they were walking alone at night, whether they got drunk, if they were married, what their gender, or whether they went up to the perpetrator's room. Even if the survivor feels responsible, say clearly and caringly that being raped wasn't their fault.

ASK before you touch. Don't assume that physical contact, even in the form of a gentle touch or hug, will be comforting to a survivor. Many survivors, especially within the first weeks after an assault, prefer to avoid sex or simple touching even by those they love and trust. Be patient, give them the space they need, and try your best not to take it personally. One way to signal to the survivor that you are open to giving physical comfort is to sit with an open posture and a hand palm up nearby.

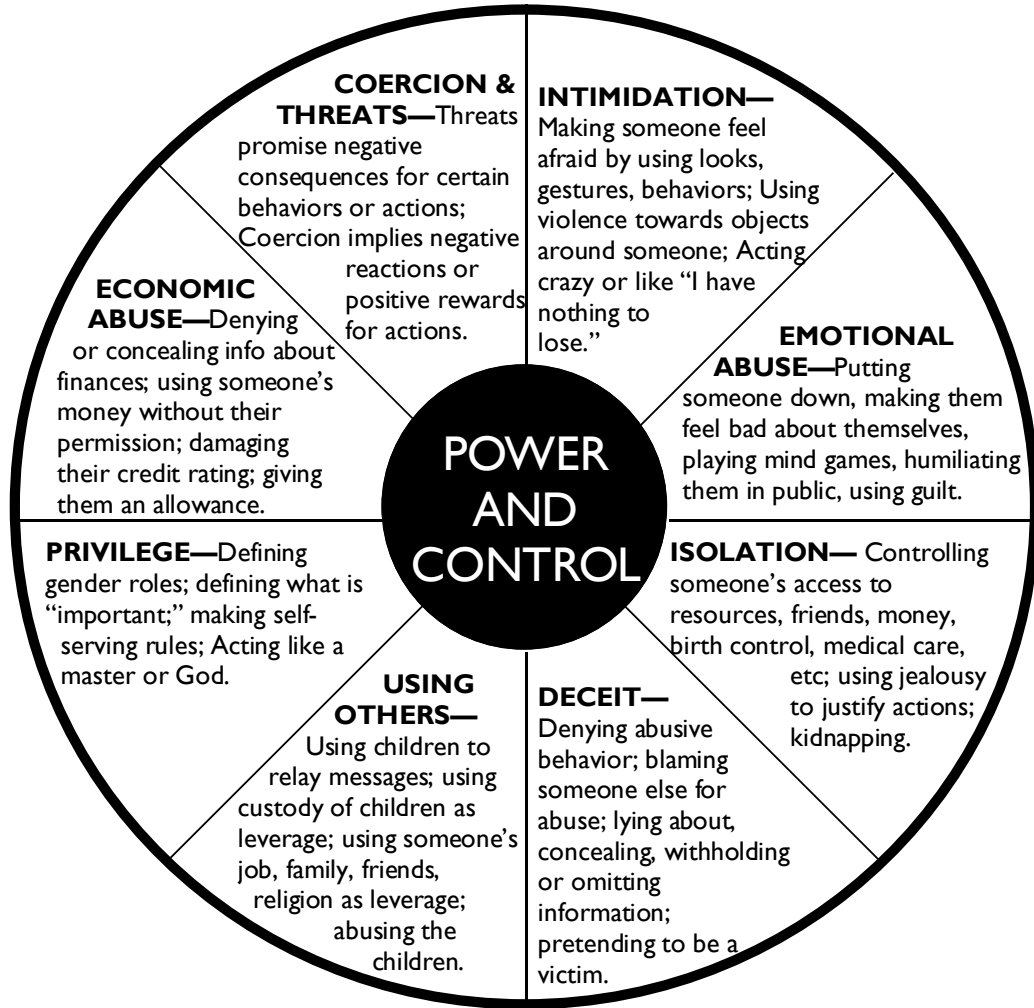
RECOGNIZE that you've been assaulted too. We can't help but be hurt when someone we love is made to suffer. Don't blame yourself for the many feelings you will likely have in response to learning that someone close to you has been raped. Sadness, confusion, anger, helplessness, fear, guilt, disappointment, shock, anxiety, desperation, and compassion are all common reactions for survivors and their significant others. Being aware of these emotions may ultimately help you better understand the survivor's experience and support them more effectively.

GET HELP for yourself. Whether you reach out to a friend, family member, counselor, religious official, etc., make sure you don't go through this experience alone. Most rape crisis centers offer counseling for significant others and family members because they realize that the impact of rape extends far beyond the survivor. Keeping all your feelings inside will only make you less able to be there for the survivor. Remember, getting help when needed is a sign of strength, not weakness.

Handout #16

Wheel of Power and Control

Because rape and sexual assault are crimes of power and control that involve sexuality, it is necessary to understand how the misuse of power and the abuse of control can lead to violence, and to rape and sexual abuse when sexualized. All of the abuses of power and control the wheel can lead to sexual and physical violence.



Originally created by Domestic Abuse Intervention Project, Duluth MN.

Revised by Alternatives to Domestic Aggression, Ann Arbor MI and the Durham, NC Crisis Response Center (DCRC).

Adapted from DCRC training materials.

Handout #17

Resources on Sexual Abuse, Sexual Assault and Rape

Mandatory Reporting of Sexual and Physical Abuse

All 50 US states and Canada have laws detailing who is mandated to report physical and sexual abuse of children. Who must report is different in each state, as is what must be reported. By US Federal law, the “minimum” standards for defining child abuse and sexual abuse are as follows:

- Child abuse or neglect is any recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation;
- Of a child (usually a person under the age of 18, but a younger age may be specified in cases not involving sexual abuse); *and*
- By a parent or caretaker who is responsible for the child's welfare (Note to Canadian facilitators: Canadian federal law is nearly identical).

Sexual abuse is defined as:

- Employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or any simulation of such conduct for the purpose of producing any visual depiction of such conduct; *or*
- Rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children.

Professional religious educators are considered mandated reporters in their congregations. They have “superintendents of school” status. They are legally obligated to report to the proper authorities any disclosure of abuse to a child (and, in some states, suspicion of such abuse).

It is vital that *Our Whole Lives* facilitators understand their legal (and moral) obligations before entering into an agreement of confidentiality with their students. Additionally, *Our Whole Lives* facilitators need to be familiar with the Safety Policy and reporting procedures of their congregation.

The United States Department of Health and Human Services Administration for Children and Families has resources on-line that can help you with mandated reporting laws, though because these laws are changing, on-line sites such as this one become outdated easily. Accurate, up-to-date information can be obtained from your state government, local child welfare/children's protection/family service agencies, and rape crisis centers.

The next page offers a list of resources for further study.

Web Sites:

For “statutes at a glance” (note the date it was last updated):

www.calib.com/nccanch/pubs/sag/manda.cfm

For information on how to report sexual or physical abuse of children:

www.acf.dhhs.gov/programs/cb/publications/rpt_abu.htm

For Further Reading:

Creating Safe Congregations: Toward an Ethic of Right Relations, Rev. Patricia Hoertdoerfer and Rev. William Sinkford, Unitarian Universalist Association

The Courage to Heal, Ellen Bass and Laura Davis (adult survivors of sexual abuse)

Rape: Crisis and Recovery, Burgess and Hamilton (crisis intervention services)

Broken Boys/Mending Men, Stephen Grubman-Black (male survivors)

I Never Called it Rape, Robin Warshaw (acquaintance/date rape)

Handout #18

Human Papillomavirus (HPV)

What is HPV?

HPV stands for Human Papillomavirus, a name for a group of over 100 types of viruses that humans carry. Approximately 40 types of HPV affect the genital area (the vulva, vagina, cervix, rectum, anus, penis, or scrotum) and thus can be sexually transmitted.

- Some types of HPV cause genital warts. These types are called “low risk” because they are not linked with cancer; however, chronic warts can affect quality of life.
- Some types cause changes in cells on the cervix. Some of these types are called “high risk” and can increase the risk of cervical cancer.
- Some types have no detectable or harmful symptoms at all.
- Most HPV infections (90%) go away by themselves within two years

How common is HPV?

HPV is extremely common. Some researchers estimate that it is the most common sexually transmitted infection in the United States. Some estimates gauge that the majority of sexually active people have been exposed to at least one type of HPV. However, most people who are exposed do not develop symptoms.

How do genital HPV infections spread?

Genital HPV infections can be spread through vaginal, anal, and oral sex. In some cases, genital-to-genital rubbing can transmit the virus.

How can I reduce the risk of getting a genital HPV infection?

Abstinence from vaginal, anal, and oral sex reduces the risk. Condoms (both male and female-style) can reduce the risk of HPV infection if they are used correctly and consistently. However, condoms do not cover the scrotum, vulva, perineum, or anus: areas which could be infected with the virus. Therefore, while condoms do afford some protection against HPV, they are not as effective in preventing the transmission of HPV as they are in preventing the transmission of HIV.

HPV vaccines are recommended for boys and girls in order to protect them against several types of HPV that can lead to disease and cancer. HPV vaccines are given in three shots over six months; it is important to get all three doses to get the best protection.

Girls and women: Two vaccines (Cervarix and Gardasil) are available to protect females against the types of HPV that cause most cervical cancers. One of these vaccines (Gardasil) also protects against most genital warts and has been shown to protect against anal, vaginal, and vulvar cancers. Either vaccine is recommended for 11- and 12-year-old girls, as well as for females 13 through 26 years of age who did not get any or all of the shots when they were younger. These vaccines can also be given to girls beginning at 9 years of age.

Boys and men: One vaccine (Gardasil) is available to protect males against most genital warts and anal cancers. Gardasil is recommended for 11- and 12-year-old boys as well as for males 13 through 21 years of age who did not get any or all of the shots when they were younger. Gay,

bisexual, and other men who have sex with men should receive the vaccine through age 26 years. Males 22–26 years of age may also get the vaccine.

Sources for this document:

American Social Health Association, “Information to Live By: Human Papillomavirus (HPV),” <http://www.ashastd.org/stdfaqs/hpv.html>.

Centers for Disease Control and Prevention, “Genital HPV Infection - Fact Sheet,” <http://www.cdc.gov/std/hpv/stdfact-hpv.htm>

Planned Parenthood Federation of America, “HPV and Cervical Cancer: Questions and Answers,” <http://www.plannedparenthood.org/sti/HPVfacts1.html>.

Handout #19

Adolescents and HIV/AIDS

A CHANGING EPIDEMIC CALLS FOR A REALISTIC APPROACH TO PREVENTION

Young people in the United States continue to be at risk for HIV and AIDS. At the end of 2008, in 37 states and five U.S. dependent areas with confidential name-based HIV infection surveillance, 25,036 young people ages 13-24 were living with HIV, comprising sixteen percent of persons aged 13-24 at diagnosis. [1] But experts believe young people may suffer from up to 30 percent of all cases of HIV in the United States. [2] Youth of color and young men who have sex with men continue to be most at risk. It is important to promote programs that help young people lessen risky sexual behaviors by encouraging condom use, delay in sexual initiation, partner reduction, and early HIV testing and treatment. But research has shown that even when risk factors are equal, minority youth are more at risk for HIV. As such it is essential that research and resources be directed toward addressing the underlying social forces that contribute to these disparities and that policies and programs promote structural and social changes to ameliorate these factors.

HIV AMONG YOUNG PEOPLE 13-24 IN THE UNITED STATES: RACIAL AND SEXUAL MINORITY YOUTH ARE AT GREATLY DISPROPORTIONATE RISK

- From 2004-2007, 72 percent of HIV/AIDS diagnoses in young people aged 13-24 were in males, and 28 percent were in females. The majority of HIV/AIDS cases diagnosed among young men were attributed to male-to-male sexual contact. High-risk heterosexual contact attributed to the majority of HIV/AIDS cases diagnosed among young women. [3]
- In 2007, African Americans/blacks and Latinos/ Hispanics accounted for 87 percent of all new HIV infections among 13- to 19-year-olds and 79 percent of HIV infections among 20- to 24-year-olds in the United States even though, together, they represent only about 32 percent of people these ages. Asian and Pacific Islanders (APIs) and American Indians and Alaska Natives account for about one percent of new HIV infections among young people ages 13-24.
- Young women of color suffer disproportionate rates - in 2007, African American/black and Latinas/Hispanics women accounted for 82 percent of new infections in 13- to 24-year-old women in the United States, even though, together, they represent only about 26 percent of U.S. women these ages. In addition, African American/black women account for 62 percent and Latinas for 19 percent of cumulative AIDS cases among women ages 13-24.[4]
- Most young men who have HIV acquired it through male-to-male sexual contact, and the risk is increasing for young men who have sex with men (MSM). Between 2004 and 2007, HIV/ AIDS cases among young men ages 13-24 who have sex with men increased across all ethnic groups, with young African American/black men most greatly affected.[5]
 - From 2004-2007, 87 percent of HIV/AIDS cases among young men ages 13-19 and 83 percent of HIV/AIDS cases among young men ages 20-24 were attributed to male-to-male sexual contact. [3]
 - Sixty-two percent of HIV/AIDS infections among young men who have sex with men were in African Americans/blacks; 17 percent in Latinos/Hispanics; and 19 percent in whites.[5]
 - From 2001-2005, cases of HIV/AIDS among young African American/black men ages 13- 24 who have sex with men increased by 70 percent.[5]

SEXUAL RISK BEHAVIORS PUT MANY YOUNG PEOPLE IN DANGER

- From 1991–2009, the percentage of high school students reporting that they had ever had sexual intercourse decreased from 54.1 percent to 46 percent. In 2009, 24.0 percent of Asian, 42.0 percent of white, 47.9 percent of Native Hawaiian or other Pacific Islander, 49.1 percent of Latino/ Hispanic, 59.4 percent of American Indian/Alaskan Native, and 65.2 percent of black students reported that they had ever had sexual intercourse. [6]
- In 2009, the percentage of high school students reporting that they had sexual intercourse with four or more people during their life was highest among black students (28.6 percent) and American Indian/Alaskan Native students (23.4 percent). Eighteen percent (18.4 percent) of Native Hawaiian or other Pacific Islander, 14.2 percent of Latino/Hispanic students, 10.5 percent of white students, and 5.2 percent of Asian students reported having four or more partners. [6]
- Among sexually active high school students in 2009, 61.1 percent reported using a condom at most recent sex. Male students were significantly more likely to report condom use than female students (68.6 percent

- versus 53.9 percent, respectively). The prevalence of having used a condom was during most recent sex was higher among white students (63.3 percent) and black students (62.4 percent) than Latino/Hispanic students (54.9 percent). [6]
- Research has shown that many young people are not concerned about becoming infected with HIV. [7] [8] In addition, young people experience many barriers to HIV testing and are more likely than other population groups to not get tested for HIV. [9] [10]
 - In addition, many young people are unaware of their HIV status. Nationwide, only 13 percent of high school students have been tested for HIV. The prevalence of HIV testing was higher among black high school students (22 percent) than Latino/Hispanic (13 percent) and white (11 percent) students. [11] In 2006, 16 percent of young adults 18-24 reported that they had been tested for HIV in the past 12 months. [12] A study in six major cities found that among 15- to 22-year-old MSM in the United States, about three quarters of those testing positive for HIV were unaware they had the virus, and black MSM had nearly seven times greater odds of having unrecognized HIV infection as white men. [13]
 - Concurrent partnerships (multiple simultaneous sexual relationships or sexual relationships that overlap in time) put many young people at greater risk for HIV infection. [14]

FACTORS WHICH CONTRIBUTE TO UNEQUAL RISK FOR HIV/AIDS

- Increasingly, scientists recognize sexual networks, or connections between people living in the same community, as a driving force behind the HIV epidemic, especially for African Americans. Young people living in communities with high HIV prevalence are more at risk for HIV even if risk behaviors are the same as young people living in a community with lower HIV prevalence. [15, 16, 17, 18]
- Dating violence and sexual assault play a role in HIV transmission. Twenty percent of youth report experiencing dating violence. Women who experience dating violence are less likely to use condoms and feel more uncomfortable negotiating condom use. In one study, half of girls who reported HIV or sexually transmitted infections (STIs) had been physically or sexually abused. [19, 20, 21, 22]
- A study among black women in the South, a region with unusually high rates of HIV, concluded that socioeconomic factors, including financial dependence on male partners, feeling invincible, and low self-esteem, place young black women at risk for HIV/AIDS. [23]
- Having an STI (sexually transmitted infection) puts youth more at risk for HIV. [24] Almost half of the U.S.'s over 19 million STI infections each year occur in youth ages 15-24. [25] A recent study found that one in four young women ages 15-19 has an STI. [26] Young people of color experience STIs in greater numbers than White youth - African American and Hispanic Latino youth constituted 68 percent of Chlamydia cases among young people ages 15-24 and 82 percent of gonorrhea cases among young people ages 15-24 even though they make up only 30 percent of the population. [27]

EFFECTIVE STRATEGIES FOR HIV PREVENTION AMONG YOUNG PEOPLE

No single strategy will work to reduce HIV/AIDS infection among young people. However, research has shown that culturally competent, honest programs, that include information about abstinence, contraception, and condoms, can be effective in helping youth reduce risk behaviors. [28,29] In addition, open and honest parent-child communication about HIV and its prevention can aid youth in making good decisions. [30,31] Finally, resources must be directed at understanding the epidemic's impact on youth; at remedying the socioeconomic disparities which contribute to the epidemic; and at developing and testing a vaccine.

Written by Jennifer Augustine, MPH, Division Director, Health and Social Equity

Handout #20

Adolescents: At Risk for Sexually Transmitted Infections

COSTLY AND DANGEROUS GLOBAL PHENOMENON

In the United States, sexually active teens experience high rates of sexually transmitted infections (STIs), and some populations of youth face excessive risk—African American youth, young women, abused youth, homeless youth, young men who have sex with men (YMSM), and gay, lesbian, bisexual, and transgender (GLBT) youth. The STI epidemic is a global phenomenon, and wherever they live, youth in high risk situations also face a heightened risk of STIs.

RATES IN THE UNITED STATES ARE HIGH AMONG TEENS AND YOUNG ADULTS.

- From 1989 through 2008, reported chlamydia rates rose from 102.5 to 401.3 cases per 100,000 population in the United States, an increase attributed, at least partly, to improved screening and reporting.[1]
- The highest age-specific chlamydia rates occurred among women ages 15 to 19 and 20 to 24 (3,275.8 and 3,179.9 per 100,000 women, respectively).[1]
- Chlamydia rates among U.S. males, while considerably lower than among young women, were also highest in 15- to 19-year-old and 20- to 24-year-old men (701.6 and 1,056.1 per 100,000 men, respectively).[1]
- Among women, gonorrhea rates were highest among those ages 15 to 19 and 20 to 24 (636.8 and 608.6 per 100,000 women, respectively); and among men gonorrhea rates were highest among those ages 20 to 24 (433.6 per 100,000 men) than other age groups. The overall U.S. rate was 111.6 per 100,000 population.[1]
- Results of a nationally representative study show that genital herpes simplex virus type 2 (HSV-2) is common in the United States. Although case report data for this incurable STI are not available, data indicated that 17 percent of people 14- to 49 years of age are infected with HSV-2.[1]
- Genital human papillomavirus (HPV) is the most common STI in the United States and, perhaps, the most common STI among sexually active youth. During 2003-2004, nearly a quarter of females aged 15 to 19 years and 45 percent of those aged 20 to 24 had a HPV infection.[2] Among females aged 14 to 24, the overall prevalence of HPV was 34 percent, representing approximately 7.5 million females with HPV in the U.S (higher than the previous estimate of 4.6 million prevalent HPV infections among females 14 to 24 in the U.S.).[3]

RATES OF CURABLE STIS IN THE UNITED STATES ARE HIGHER THAN IN OTHER DEVELOPED NATIONS;DEVELOPING NATIONS BEAR MOST OF THE BURDEN

- Experts estimate that almost half of the U.S.'s over 19 million STI infections each year occur in youth ages 15-24.4 A recent study found that one in four young women ages 15-19 has an STI in the U.S.[5]
- More than 340 million new cases of curable STIs (gonorrhea, chlamydia, syphilis, and trichomonas) occur throughout the world each year, with the majority occurring in low and middle income countries in Latin America, Sub-Saharan Africa, and Southeast Asia.[6]
- Globally, adolescents and young adults under 25 have the highest rates of curable STIs. Each year, one in every 20 adolescents and young adults will develop a new STI.[6]
- Prevalence of gonorrhea and syphilis is increasing among some populations in Europe, heightening fears that people are being less careful about risky sexual behaviors.[7]

IN THE UNITED STATES, SOME POPULATIONS ARE AT DISPROPORTIONATE RISK OF STIS.

- In 2008, the chlamydia rate among African American/black women ages 15 to 19 was nearly seven times higher than among white females (10,513.4 and 1,534.5 per 100,000 females, respectively). In the same year, the chlamydia rate among American Indian/Alaskan Native (three times higher) and Latina/Hispanic (two times higher) women ages 15 to 19 were also higher than among white females (4,792.6 and 3,186.2 per 100,00 females, respectively). Among black males ages 20 to 24, the chlamydia rate was eight times higher compared to white males (3,825.4 and 465.9 per 100,000 males, respectively). Also, in 2008, the chlamydia rate among American Indian/Alaskan Native (nearly three times higher) and Latino/Hispanic (two times higher) were higher compared to their white male peers (1,299.2 and 1,024.4 per 100,000 males, respectively).[1]
- In 2008, 71 percent of all reported cases of gonorrhea occurred among blacks. Their gonorrhea rate was 625 per 100,000 population compared to 110.2 among American Indians/ Alaskan Natives, 66.8 among

Latinos/Hispanics, and 31 among whites. The gonorrhea rate among black women ages 15 to 19 was 16 times higher than among white females (2,934.6 and 181.3 per 100,000 females, respectively); among black males ages 15 to 19, the gonorrhea rate was nearly 41 times higher than among white males (1,488 and 36 per 100,000 males, respectively). Among women and men aged 20 to 24, the gonorrhea rate among blacks was 17.1 times greater than among whites (2,556.0 and 149.1 cases per 100,000 populations, respectively).[1]

- HPV-16 and HPV-18 account for approximately 70 percent of cervical cancers worldwide. HPV-6 and HPV-11 account for more than 90 percent of cases of genital warts. In a nationally representative study, the seroprevalence of the four HPV types increased from 9 percent among females aged 14 to 19 to 23 percent among those aged 20 to 24. Among males, the seroprevalence of HPV types, 11, 16, and 18 were each less than one percent among those 14 to 19 and 20 to 24. However, seroprevalence for HPV-6 increased from less than one percent among males 14 to 19 to three percent among males 20 to 24. The seroprevalence of four types of HPV was higher among non-Hispanic blacks (47 percent) compared with non-Hispanic whites (32 percent) and Mexican Americans (23 percent).[8]
- Chlamydia occurred among 14 percent of females and six percent of males in juvenile facilities. Non-Hispanic females and males had the highest chlamydia prevalence, 18 percent and 10 percent respectively.[9]
- In one study, 21 percent of homeless youth reported an STI.[10]
- Recent data document rising rates of syphilis, gonorrhea, and chlamydia among YMSM.[11,22]
- In one study, self-reported viral STIs were significantly higher among bisexual women (15 to 17.2 percent) than among lesbians (2.3 percent to 6.7 percent).[13]

FACTORS BEYOND THE CONTROL OF YOUTH MAY PLACE THEM AT EXCESS RISK FOR STI.

- Young women and female adolescents are more susceptible to STI, compared to their male counterparts, due to their anatomy. During adolescence and young adulthood, women's columnar epithelial cells—which are especially sensitive to invasion by sexually transmitted organisms, such as chlamydia and gonococcus—extend out over the vaginal surface of the cervix, where they are unprotected by cervical mucous, but recede to a more protected location as women age.[1,14]
- STIs are more likely to remain undetected in women than in men, resulting in delayed diagnosis and treatment, and untreated STIs are more likely to lead to complications in women, such as pelvic inflammatory disease and cervical cancer.[1,14]
- Lack of health care coverage directly affects people's ability to obtain professional assistance to prevent STIs, avoid transmitting infections, and receive treatment. In the U.S., thirty-nine percent of those under 25 (10 percent under 18 and 29 percent 18 to 24) lack health coverage.[1,15]
- Poverty and other socioeconomic factors contribute to STI risk. Youth living in poverty may not perceive the risk of STIs or may not practice preventive behaviors if other risks—such as hunger or homelessness—appear more imminent and threatening.[8]
- Cultural traditions that value women's passivity and subordination also diminish the ability of many women to adequately protect themselves, to refuse unwanted sex, and to negotiate condom use.[16]
- Dating violence and sexual assault play a role in STI transmission. Twenty percent of U.S. youth report experiencing dating violence. Women who experience dating violence are less likely to use condoms and feel more uncomfortable negotiating condom use. In one study, half of girls who reported HIV or STIs had been physically or sexually abused.[17,18,19,20]
- Estimates of the number of runaway and homeless adolescents and young adults in the United States vary from hundreds of thousands to millions. Youth living on the street—many of them lesbian, gay, bisexual, and transgender—are at risk for STIs, as they often engage in survival sex (trading sex for food, shelter, or money), use substances, and frequently suffer sexual and physical assault.[21]

Revised by Jennifer Augustine, MPH, Director, HIV Department, Advocates for Youth ©May 2010

References <http://www.advocatesforyouth.org/publications/456?task=view>

Handout #21

Condom Tips

Barriers to infection and sperm need not be barriers to enjoyable, healthy sexual expression. When talking about condoms and other barrier methods, here are some tips you might find useful.

Condom Demonstrations

Make sure your demonstration includes the following points:

- check the expiration date (very important)
- open the package carefully (not with your teeth)
- make sure you know which way the condom unrolls (it will only unroll one way)
- make sure the penis is erect
- place a drop of water-soluble lubricant on the inside of the tip (this increases sensation and decreases friction, making it less likely the condom will break—this step is not entirely necessary if using lubricated condoms)
- while squeezing the air out of the tip, place the condom on the head of the penis and unroll it entirely down the length of the penis
- use water-based lubricant on the outside of the condom to reduce friction
- after ejaculation, hold the condom base while withdrawing from the vagina, anus or mouth (so it doesn't slip off)
- take it off and don't use it again

Condom Materials and Lubricants

Latex condoms are the most common type of condom. They come in many colors, flavors and varieties. They come lubricated or unlubricated. When using lubricant with a latex condom, it is vital to use only water-based lubricants. Many will be labeled “safe for use with latex condoms.” Oil-based lubricants (including lotions) will cause latex to break. Sheepskin condoms, which are less common, are effective barriers to sperm but *not* to viruses such as HIV or herpes.

Polyurethane and polyisoprene condoms are also available. Though more expensive than latex condoms, they are more durable, thinner, and the only safe condom option for people with latex allergies. They can be used with non-water-based lubricants.

Lubricants come in many formulations. Water-based lubricants are safe for use with latex barriers. Lubricants that contain glycerin or other sugars (often the flavored ones) are not good for use inside the vagina, as they support the growth of organisms that cause yeast infections. Flavored condoms are intended for use during oral sex.

Internal Condoms

Internal condoms (aka female condoms), commonly made of polyurethane or nitrile, are a pouch with two flexible rings. The smaller, thicker ring fits deeply inside the vagina, while the larger, thinner ring fits externally over the vulva, covering the entrance to the vagina. They are fairly durable and appropriate with many lubricants. The interior ring can be removed if one wants to use the vaginal condom for anal sex. It can be used by people of any gender during anal sex.

Other Barriers: Dams, Wraps, Gloves and Cots

Dams (formerly called dental dams) are stretched over the vulva or anus for oral sex, oral-anal sex, or genital-to-genital rubbing. One generally needs to hold them with both hands while using

them, though there are specially made belts that clip onto them. Condoms split in half or latex gloves cut open (with the thumb in the middle as something to insert) can be used as oral barriers. It is important not to flip them over during use.

Non-microwaveable plastic wrap can also be used as a barrier for cunnilingus or anilingus. Note that plastic wrap has not been tested for efficacy as a barrier to viruses.

Gloves, available in latex, vinyl, or nitrile, are also important barriers for manual-genital or manual-anal stimulation. Finger cots, which look like tiny condoms for fingers, can also be used if stimulation is just with one finger. These are especially useful if you wish to stimulate both the anus and the vagina in one session of sex—changing gloves between acts will help reduce the likelihood of transmission of harmful bacteria from the anus to the vagina.

Other Uses for Condoms

Condoms can also be used on fingers for insertion into the vagina or anus (they unroll nicely down the index and middle fingers or all three middle fingers for this purpose), on tongues (try to get the unlubricated or flavored varieties for this) for cunnilingus or anilingus, and on sex toys or objects that will be inserted into the vagina or anus. If sex toys are to be shared, it is important to change the condom when changing partners.

Using Inclusive Language

It is common that your participants will have seen condom demonstrations before. If so, it is probable that these demonstrations will have been heterosexist, assuming that penile-vaginal intercourse is the “normal” way to have sex and is the only reason you’d need a condom.

Further, other language that is commonly used is restrictive and/or inaccurate. One such example is the use of the terms “female condom” and “male condom.” These terms imply limitations that are not accurate. We’ve purposefully used the term “internal condom” here.

Here are some things it is important to remember:

- People of all genders and sexual orientations need to know how to use barrier methods to make sex safer
- There will be people of all genders and sexual orientations in your class
- Use language that is gender-inclusive and transgender-friendly
- Do not imply that heterosexuality is the norm

Handout #22

Guidelines for Answering Questions

When answering anonymous questions about sexuality, consider the developmental/maturity level, cultural background, and other visible or invisible diversity characteristics of the group. Also, do your best to identify the kind of question that is being asked and formulate your answer accordingly.

Information Questions

- Be honest. If you don't know the answer, say so; find the answer and report it at the next session. It's also OK to acknowledge when a question is a bit embarrassing. Answer questions age-appropriately for your participants. Give simple, fairly concrete answers. Don't give too much, or unnecessary, information. Avoid technical jargon.
- If you aren't sure what a young person is asking, you might ask: "What have you already heard about that? Or "Are you asking...?"
- Pre-and early adolescents ask a lot of "What happens" questions; for example, "What happens when people have real sex at an early age?" Be sure to address both the possible physical consequences (pregnancy and infections) as well as emotional consequences (positive and negative).
- After answering a question, ask, "Does that answer your question?" or "Tell me what you think I just said."

"Am I Normal?" Questions

- These questions are typically disguised, so be on the lookout for them. Sometimes they are posed as general information questions or as "I have a friend who..." questions.
- Answer in a reassuring and comforting tone. Be sure to discuss the range of normal and individual differences.
- Never imply in a group setting that you've guessed that you're answering an "Am I normal?" question.

Value-laden Questions

- Do not impose your own personal values on the group or be judgmental.
- Promote the four *Our Whole Lives* program values: self-worth, sexual health, responsibility, and justice and inclusivity. Bring up these values as participants respond to various issues that come up in the program.
- When controversial issues come up, always discuss the range of values. If participants voice only one point of view, it's your role to bring up other points of view (including those that may be counter to your own).
- When a value-laden question refers to something "my parents told me" or "my minister said," be sensitive to those beliefs and be careful not to criticize them even if they are counter to the program values. However, go on to say, "While that is a commonly-held value, there are a

range of values on that topic. For example, others believe that..." or "In *Our Whole Lives*, we believe that..."

- Encourage young people to discuss values with their parents, religious trainers and other trusted adults.

Personal Questions

- Feel free not to answer personal questions. You and the participants have the right to privacy. Refer to your established ground rules or group contract.
- *Never* discuss your own sexual behavior.
- Use your judgment to answer harmless personal questions. Remember, sharing about yourself should always be done for a reason—to model appropriate sharing, to build group cohesion, to demonstrate empathy. It should not be done to meet your own needs.

Shock-value Questions

- The point of a shock-value question is to shock you, knock you off balance, or embarrass you. The goal is not to get a real answer to a question. So you must become "unshockable." If you are unshockable, the questioner will eventually stop the behavior because it is unsatisfying. Your ability to be unshockable will increase with experience.
- Feel free to identify shock-value questions for what they are without missing a beat...and then move on.
- Remember, *shocking* questions are not always *shock-value* questions. What young people genuinely want to know about can sometimes be shocking to adults. Questions about explicit sexual behavior can fall into this category and deserve an honest answer.

Questions about Explicit Sexual Behavior

- Answer explicit questions in a simple, honest and sexuality-positive manner. The goal is to be straightforward and clear without being overly descriptive or provocative.
- Describe sexual behaviors in the context of the program values.
- Avoid using language that conveys the idea that sex = sexual intercourse.

General Guidelines

- Be accepting of questions. Convey the idea that all questions are OK to ask in whatever language young people already know. They may use slang or colloquial language because they do not know the scientific words. If they use slang you don't recognize, ask to be educated. Even if the question is anonymous, you can ask the group what the words mean. Use scientific language linked to the slang words in your answer. For example, "Jacking off is another word for male masturbation." You can also look up slang terms on sites such as UrbanDictionary.com
- Be aware that nonverbal communication can speak volumes; it can indicate delight and acceptance or distaste and disagreement. So watch what you say non-verbally—work to avoid nonverbal cues such as wrinkled brows or frowns that can indicate judgment,

disapproval, etc.

- Turn “feeling” or opinion questions back to the group so that they can discuss their own ideas.
- Use the third person (gender-neutral terms like people or teens are preferred over gendered terms like girls or boys) rather than the pronoun “you” when answering very personalized questions (from the question box) in a group setting.
- Use inclusive language, e.g., speak in gender-neutral and orientation-neutral terms as much as possible. Use terms such as partner, person, someone rather than girlfriend, boyfriend, man, woman, etc. Avoid answers that are sexist or heterosexist.
- Keep the question box alive in the program. It’s an excellent tool for making sure you address what youth really want to know.
- Don’t forget the “music,” i.e., the emotional content of your answer is as important as the informational content.

Handout #23

Parents' Rights, Responsibilities and Roles

Parent Rights

- Parents decide whether their youth will participate. Most parents support sexuality education and very few choose not to have their adolescent children participate. However, they should be given the opportunity for their children to opt out of the program. It is strongly recommended that all congregation-based programs have parents give informed, written permission for their children to participate in the *Our Whole Lives* program. It is the responsibility of the congregation to set up a policy on parent permission.

Permission Forms: There are two permission forms:

- Visual-less form if you are not showing the visuals (the form is located in *Our Whole Lives*)
- Visual-inclusive form if you are showing the visuals (the form located in *Sexuality and Our Faith**)

*Explain that parents may sign permission for their children to attend OWL and may choose to withhold permission for them to view the visuals. Prior to the session during which the visuals will be shown, these parents should be contacted and asked whether they would like to sign the permission slip at this time. It is not unusual for parents to feel more comfortable with the visuals once their children have been in the OWL program for some time.

- Parents have the right to see all materials the youth will see, including the *Sexuality and Our Faith* visuals and any YouTube videos or general interest films you plan to show at a retreat or lock-in. This does not mean parents can take the visuals home or view it outside of any context; rather, *it is the educator's responsibility to create the context* through parent orientations.
- Just as we want to create an open, trusting atmosphere within the *Our Whole Lives* program, one in which all sincere questions are addressed, we need to create an open, trusting relationship with parents, one in which all their sincere questions and concerns are welcomed and addressed and no information is ever withheld. Any visuals in addition to the *Sexuality and Our Faith* DVDs need not be shown during orientation, but you must make links or descriptions available to parents prior to screening them. Sending an email announcement and permission form in advance will be sufficient.

Note: If you are using the *Sexuality and Our Faith* visuals you will need to offer two orientation sessions of approximately two hours each to adequately introduce the program. Or, you can offer a single, longer orientation. Suggestions for these second sessions are included in the Unitarian Universalist section of the *Sexuality and Our Faith*.

Parent Responsibilities

As an *Our Whole Lives* facilitator, you should expect parents to:

- participate in the parent orientation sessions
- sign a permission form to enroll their youth
- make a commitment to regular attendance by youth
- help out as needed (providing snacks, transportation, field trip chaperone, etc.)
- speak with the facilitators (or religious educator) if they have concerns or questions at any time in the program.

Parent Roles

Parents are the primary sexuality educators of their children.

Our Whole Lives seeks to open and strengthen communication between parent and youth. It directly and indirectly encourages youth to have conversations with their parents about a variety of sexuality issues. That does not mean that it is always productive for parents to question their adolescent children each week about what they learned, but rather to look for opportunities to listen to and engage them in conversation.

- As sexuality educators, parents may want to educate themselves about areas of sexuality they know little about or feel uncomfortable with. Some ways that parents can engage in ongoing learning include:
 - Start a sexuality education resource library for parents, youth and interested others.
 - Participate in a program for parents as sexuality educators at their community Health Center, Planned Parenthood, etc.
 - Explore the resources recommended by the program, both web sites and printed material.
 - Participate in more than the minimum parents' orientation meetings.
 - Start a support group for parents of teens.
 - Participate in *Our Whole Lives* for Adults.
 - Participate in the Welcoming Congregation program in their church or fellowship.
 - Parents can serve as advocates for comprehensive sexuality education within the congregation and in the larger community. To begin this process they can read the *Advocacy Manual for Sexuality Education, Health and Justice: A Resource for Communities of Faith* and decide on actions they want to take. Or they might form and support an *Our Whole Lives* oversight committee in the congregation.

Handout #24

Sexuality and Our Faith: Resources for Facilitators

Unitarian Universalist Organizations with Resources Related to Sexuality:

Interweave

<http://www.interweaveuu.org/>

A membership organization affiliated with the Unitarian Universalist Association. Dedicated to the spiritual, political and social well-being of Unitarian Universalists who are confronting oppression as lesbians, gay men, bisexuals, transgender persons, and their heterosexual allies.

Unitarian Universalist Men's Network (UUMeN)

<http://uumensnet.org>

UUMeN's purpose is to build a mature, liberal religious masculinity: male-positive, pro-feminist/womanist, gay-affirming, culturally and racially inclusive, and diverse.

Unitarian Universalist Women's Federation (UUWF)

<http://www.uua.org/UUWF>

The UUWF's mission is to enable UU women to join together for mutual support, personal growth, and spiritual enrichment. They work toward a future where all women will be empowered to live their lives with a sense of wholeness and integrity.

Unitarian Universalist Service Committee (UUSC)

<http://www.uusc.org>

Grounded in Unitarian Universalist principles that affirm the worth, dignity and human rights of every person, and the interdependence of all life, the Unitarian Universalist Service Committee works to advance justice throughout the world. UUSC fully endorses the concept that "Women's Rights are Human Rights" and seeks to provide support for women's rights efforts around the world, especially in terms of their reproductive health. Unitarian Universalist Association Offices

Lesbian, Gay, Bisexual, Transgender, and Queer Ministries

lgbtq@uua.org

<http://www.uua.org/obgltc>

Our Whole Lives Program Associate

Ministries and Faith Development Staff Group

owl@uua.org

<http://www.uua.org/re/owl>

Interfaith Organizations Concerned with Sexuality Issues, Domestic Violence, and Reproductive Choice

Center for the Prevention of Sexual and Domestic Violence

2400 N. 45th St., #10

Seattle, WA 98103

206/634-1903

<http://www.cpsdv.org>

An interreligious ministry addressing issues of sexual and domestic violence through education and prevention. Works to engage religious trainers in the task of ending abuse.

Religious Coalition for Reproductive Choice

1025 Vermont Avenue, N.W., Suite 1130

Washington, DC 20005

202/628-7700

<http://www.rcrc.org>

Works to ensure reproductive choice through the moral power of religious communities. Special interest in the reproductive issues of under-served populations.

Religious Consultation on Population, Reproductive Health, and Ethics

2717 East Hampshire Street

Milwaukee, WI 53202

414/962-3166

<http://www.igc.apc.org/consultation>

International multi-faith network of progressive feminist religious scholars and trainers. Addresses population, consumption, ecology and reproductive health issues.

Religious Institute for Sexual Justice, Morality, and Healing

304 Main Avenue, #335

Norwalk, CT 06851

<http://www.religiousinstitute.org>

Develops and supports an expanding religious network of clergy, religious educators, theologians, theological ethicists, and other religious trainers committed to this vision of religion and sexuality. Helps religious institutions and clergy offer sexuality education within the context of their own faith traditions and to advocate for sexual rights.

The Balm in Gilead, Inc.

130 West 42nd Street, Suite 450

New York, NY 10036

212/730-7381

<http://www.balmingilead.org>

Works through Black churches to stop the spread of HIV in the African-American community and to support those infected with and affected by HIV and AIDS.

Books, Curricula, and Publications:

The Advocacy Manual for Sexuality Education, Health and Justice: Resources for Communities of Faith, Edited by Sarah Gibb

Includes sermons on sexuality, an essay on sexuality and the Bible, a religion and sexuality bibliography, summaries of UUA resolutions related to sexuality, and other materials to help advocates of faith-based sexuality education. Available from the UUA Bookstore.

Created In God's Image: A Human Sexuality Resource for Ministry and Mission, by Eleanor Morrison and Melanie Morrison

A United Church of Christ (UCC) program for adults that focuses on the integration of sexuality into the ministry and mission of the church. For more information contact: Created in God's Image Coordinator, United Church of Christ, 700 Prospect Avenue, Cleveland, OH 44115-1100, 216/736-3282.

Handout #25

Facilitating a Fish Bowl

A fish bowl is an activity that allows a group of participants (A) an intimate glimpse into the thoughts, feelings, and experiences of another group (B). During the activity, members of Group A form a circle and agree to be still and silent as they listen to and observe the discussion among members of Group B. Group B members sit within the circle created by Group A and discuss a topic, share experiences, or answer questions posed in advance by Group A. Afterwards, the groups switch places, with Group B in the middle of the circle and Group A on the outside. To be successful—for all members to gain a keen insight and understanding of the perspectives of the other members—all participants must be able to be honest and vulnerable, respectful and honoring with each other.

Set-up

- A fish bowl requires a certain amount of connection and cohesiveness among members of the group—the type that builds after participants have had numerous opportunities to meet and discuss topics while building mutual respect for each other.
- Groups can be divided by a number of characteristics, depending on the topic of the discussion, including age, gender, and sexual orientation.
- Arrange chairs in two concentric circles, with all chairs facing the center.
- As you introduce the fish bowl activity, remind all participants of the ground rules agreed to and followed in previous sessions.
- Be sure all participants are aware of the purpose of the activity, the process, and the behavior expected.
- Remind participants that they are each responsible for themselves. That means that individual members must decide for themselves how much personal information they wish to divulge to the members of the group.
- Be sure that adequate time is available for the discussion and that there will be no interruptions by persons outside of the group. Fish bowls can last from 40 minutes to two hours.
- If the groups will be responding to each other's questions, allow time prior to the fish bowl for the questions to be generated and written down.
- You might ask whichever group is likely to be more comfortable and talkative to be in the center position first.

During the Fish Bowl

- As facilitator, your job is to remain outside the circles and monitor the activity.
- If the inner circle is answering questions or discussing a series of topics, you may “drop”

each question or topic into the circle and allow the members of the inner group to take the discussion where they wish. If the discussion wanders considerably away from the topic, you *may* wish to repeat the question or topic as a way to shift the direction of the discussion. As conversation slows, a new question or topic can be given. Alternatively, a member of the inner group can take on this responsibility.

- Monitor the behavior of the members of the outside group. It is critical that these participants simply observe and listen. Any comments, laughter, questions, or attempts to engage any of the members of the inner group will be extremely disruptive and are not acceptable in these circumstances.
- Remind inner group members to use “I-statements,” avoid interruptions, refrain from putdowns, and allow everyone the opportunity to speak. Indicate that anyone has the right to pass, as well.
- Carefully observe members of the inner circle for signs of stress or extreme emotional disturbance. Fish bowls can be a setting in which people re-live or reveal very private feelings and experiences. Allow the emotion to be expressed, but be prepared to cautiously intervene and offer support if necessary.
- After the inner group has finished its discussion, the outer group can offer feedback about what was observed and heard. Alternatively, the outer group may wait until the fish bowl has ended and share feedback in a large-group debriefing.
- When ready, the groups switch places, with the outer group members taking positions in the inner circle and the inner group members moving to the outside.

Debriefing

- After both groups have had the opportunity to respond to the questions or discuss the topics, have the groups from one large circle.
- Help participants identify and express their feelings and thoughts about the activity by asking open-ended questions about what they learned, what was surprising, what responses were similar to their own, and how they can use what they’ve learned in their own lives.

Handout #26

Co-Facilitation Inventory

In most *Our Whole Lives* settings, two or more facilitators implement the program. Co-facilitators need to communicate well to work together effectively. Use this inventory to help you and your co-facilitator(s) get to know each other and develop a set of agreed-upon operating rules.

Background and Planning

- Spend time talking to get to know each other better as people and describe your facilitation style to each other. If applicable, share your scores on any style inventories you've taken, such as the Myers-Briggs or the Gregorc Style Delineator.
- Describe your past experiences as a teacher, facilitator or trainer. Have you ever co-facilitated? How did things work out?
- Together, review the goals and design of your workshop.
- Come to a consensus about the expectations and experiences of the participants. If you have background on special needs participants, review that together, too. Discuss your reactions to the makeup of the group, its size, and any other special considerations.
- Make specific assignments. Who is doing what? How will you conduct activities? Will you take turns or try to facilitate some activities together?
- Decide on the best arrangement in the specific room (seating, tables, both?).

Operating Rules and Co-facilitation Style

- **Decision Making:** Who has overall authority for decision-making—or will it be shared? Sometimes one facilitator is clearly in the lead role and this should be discussed openly.
- **Timing:** How important is it to start and end exactly on time? How will you handle it if one of you gets off schedule? Discuss possible signals.
- **Communication:** How will the two of you communicate with each other? Suppose one of you wants to add something. Suppose the facilitator who is “on” is leaving something important out. Suppose your co-facilitator is noticing something happening in the group.
- **Disagreements:** How will you handle difference of opinion? Is it OK to publicly state a different point of view than your co-facilitator? If so, what style would feel comfortable to you? How will you handle serious disagreements or conflicts between you? When, where, and how should you discuss conflicts?

Checking in with Each Other (During OWL Workshops)

- How is the group responding?
- Are there problem behaviors that need to be addressed?
- How well are you working together?
- How are you doing with time? Do you need to revise the design?
- How will you proceed if you have differences in perception with any of the above questions?

Handout #27

Implementation Tips for *Our Whole Lives*

Our Whole Lives is designed to be flexible, with many options for implementation. These suggestions, gleaned from experienced facilitators, will help you design a program that works for your organization.

Lead Facilitator

Whether your congregation has two facilitators or a team of them, consider selecting one person to serve as the lead facilitator, or coordinator. This person will be your liaison to the Religious Educator, will develop an *Our Whole Lives* calendar, and will coordinate which facilitators address each topic. The lead facilitator may also take or assign responsibility for gathering or organizing materials needed for each session. The leader should also mediate disagreements between facilitators and/or among facilitators and parents.

Scheduling

Most programs run from the fall through spring, but some congregations begin mid-way through the congregational year. During the planning stages of your *Our Whole Lives* program, consult with your Religious Educator about the congregational calendar. Discuss which dates, if any, your participants are expected to be involved in intergenerational and other activities that would prevent their attendance at an *Our Whole Lives* session.

Ask parents in the congregation for the dates of school breaks, teacher conventions, and sports tournaments or other activities that might cut attendance in your program. Consider whether the incoming participants are active in clubs or sports that would regularly affect attendance. Ask your facilitation team for dates they expect to be unavailable.

Once you know which dates and times to avoid, draft a tentative program calendar. Most often, congregations hold weekly Sunday gatherings comprised of one or two sessions, which may be held during worship services or in the afternoon or evening. Some groups meet one evening a week.

If you have fewer open dates than you need, consider bundling two or three sessions into a Saturday retreat, or four, if you include a Friday evening or Sunday. Balance time for learning and socializing -- if you pack too many sessions into a retreat, the quality of the facilitation, and the participants' interest and comprehension, will start to wane.

Parent Support

Parents are one key to the success of your program. During Parent Orientation, emphasize the importance of their children's regular attendance in *Our Whole Lives*. The sessions build upon each other, and youth who miss a significant number of sessions lose much of the benefit of the curriculum. In addition, other students may find it disconcerting to have a peer whose attendance is spotty.

Create a means to periodically update parents on the program calendar, and invite them to provide healthy beverages or snacks for your group meetings. The more buy-in parents have, the more likely they are to ensure that their children attend the sessions regularly.

Combining Programs

Some groups combine youth from two or more congregations, which can increase

diversity, build friendships, and enable facilitators to share knowledge, skills and resources. A joint offering may require some culture shifts away from what each group is used to (e.g., “We can’t ask our youth to come on weeknights; they’re used to coming on Sunday morning.”)

Ordering information

Dental dams:

Fred Center
Center for Marketing Services
PO Box 5150
Akron, OH 44334
330.867.3066

Condoms, penis models:

Ansell Public Sector (Lifestyles)
200 Schulz Drive
Red Bank, NJ 07701
Att: Public Sector Customer Service
800-327-8659
<http://www.lifestyles.com/sexualhealth/Products.html>

Global Protection
12 Channel St
Boston, MA 03310
888.714.2200
<http://www.globalprotection.com>

RESOURCES

UU OWL Wiki

<http://www.uuism.net/uuwiki/index.php?title=OWL-L>

list serve for owl 7-9 & 10- 12 teachers

<http://lists.uua.org/mailman/listinfo/owl-l>

Unitarian Universalist Association's Office of Bisexual, Gay, Lesbian and Transgender Concerns (UUA OBGLTC)

<http://www.uua.org/members/justicediversity/bisexualgay/index.shtml>

Sarah Hoffman

<http://www.sarahhoffmanwriter.com>

Raising My Rainbow

<http://networkedblogs.com/fHrqa>

TransOhio

<http://www.transohio.org/wordpress/>

It Gets Better Project

<http://www.itgetsbetter.org/>

Guttmacher Institute

<http://www.guttmacher.org/sections/adolescents.php>

Advocates for Youth

<http://www.advocatesforyouth.org/>

Scarleteen

<http://www.scarleteen.com/>

Comprehensive Sexuality Education for Ohio Schools

<http://www.ccsah.org/index.html>

National Sexuality Education Standards: Content and Skills, K–12:

<http://www.futureofsexed.org/documents/josh-fose-standards-web.pdf>

UU Ordering

Once your leaders are trained and approved, then your congregation can purchase the optional visuals that accompany the program in which your leaders were trained. You can order the visuals by calling the UUA Bookstore at 800.215.9076. The Bookstore will have a list of congregations with approved Our Whole Lives leaders and will send you the visuals promptly. Be sure to check for the current prices of the "slides" for Grades 7-9 and the "video" for the Grades 10-12.