An Analysis of Colorado PREP Curricula:
A Trauma-Informed Approach

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Background on the Project

In late Fall of 2013, the Colorado Coalition Against Sexual Assault (CCASA) was approached by the Colorado Personal Responsibility Education Program (PREP) Manager regarding continued training and technical assistance for grantees on effective response to and engagement of PREP participants who have experienced, or are currently experiencing trauma. Because the PREP curricula are largely focused on sexual health and sexual health decision-making, there was particular concern for how participants who have experienced sexual abuse and/or sexual violence may be impacted by the current curricula. The PREP Manager asked CCASA to complete a review and analysis of the four curricula training manuals that are currently being used by Colorado PREP:

- **Be Proud! Be Responsible! Facilitator Curriculum:**
  An Evidence-Based Intervention that Reduces the Risk of HIV, STDs and Teen Pregnancy (4th Edition)
- **Cuídate Facilitator's Curriculum:**
  A Culturally-Based Program to Reduce HIV Sexual Risk Behavior Among Latino Youth
- **Draw the Line, Respect the Line:**
  Setting Limits to Prevent HIV, STD and Pregnancy *(Grades 6-8)*
- **Street Smart:**
  Facilitator Guide

While all of these curricula are evidence-based and have many positive outcomes related to pregnancy prevention and STI/HIV prevention, they were not created to specifically address the needs of youth who have experienced sexual abuse and/or sexual violence. Because youth who have experienced these types of violence have higher rates of adolescent pregnancy and STI infection, it is imperative that their needs are met in the classroom.

This Review and Analysis is based solely on what was provided in the curricula's instructional manuals. We recognize that simply reviewing and analyzing the four training manuals does not provide a comprehensive examination of how these programs may adapt to the needs of participants with trauma histories. While the scope of this project was simply to review the manuals, we recognize that in-depth conversations with Facilitators, attending the Train-the-Trainer sessions, and observing PREP classrooms would give a fuller picture as to how these programs are integrating and adapting to the needs of this specific demographic of

participants. None of the suggested adaptations have been piloted with participants, and there have been no focus group sessions on these recommendations. This paper is intended to be a first step in a collaborative process. We recognize that these curricula were developed with the utmost care and expertise, and every day, Facilitators administer them with the same competence, passion and vigor.

Core Concepts

CCASA has five core concepts that shaped our review and analysis of the curricula. They are as follows:

1. Due to the prevalence of sexual violence in the lives of young people,[1] there will most likely be victims in the classroom. Depending on the environment, they may be in the minority. However, prevalence may be increased where the PREP curriculum is being facilitated with homeless and runaway youth or youth in the foster care system.[2]
2. For participants who are survivors of sexual abuse and/or sexual violence, abstinence has not been a choice or an option.
3. Research shows that sexual abuse survivors are more likely to become pregnant, impregnate their partner, and/or contract an STI.[3] Pregnancy and STI transmission may also be outcomes of the abuse.[4]
4. In the lives of participants, sexual abuse and/or sexual violence may be intricately linked to pregnancy and STI prevention. For that reason, PREP classrooms must take steps to ensure that programs are accessible, inclusive and effective for youth of who have experienced this type of trauma.
5. Acknowledging and discussing sexual violence and abuse helps create an environment where survivors feel safe enough to come forward and seek much needed support, care, and (in some situations) accountability for the perpetrator. Learning about sexual violence

[1] Centers for Disease Control and Prevention. (2010). *National intimate partner and sexual violence survey: 2010 Summary report.*

[2] Rew., L., Taylory-Seehafer, M., Thomas, NY., Yockey, RD. (2001). Correlates of resilience in homeless adolescents. *Journal of Nursing Scholarship*, 33(1), 33-40.

[3] Miller, E., Decker, M., McCauley, H., Tancredi, D., Levenson, R., Waldman, J., Schoenwal, P., Silverman, J. (2010). Pregnancy coercion, intimate partner violence, and unintended pregnancy. *Contraception*, 81(4), 316-322.

Saewyc., E., Magee, L., Pettingell, S. (2004). Teenage pregnancy and associated risk behaviors among sexually abused adolescents. *Perspectives on Sexual and Reproductive Health*, 36(3), 98-105.

[4] Allsworth, JE., Anand, M., Redding, CA., Peipert, JF. (2009). Physical and sexual violence and incident sexually transmitted infections. *Journal of Women's Health*, 18(4), 529-534.

Holmes, MM., Resnick HS., Kilpatrick, DJ, Best, CL. (1996). Rape-related pregnancy: estimates and descriptive characteristics from a national sample of women. *American Journal of Obstetrics and Gynecology,* 175(2), 320-324.

is not harmful for participants who have not been personally impacted by this issue. It can give those participants valuable information that may one day be helpful for a friend who is personally impacted.

A Note about Repetition

Survivors of sexual violence and abuse in their childhood may be uniquely impacted by the curriculum that PREP Facilitators administer. In this report, suggested adaptations to the curricula have been provided to enhance the curricula's ability to be trauma-informed. The Trauma-Informed Care (TIC) Notes contain suggested language for Facilitators to use or adapt that addresses youth with trauma histories and provides information on the issue of giving and receiving consent. The suggested language is repeated frequently throughout the report, as the Facilitators will continually address topics that may impact a survivor of sexual violence or abuse. It often takes survivors of sexual violence or abuse many years to get the courage to disclose the abuse and seek support. It can be an agonizing decision for a survivor, especially a young person, to tell someone. Hearing messages of support that remind them that what happened was not their fault, that resources are available, and that the sexual abuse does not have to continue are important in helping someone make the decision to articulate what has happened and begin the healing process. Facilitators may be the first people who provided these messages and options for support and safety. Repetition of these messages also creates a class norm where trauma and consent are openly discussed and important to address in a young person's life.

A Note about Quoted Material

Throughout this report, content referenced directly from the curricula manuals are indented and italicized. The page number prefaces the quotation.

About the Authors

Erica Lanier, MSW Candidate

Over the past 6 years, Erica has dedicated her academic, professional, and personal life to researching and advocating against child abuse, intimate partner violence, and sexual violence in her community. Currently, Erica is a Master of Social Work candidate at the University of Denver's Graduate School of Social Work (GSSW), specializing in child welfare and developmental trauma.

During her time with GSSW, Erica has engaged a school social work internship at the Denver Center for 21st Century Learning (DC-21) where she headed the *Pregnant and Parenting Teens Program* while providing individual counseling to students in crisis. Here, she had the opportunity to work closely with Denver's youth of color, homeless youth, and gang-affiliated youth.

Erica has also provided research support to the Rocky Mountain Victim Law Center (RMvlc) in sexual assault criminal court cases, assisted the Colorado Coalition Against Sexual Assault (CCASA) with policy research, and currently works with the Jefferson County Department of Human Services' Child Sex Abuse unit as a clinical intern. Prior to graduate school, Erica passionately devoted more than 3 years to Boulder County's rape crisis center, Moving to End Sexual Assault (MESA). In this capacity, Erica provided crisis intervention counseling to survivors of sexual violence, supported child, adolescent and adult survivors through medical "rape-kit" examinations as well as police reporting procedures, supervised the organization's 24-hour crisis hotline, and helped provide volunteer hotline training on relationship dynamics, victim response to trauma, and appropriate intervention strategies.

Karen Moldovan, MAT

Throughout Karen's professional experience, she has worked extensively with survivors of intimate partner violence and sexual assault, individuals experiencing homelessness, and pregnant and parenting youth. Karen has a Bachelor's Degree in Political Science and Gender Studies, and a Masters of Arts in Teaching.

As an educator, she taught junior high and high school instruction to pregnant and parenting young women at the Florence Crittenton Program of SC. In that capacity, she became passionate about the intersection of sexual violence and pregnancy, and meeting the unique needs of those survivors. She also coordinated the *McKinney–Vento Homeless Assistance Act* educational support services for homeless children and youth residing in the Crisis Ministries shelter in Charleston, SC.

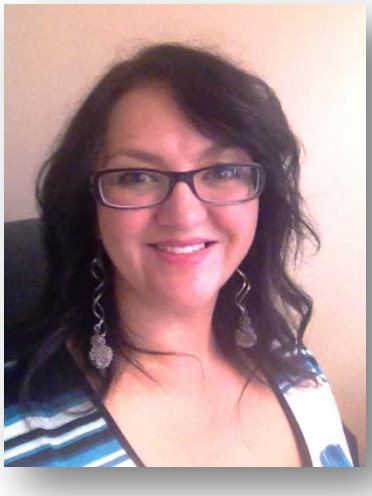
Karen has worked as the Director of Advocacy and Policy for the Colorado Coalition Against Sexual Assault (CCASA) since 2009. She has worked extensively on legislation related to mandatory reporting of child abuse and neglect, civil legal protections for victims who become pregnant as a result of rape, and increasing access to medical care, contraceptives, and post-exposure prophylaxis for survivors of sexual assault.

Alexa Priddy, MA

Alexa has been working with survivors of sexual violence for over 10 years. Early in her career, she worked at the Southwest Institute for Research on Women, where she designed and taught an 18-week class on sexual health and sexual violence prevention for at-risk youth and youth involved with Child Protective Services in Tucson, AZ. This experience shaped her understanding of the unique needs of youth and the need for trauma-informed care and services.

Throughout her professional career, Alexa has worked as a sexual violence victim advocate, educator, program coordinator and trainer on college campuses and in communities in Arizona, Wisconsin, Oregon and Virginia. Alexa also has coordinated a statewide Sexual Assault Training Institute and provided technical assistance and support to first responders and members of the multidisciplinary response to survivors of sexual assault.

Alexa completed her Master's degree in Women's Studies and is committed to addressing sexual violence in the diverse and underserved communities in our culture through collaborative approaches to sexual violence response and prevention.



Kristiana Huitrón

(Cuídate Contributing Author)

Kristiana has been advocating for Latino communities to be free from domestic violence and sexual assault for over 12 years. She has provided bilingual and bicultural prevention curriculum in rural and urban settings to Latino youth; including being trained on the Cuídate! curriculum.

She has provided technical assistance to reservation and urban Native programs; editing a national publication on culturally developed housing options in Native communities. Ms. Huitrón has developed comprehensive Promotora programs focused on prevention and advocacy by developing Latina leadership and utilizing community education. She has provided workshops in Spanish and in English at the local, state, and national level focusing on education as empowerment and promoting culturally generated and relevant solutions.

Ms. Huitron is a multi-generational Coloradense with Mexican and Native roots on both sides of the border. She has raised three young people who have avoided unintended pregnancy by grounding her children in Mexican/Chicano culture and in the critical analysis of anti-violence and anti-oppression (along with the grace of God).

Introduction

Comprehensive sexual health education can have a profound impact on behavior and decision-making for youth who participate in the programming. However, youth who have experienced sexual and/or relationship violence may have unique needs and considerations throughout the instruction. Healthy sexuality can be defined as: Having the knowledge and power to express sexuality in ways that enrich one's life. It includes approaching sexual interactions and relationships from a perspective that is consensual, respectful and informed. Healthy sexuality is free from coercion and violence, and allows individuals to articulate what they want, not simply what they do not want.[1]

Comprehensive Sexual Health Facilitators may not know whether program participants have experienced, or are currently experiencing, sexual or relationship violence. Therefore it is imperative for Facilitators to have an understanding of these crimes and their effects, as well as trauma-informed strategies for ensuring the engagement of all participants. Truly comprehensive sexual health education integrates a trauma-informed approach to the prevention and intervention of sexual and relationship violence. This report seeks to integrate the Core Principles of Trauma Informed Care:[2]

- Understand Trauma and Its Impact: Facilitators understand the prevalence and impact of trauma and recognize that behaviors and responses that may seem ineffective and unhealthy can represent adaptive responses to past traumatic experiences.

[1] Brown, S. (2014). What's Sex(uality) Got to Do with It?: Promoting Healthy Sexuality with Traumatized Youth. [PowerPoint slides]. Presentation at the National Sexual Assault Conference: Many Voices, One Movement. Retrieved August 20, 2014.

[2] Harris, M., & Fallot, R. D. (2001). Using trauma theory to design service systems. *New Directions for Mental Health Services*, Spring (89)(89), 1–120. Retrieved June 11, 2014 from http://www.nhchc.org/wp-content/uploads/2011/09/DecHealingHandsWeb.pdf.

Harris, M., & Fallot, R. D. (2001). Envisioning a trauma-informed service system: A vital paradigm shift. New Directions for Mental Health Services, 2001 (89)(89), 3–22. Retrieved June 11, 2014 from http://www.nhchc.org/wp-content/uploads/2011/09/DecHealingHandsWeb.pdf.

Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). Trauma-informed organizational toolkit. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Retrieved July 17, 2014 from http://www.familyhomelessness.org/media/90.pdf.

- Safety: Ensuring physical and emotional safety; "do no harm." Program responses are consistent, predictable, and respectful. Facilitators strive to mitigate, rather than exacerbate, the effects of trauma.
- Trustworthiness: Maintaining appropriate boundaries; believing that safe and positive relationships can be corrective and restorative to survivors of trauma.
- Choice: When possible, prioritizing choice and control over recovery.
- Collaboration: Maximizing sharing of power.
- Cultural Competence: Understanding how the cultural context influences perception and response to traumatic events and the recovery process.
- Empowerment: Identifying what survivors are able to do for themselves; prioritizing building skills to promote recovery; helping survivors find inner strengths needed to heal; instilling hope and recognizing that recovery is possible for everyone, regardless of how vulnerable they may appear.

About Sexual Violence

Sexual violence occurs when someone forces or manipulates someone else into unwanted sexual activity without consent. It does not have to involve physical injuries. Sexual violence can affect adults and minors of all genders, and can be devastating for individuals, families, and their communities. The prevalence of this crime is unknown because most incidents go unreported to law enforcement. According to the U.S. Department of Justice's National Crime Victimization Survey (NCVS), less than half of sexual assaults get reported to the police, making it the most underreported crime in the United States.[3] Common reasons for low reporting rates include (but are not limited to):

- Feeling as though the violence that occurred was "not important enough" to report;
- Feeling as though the violence that occurred was "not important" to police;
- Individual reported to some other official, such as a teacher, priest, or mental health professional;
- Fear of reprisal; and
- The victim is unsure if a crime occurred.[4]

It is important to note that 73 percent of child victims do not tell anyone about the abuse for at least a year, while 45 percent do not tell anyone for at least 5 years.[5] Some victims never

[3] United States Department of Justice. (2007) *National crime victimization survey*. (NCJ 227669). Retrieved February 8, 2014 from http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=1743.

[4] Hart, T. C., & Rennison, C. (2003). *Reporting crime to the police, 1992-2000.* Retrieved March 22, 2014 from Bureau of Justice Statistics: http://www.bjs.gov/content/pub/pdf/rcp00.pdf.

disclose. What is reported to law enforcement shows that nearly 70 percent of all sexual assaults occur to children ages 17 and under, with children between the ages of 7 and 13 being the most vulnerable to this crime.[6]

According to the National Institute Justice Report,[7] 3 out of 4 adolescents who have been sexually assaulted were victimized by someone they knew well—a family member, friend, or intimate partner. Data presented by the Crimes against Children Research Center states that 28 percent of U.S. youth ages 14-17 have *reported* being sexually victimized in their lifetime. Retrospective studies of adults, however, show that 1 in 5 women and 1 in 6 men in the United States are sexually abused before the age of 18, with 1 in 2 women (44.6%) experiencing sexual violence victimization other than rape in their lifetime.[8,9]

Child sexual abuse could include a number of acts, including by not limited to:[10]

- Sexual touching of any part of the body, clothed or unclothed;
- Exposing intimate body parts to the child, sometimes accompanied by masturbation;
- Showing pornographic materials to a child, sometimes accompanied by inducing the child to undress and/or masturbate self;
- Touching a child's intimate parts or inducing a child to touch his/her intimate parts;
- Penetrative sex, including penetration of the mouth and penetration of any intimate body part with an inanimate object;
- Intentionally engaging in a sexual act in front of a child; and
- Encouraging or forcing a child to engage in prostitution.

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[5] Smith, D. W., Letourneau, E., Saunders, B. E., Kilpatrick, D. G., Resnick, H. S., & Best, C. L. (2000). Delay in disclosure of childhood rape: results from a national survey. *Child Abuse & Neglect,* 24, 273-287.

[6] Snyder, H. N. (2000). *Sexual assault of young children as reported to law enforcement: victim, incident, and offender characteristics* [Data file]. Retrieved March 22, 2014 from Bureau of Justice Statistics: http://www.bjs.gov/content/pub/pdf/saycrle.pdf.

[7] National Institute Justice Report. (2003). *Youth victimization: prevalence and implications* [Data file]. Retrieved March 24, 2014 from https://www.ncjrs.gov/pdffiles1/nij/194972.pdf.

[8] Centers for Disease Control and Prevention. (2010). *The national intimate partner and sexual violence survey: 2010 summary report* [Data file]. Retrieved February 20, 2014 from http://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf.

[9] 1in6.org (n.d.). *The 1 in 6 statistic.* Retrieved June 26, 2014 from https://1in6.org/the-1-in-6-statistic/.

[10] U.S. Department of Health and Human Services, Child Welfare Information Gateway. (n.d.). *Definitions, scope, and effects of child sexual abuse.* Retrieved March 3, 2014 from https://www.childwelfare.gov/pubs/usermanuals/sexabuse/sexabuseb.cfm.

Sexual Violence: Intersections with Sexual and Reproductive Health

Sexual violence has numerous long- and short-term physical effects on its survivors. Immediately following sexual violence, child victims may be exposed to physical injuries such as vaginal and anal bruises, tears, and lesions. These physical injuries can create urinary infections and, in females, uterine fibroids.[11] Medical and sexual difficulties later in life such as fear of intimacy, painful intercourse, gastrointestinal disorders, and chronic pelvic pain are other common examples of both physical and psychological injury sustained as a result of this crime.[12]

Sexually-Transmitted Infections (STI)

Longitudinal studies show that sexually transmitted infections and diseases, including but not limited to HIV, genital warts, herpes, gonorrhea and chlamydia are common amongst child sexual abuse survivors. In fact, child sexual abuse survivors are at a higher risk for STI, Sexually Transmitted Diseases (STD), and HIV contraction in both adolescence and adulthood, than individuals without abuse histories.[13] Victims of childhood sexual abuse are:

- Twice as likely to report having an STD in adulthood;
- More than three times as likely to report more than one type of STD in adulthood; and
- Twice as likely to contract HIV by middle adulthood, as verified by both blood tests and self-reports.[14]

Sexual Risk Behavior

Research shows that victims of child sexual abuse initiate intercourse an average of 3 years earlier than their peers and engage in a wide variety of high-risk behaviors, such as substance

[11] Boynton-Jarrett, R., Rich-Edwards, J. W., Jun, H., Hibert, E. N., & Wright, R. J. (2011). Abuse in childhood and risk of uterine leiomyoma: The role of emotional support in biologic resilience. *Epidemiology*, 22(1), 6-14.

[12] Lesserman, J., Toomey, T. C., & Drossman, D. A. (1995). Medical consequences of sexual and physical abuse in women. *Humane Medicine,* 11(1), 23-28.

[13] Wilson, H. W., & Widom, C. S. (2009). Sexually transmitted diseases among adults who had been abused and neglected as children: A 30-year prospective study. *American Journal of Public Health*, 99(S1), 197-203.

[14] Wilson, H. W., & Widom, C. S. (2008). An examination of risky sexual behavior and HIV among victims of child abuse and neglect: A thirty-year follow-up. *Healthy Psychology*, 27, 49-158.

abuse and engagement in commercial sex work in adolescence and early adulthood.[15,16] The national average age of first consensual sexual intercourse for abused girls is 13.8 versus the national average age for non-abused girls of 16.2. According to the Alan Guttmacher Institute,[17] 74 percent of women who engaged in intercourse before the age of 14 report a history of forced sexual intercourse. Child victims of sexual violence are also more likely to have sexual partners who are older, have multiple pregnancies, and experience violent intimate relationships during adolescence.[18]

Risky sexual behaviors include: unprotected sex, multiple sexual partners, and cooperative engagement in commercial sex work.[19,20] Survivors of child sexual abuse report higher rates of all sexual risk factors as well as increased rates of adult sexual victimization such as rape, sexual assault, and forced commercial sexual exploitation.[21,22] Another 2006 study on the correlation between childhood sexual abuse and sexual risk behavior in adulthood further revealed that 53 percent of women and 49 percent of men engaging in risky sexual behaviors experienced childhood sexual abuse.[23] These factors increase the risk, and therefore prevalence, of STI, STD and HIV contraction in adulthood.

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[15] Wilsnack, S. C., Vogeltanz, N. D., Klassen A. D. & Harris, T. R. (1997). Childhood sexual abuse and women's substance abuse: National survey findings. *Journal of Studies on Alcohol and Drugs,* 58(3), 264-271.

[16] Wilson, H. W., & Widom, C. S. (2008). An examination of risky sexual behavior and HIV among victims of child abuse and neglect: A thirty-year follow-up. *Healthy Psychology*, 27, 49-158.

[17] Donovan, P. (1996). Can statutory rape laws be effective in preventing adolescent pregnancy? *Family Planning Perspectives*, 29(2), 30-40.

[18] Boyer, D., & Fine, D. (1992). Sexual abuse as a factor in adolescent pregnancy and child maltreatment. *Family Planning Perspectives*, 24(1), 4-19.

[19] Senn, T. E., Carey, M. P., & Vanable, P. A. (2006). Childhood sexual abuse and sexual risk behavior among men and women attending a sexually transmitted disease clinic. *Journal of Consulting and Clinical Psychology*, 74(4), 720-731.

[20] Lalor, K., & McElvaney, R. (2010). Child sexual abuse, links to later sexual exploitation/high-risk sexual behavior, and prevention/treatment programs. *Trauma, Violence and Abuse*, (11), 159-177.

[21] Wilson, H. W., & Widom, C. S. (2008). An examination of risky sexual behavior and HIV among victims of child abuse and neglect: A thirty-year follow-up. *Healthy Psychology*, 27, 49-158.

[22] Lalor, K., & McElvaney, R. (2010). Child sexual abuse, links to later sexual exploitation/high-risk sexual behavior, and prevention/treatment programs. *Trauma, Violence and Abuse*, (11), 159-177.

[23] Senn, T. E., Carey, M. P., & Vanable, P. A. (2006). Childhood sexual abuse and sexual risk behavior among men and women attending a sexually transmitted disease clinic. *Journal of Consulting and Clinical Psychology*, 74(4), 720-731.

Additional impacts of trauma on sexual development may include:[24]

- Early onset puberty;
- Sexual dysfunction;
- Re-victimization;
- Sexual identity confusion;
- Compulsive or indiscriminate sex;
- Relationship difficulties;
- Body image concerns;
- Negative associations with sex; and
- Sexually abusive behavior.

Sexual Violence and Teen Pregnancy

A significant correlation exists between child sexual abuse and teen pregnancy. It is estimated that roughly 60 percent of pregnant teens experienced contact molestation, rape, or an attempted rape preceding the first pregnancy.[25,26] However, childhood sexual abuse of girls is not the only risk factor for teen pregnancy. According to the *Journal of Adolescent Health*, young males with sexual abuse histories are twice as likely to engage in unprotected sex, three times more likely to have multiple sexual partners in adolescence, and nearly five times more likely to cause teen pregnancy.[27] Studies surveying pregnant and parenting teens have also shown that approximately 40 percent of teen mothers were victims of a completed or attempted rape preceding their pregnancy with up to 20 percent of the girls becoming pregnant as the direct result of rape.[28]

[24] Brown, S. (2014). What's Sex(uality) Got to Do with It?: Promoting Healthy Sexuality with Traumatized Youth. [PowerPoint slides]. Presentation at the National Sexual Assault Conference: Many Voices, One Movement. Retrieved August 20, 2014.

[25] Fergusson, D., Horwood, L., & Lynskey, M. (1997). Childhood sexual abuse, adolescent sexual behavior, and sexual revictimization. *Child Abuse & Neglect*, 21, 789-803.

[26] Boyer, D., & Fine, D. (1992). Sexual abuse as a factor in adolescent pregnancy and child maltreatment. *Family Planning Perspectives*, 24(1), 4-19.

[27] Homma, Y., Wang, N., Saewyc, E., & Kishor, N. (2012). The relationship between sexual abuse and risky sexual behavior among adolescent boys: A meta-analysis. *Journal of Adolescent Health*, 51(1), 18-24.

[28] Boyer, D., & Fine, D. (1992). Sexual abuse as a factor in adolescent pregnancy and child maltreatment. *Family Planning Perspectives*, 24(1), 4-19.

Though more than 60 percent of pregnant teenagers experience unwanted sexual contact prior to pregnancy,[29] violence in girls' lives is often overlooked in teen pregnancy prevention efforts. Because of the strong correlations between sexual violence and negative sexual health outcomes, it is imperative for comprehensive sexual health educators to be trained in the correlation between sexual violence, early youth engagement in sexual intercourse, youth experiences with dating violence, and teen pregnancy. In order to address the needs of students who have experienced, or are currently experiencing sexual trauma, comprehensive sexual health education should be committed to the integration of effective prevention and intervention of these crimes, while maintaining a trauma-informed approach.

Teen Dating Violence and Teen Pregnancy

Research on the lives of girls in the United States reveals that girls who are victims of dating violence are 4 to 6 times more likely than non-abused girls to become pregnant.[30] Furthermore, according to the Center for Assessment and Policy Development and the National Organization on Adolescent Pregnancy, 25-50 percent of adolescent mothers report being exposed to physical, psychological, or sexual abuse before, during, or immediately following a pregnancy.[31] A common form of intimate partner and teen dating violence is the use of *reproductive coercion*. Examples of reproductive coercion can include (but are not limited to) explicit attempts to impregnate a partner against that partner's will or forced non-condom use. Reproductive coercion is used to maintain power and control in an intimate relationship and can be present in both LGBTQ and heterosexual couples. In a qualitative study of adolescent girls who experienced dating violence, one-quarter (26.4 percent) reported that their partners were trying to get them pregnant.[32] Integrating education on reproductive coercion is discussed further in the curricula reviews.

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[29] Gershenson, H. P., Musick, J. S., Ruch-Ross, H. S., Magee, V., Rubino, K. K., & Rosenberg, D. (1989). The prevalence of coercive sexual experience among teenage mothers. *Journal of Interpersonal Violence*, 4(2), 204-219.

[30] Silverman, J. G., Raj, A., Mucci, L. A., & Hathaway, J. E. (2001). Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality. *American Medical Association,* 286(5), 572-579.

[31] Leiderman, S., & Almo, C. (2001). Interpersonal violence and adolescent pregnancy: Prevalence and implications for practice and policy. Center for Assessment and Policy Development and the National Organization on Adolescent Pregnancy, Parenting and Prevention. Retrieved March 18, 2014 from http://www.healthyteennetwork.org/vertical/sites/%7BB4D0CC76-CF78-4784-BA7C-5D0436F6040C%7D/uploads/%7B035E2659-FD00-41B8-A195-49CDBA3059DF%7D.PDF

[32] Pregnant Survivors. (2013). Practice guidelines for working with pregnant and parenting survivors: An integrated approach to intimate partner violence and reproductive & sexual coercion [Data file]. Retrieved March 18, 2014 from http://www.wcsap.org/sites/www.wcsap.org/files/uploads/10_21_oct_13_practice_guidelines.pdf.

Teen Dating Violence and STI/HIV Contraction

A 2005 report shows that, on average, 1 in 3 adolescents tested for STI/HIV has experienced dating violence.[33] Of the girls *diagnosed* with an STI or HIV, 51.6 percent reported dating violence. Compared to non-abused girls, girls who experienced physical and sexual teen dating violence were 3 times more likely to seek out testing for STIs and HIV. They were also 2.6 times more likely to report a diagnosis. Furthermore, women disclosing physical violence are 3 times more likely to contract a sexually transmitted infection than women who do not.[34] For these reasons, it is important to consider how marriage promotion education can have negative outcomes for women and girls in domestic violence or dating violence relationships.

Effects of Sexual and Relationship Violence: Building Skills and Strategies for the Classroom

Childhood trauma has a profound impact on an individual's social, emotional, behavioral, cognitive, and physical functioning.[35] Many victims suffer from rape related post-traumatic stress and other life-long consequences. Though rape victims are 13 times more likely to abuse alcohol, 26 times more likely to abuse drugs, 4 times more likely to engage in self-injury behaviors or contemplate suicide, and twice as likely to develop an eating disorder, it is the invisible effects that last the longest.[36]

Social withdrawal and a loss of trust, flashbacks and nightmares, pervasive fear, avoidance behaviors, feelings of hopelessness and powerlessness, self-blame, feelings of guilt, sleeping disorders, obsessive compulsive disorders, and dissociative identity disorder are all common reactions to rape and sexual trauma.[37,38] However, one of the most studied neuropsychiatric

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[33] Decker, M. R., Silverman, J. G., & Raj, A. (2005). Dating violence and sexually transmitted disease/HIV testing and diagnosis among adolescent females. *Pediatrics*, 116(2), e272-276.

[34] Sareen, J., Pagura, J., & Grant, B. (2009). Is intimate partner violence associated with HIV infection among women in the United States? *General Hospital Psychiatry*, 31(3), 274-278.

[35] Perry, B. D., Pollard, R. A., Blaicley, T. L., Baker, W. L., & Vigilante, D. (1995). Childhood trauma, the neurobiology of adaptation, an "use dependent" development of the brain: How "states" become "traits." *Infant Mental Health Journal*, 16(4), 271-291.

[36] World Health Organization. 2002. World report on violence and health [Data file]. Retrieved April 2, 2014 from http://www.who.int/whr/2002/en/whr02_en.pdf.

[37] Centers for Disease Control and Prevention. (2010). The national intimate partner and sexual violence survey: 2010 summary report [Data file]. Retrieved February 20, 2014 from http://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf.

[38] Patterson, D., Greeson, M., & Campbell, R. (2009). Understanding rape survivors' decisions not to seek help from formal social systems. *Health & Social Work*, 34(2), 127-136.

symptoms of the trauma is Post-Traumatic Stress Disorder (PTSD). While PTSD has been traditionally researched and associated with combat veterans, almost one-third (31 percent) of all rape victims develop PTSD in their lifetime.[39] Furthermore, childhood PTSD has been widely observed amongst traumatized and maltreated children.[40]

Understanding the Trauma Response

Because the effects of trauma have the potential to impact learning and classroom participation, Facilitators of comprehensive sexual health education can benefit from trauma-specific training. There are various adaptive mental and physical responses to trauma.[41] The brain and body may respond with a hyper-aroused reaction, activating the individual's "fight or flight" response, while a dissociative response activates the body to "freeze" and surrender. The body activates a response pattern as a means of survival; however, because there are multiple sets of neurobiological and mental responses to stress, different individuals have differing responses to the same trauma.[42] During a sexual assault, for example, individuals may attempt to fight, attempt to flee, or freeze. All are natural neurophysiological responses and self-defense mechanisms.

Unfortunately for survivors of sexual violence, the dissociative adaptive style often employed during the acute traumatic situation is gravely misunderstood by society, and therefore frequently chastised. Many men, women, and children "freeze" in the face of extreme threat. In fact, young children are most likely to use a dissociative pattern response to survive abuse.[43] If the brain and body sense great danger, it often immobilizes and "shuts down" in an effort to keep as safe as possible. Fighting back is not always safe or possible. Individuals with histories of sexual abuse often harbor extreme self-blame and guilt for the "freeze" response and may benefit from the acknowledgement and normalization of this neurobiological reaction.

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[39] Kilpatrick, D. (2000) The Mental Health Impact of Rape. National Violence Against Women Prevention Resource Center, Medical University of SC. Retrieved August 11, 2014 from https://www.musc.edu/vawprevention/research/mentalimpact.shtml.

[40] Perry, B. D., Pollard, R. A., Blaicley, T. L., Baker, W. L., & Vigilante, D. (1995). Childhood trauma, the neurobiology of adaptation, an "use dependent" development of the brain: how "states" become "traits." *Infant Mental Health Journal*, 16(4), 271-291.

[41] Ibid.

[42] Ibid.

[43] Ibid.

Understanding Trauma Triggers in the Classroom

A "trigger" is a reminder of a past traumatizing event that activates a memory or flashback and transports the individual back to the original trauma.[44] An individual experiencing a trigger may exhibit mild to severe mental, emotional, or physical reactions in the moment (without warning). These traumatic triggers may take many forms and are different for each individual. Triggers may be caused by smells, images, touch, or physical closeness, body language, inanimate objects, calendar dates, particular tastes, phrases, etc.[45] For example, a child may experience a trigger when touched on the shoulder from behind, or when told to complete a seemingly mundane task such as 'closing the door.' The task may be a trigger for a survivor whose perpetrator made the same request prior to an assault. Just as a survivor of Hurricane Katrina may become frightened by the unexpected sound of rushing water, a survivor of sexual violence may become frightened by an unexpected sound, smell, or touch that is reminiscent of the abuse. While it is virtually impossible for survivors to avoid all triggers, it is possible for survivors to identify and learn effective tools for coping and management.

Trauma-informed services take into account that individuals may have experienced trauma. Therefore programs work to avoid triggering trauma reactions (when possible), adjust the behavior of staff and the organization to support individuals' coping capacity, and allow survivors to manage their trauma symptoms successfully so that they are able to access, retain, and benefit from the services.[46]

A "trigger" is a reminder of a past traumatizing event that activates a memory or flashback and transports the individual back to the original trauma.

The chart on the following page identifies how a sexual abuse survivor may perceive and experience sexual health instruction differently than participants who have not experienced this type of trauma. Awareness of these varying perceptions is critical when providing comprehensive sexual health instruction with the curricula reviewed in this report.

[44] Sexual Assault Center. (2008). What is a trigger?. Psych Central. Retrieved July 28, 2014 from http://psychcentral.com/lib/what-is-a-trigger/0001414.

[45] Ibid.

[46] Covington, S. (2014). Healing Trauma: Strategies for Abused Women [PowerPoint slides]. Presentation at Advocacy in Action Conference, Vail, CO. Retrieved June 2, 2014.

Potential Impacts of Trauma on Sexual Beliefs[47]

Sexual Abuse Beliefs	Healthy Sexuality Beliefs
• Sex is uncontrollable energy	…Sex is controllable energy
• Sex is an obligation	…Sex is a choice
• Sex is addictive	…Sex is a natural drive
• Sex is hurtful	…Sex is nurturing, healing
• Sex is a condition of receiving love	…Sex is an expression of love
• Sex is "doing it to someone"	…Sex is sharing with someone
• Sex is a commodity	…Sex is part of who I am
• Sex is secretive	…Sex requires communication
• Sex is exploitative	…Sex is private
• Sex is deceitful	…Sex is respectful
• Sex benefits one person	…Sex is honest
• Sex is emotionally distant	…Sex is mutual
• Sex is irresponsible	…Sex is intimate
• Sex is unsafe	…Sex is responsible
• Sex is power over someone	…Sex is safe
	…Sex is empowering

Emotional Dysregulation

Emotional dysregulation is the inability to control emotional responses to provocative stimuli.[48] These individuals react in an emotionally exaggerated manner when faced with an environmental challenge or environmental instability. Examples include, but are not limited to: crying, angry outbursts, passive-aggressive behaviors, accusing behaviors, persistent avoidance, and the creation of chaos.[49]

Trauma may also cause significant emotional dysregulation in children, adolescents and adults. Early abuse, in particular, negatively impacts the development trajectory of the right brain—dominant in affect regulation and stress modulation—which creates coping deficits of both mind

[47] Maltz, W. (2012). *The Sexual Healing Journey: A Guide for Survivors of Sexual Abuse*, 3rd Edition. New York: William Morrow Paperbacks. Adapted from presentation at the National Sexual Assault Conference: Many Voices, One Movement. Retrieved August 20, 2014.

[48] Psychological Care and Healing Treatment Center. (n.d.). Emotional dysregulation. Retrieved July 28, 2014 from http://www.pchtreatment.com/emotional-dysregulation/.

[49] Ibid.

and body.[50] When a child experiences trauma—or develops a traumatic attachment, as seen with child survivors of commercial sexual exploitation or incest—acute activation of the hyper-arousal and/or dissociative response sets are imprinted into the developing limbic and autonomic nervous systems of the right brain. Acute stress in childhood is also responsible for cortical thinning in some individuals, as the developing brain attempts to shield the child from the sensory processing of the abuse.[51] These structural changes during early brain development lead to inefficient coping mechanisms in stress provoking situations, i.e. emotional dysregulation.

Classroom Strategy: Integrating the Benefits of Mindfulness and Grounding

Childhood and adolescent developmental stages are the foundation for well-being and mental health in adulthood. School-based programs and youth-serving organizations have the opportunity to support social and emotional learning, prevent mental health problems in adulthood, and promote well-being through the developmental process. Evidence for using mindfulness-based approaches with adults is substantial. Evidence for using mindfulness-based approaches with youth is preliminary, but promising.

Youth with trauma histories, as well as youth in underserved communities, are at an increased risk for socio-emotional difficulties throughout their development.[52] One randomized controlled study of four urban public schools reports a positive correlation between school-based mindfulness interventions and student socio-emotional success. According to this study, mindfulness in the classroom had a positive impact on student stress coping mechanisms.[53] Other studies have shown that after participating in classroom mindfulness practices, students with less emotional stability experience an increase in ego resiliency and well-being over time, with a decrease in anxiety, involuntary stress response, and depressive symptoms.[54,55]

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[50] Schore, A. N. (2002). Dysregulation of the right brain: A fundamental mechanism of traumatic attachment and the psychopathogensis of posttraumatic stress disorder. *Australian and New Zealand Journal of Psychiatry*, 36(1), 9-30.

[51] Heim, C. M., Mayberg, H. S., Mletzko, T., Nemeroff, C. B., & Pruessner, J. C. (2013). Decreased cortical representation of genital somatosensory field after childhood sexual abuse. *American Journal of Psychiatry,* 170(6), 616-623.

[52] Mendelson, T., Greenberg, M. T., Dariotis, J. K., Gould, L. F., Rhoades, B. L., & Leaf, P. J. (2010). Feasibility and preliminary outcomes of a school-based mindfulness intervention for urban youth. *Journal of Abnormal Child Psychology,* 38(7), 985-994.

[53] Ibid.

[54] Huppert, F. A., & Johnson, D. M. (2010). A controlled trial of mindfulness training in schools: The importance of practice for an impact on well-being. *Journal of Positive Psychology*, 5(4), 264-274.

Grounding is a variation of mindfulness. Grounding is often used as a way of coping with dissociation, flashbacks, and other symptoms associated with Post-Traumatic Stress Disorder. However, it can be a helpful technique for all students. Grounding is a collection of healthy emotional detachment strategies that help focus an individual on the present external world—often during times of stress, anxiety, or trauma triggers.[56] In non-therapeutic group settings, grounding is best used following emotionally triggering and/or distressing topics of discussion or group lessons. For students who have had negative or traumatic experiences involving sexuality, comprehensive sexual health education may invoke distress. In non-therapeutic settings, group facilitators are likely unaware of the trauma histories that may or may not be present in the room. For this reason, simple grounding techniques that are trauma-informed (but not trauma-focused) are helpful for collective student classroom debriefing, while still providing relief for any individual feeling triggered.

Grounding is not the same as relaxation. Grounding is more active—focusing on alleviating extreme negative feelings by focusing on the [safe] present moment, not the past or future. Below is an example of a grounding technique for the classroom. Additional grounding techniques are included in the curricula reviews.

1. Focus on your breathing with both feet firmly planted and pressing on the ground, notice each inhale and exhale.
2. Notice your body. Feel the weight of your body in the chair. Wiggle your toes. Notice the feel of the chair against your back.
3. Stretch. Roll your head around slowly. Extend your fingers slowly and clench your fists. Repeat.
4. Think of your "favorites." Favorite color, favorite food, favorite animal or season.
5. Say a coping statement: *I can handle this.*
6. Say your own kind statement: *I am smart, I am safe*, or *I am a good person*.

Basic grounding techniques help students leave the lesson feeling more confident, self-aware, and safe. However, students should know that participation is always optional, and they can stop participating in the activity at any time.

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[55] Kuyken W., Weare, K., Ukoumunne, O. C., Vicary, R., Motton, N., Burnett, R., Cullen, C., Hennelly, S., & Huppert, F. (2013). Effectiveness of the mindfulness in schools programme: Non-randomized controlled feasibility study. *British Journal of Psychiatry*, 203(2), 126-131.

[56] Rigoni, M. (n.d.). Grounding techniques explained. Retrieved July 28, 2014 from Behavioral Health Resources: http://www.bcbhr.org/Articles.aspx?7.

Conclusion

Because of the extensive connections between sexual and relationship violence and sexual health, this report is intended to provided additional tools and strategies to Facilitators. Each section provides an individualized review of trauma-informed strategies and suggested adaptations useful in facilitation of the curriculum. All comprehensive sexual health educators have a tremendous dedication to the health and well-being of the students and youth they work with, and this report is designed as an additional tool to assist them in their vital work.

Review & Analysis
Be Proud! Be Responsible!

Facilitators Curriculum: An Evidence-Based Intervention that Reduces the Risk of HIV, STDs and Teen Pregnancy, 4th Edition

Throughout this guide, we have created Trauma-Informed Care (TIC) Notes which contain additional information for Facilitators to consider when delivering this curriculum. This information is not intended to affect the fidelity of the curriculum, but to suggest slight adaptations to ensure that participants who have trauma histories feel safe and engaged in these sessions. It is important to note that providing trauma-informed services does not mean Facilitators must determine exactly what has happened to an individual. Rather, organizations and programs should examine the way in which they conduct sessions and make modifications based upon an understanding of how a trauma survivor might perceive what is happening.[1]

TIC Note Facilitators may consider implementing a short grounding exercise at the beginning and end of every class. Examples of grounding exercises can be found here: http://hprc-online.org/blog/family-relationships/families/managing-emotions/focus-calming-grounding-activities-pdf. The Living Well smartphone "app" may also be a helpful tool to share with participants. While it was designed specifically for male survivors of sexual abuse, it can be used a healing tool for survivors of all genders. It includes:

- Guided meditations and breathing exercises that can be especially helpful if participants are feeling triggered, having a flashback, experiencing a panic attack, etc.;
- Tools for managing all types of feelings or effects of trauma: difficult memories, avoiding triggers, feeling isolated/disconnected, sad/depressed, anxious/worrying, anger, and sleeping difficulties;
- Learning tools to become more informed and aware of what you are experiencing; and
- A well-being assessment.

It is important to note that routines and rituals create predictability, which helps establish safety and trust in the classroom. Because trauma is often associated with unpredictability, trauma-exposed youth learn to be vigilant to potential danger. Environments and situations that are familiar, predictable, and consistent allow youth to "let down their guard" and focus on learning.[2]

[1] Pregnant Survivors. (2013). *Trauma-Informed Services for Pregnant and Parenting Survivors* [Data file]. Retrieved April 25, 2014 from www.pregnantsurvivors.org.

[2] Ibid.

If you choose to routinely integrate short grounding activities, be sure to thank everyone for participating and also allow them to opt-out or stop participation at any time. Additionally, participants can do a short assessment to decide whether an activity helps them feel more relaxed. For example, prior to a grounding activity, the Facilitator can ask participants to privately think about how they are feeling. A "one" indicates no stress, anger, or anxiety; while a "five" indicates a lot of stress, anger, or anxiety. After the grounding activity, the Facilitator can have participants do an internal "check-in," to see if their number changed. The Facilitator can explain that if a participant notices a particular activity really helps lower stress, they should keep it in their "toolbox," and can use it anywhere—at home, on the bus, in class, etc. Grounding exercises can be helpful for all of the participants, regardless of whether or not individuals have trauma histories.

Grounding Activity Example:

Discussing real-life stories about HIV can be hard. It may bring up fears that you have about your own health. You may also have family members or loved ones who have HIV or even died from AIDs. Talking about these things is difficult for many people. That's why we are going to start and end today's activity with a little exercise. These exercises may seem silly, but they really help with stress.[3] *You can use them at any time. We are going to do some deep breathing through our nose. Take a big breath in [inhale], and while you breathe in, make your whole belly get big—like you are pushing out your stomach so it's round like a beach ball. When you breathe out [exhale], pull your stomach back in, like you are bringing your belly to your back. You can put your hand on your stomach if it makes it easier to feel the inhales and exhales. We are just going to do this a few times together, but we are going to try to count to 4 while breathing in, hold our breath for the count of 2, and count to 4 when breathing out. We'll do this together 4 times.* Be sure to tell the participants that they can use this exercise anytime they start feeling stressed, angry, and anxious.

viii—Introduction

TIC NOTE The introduction provides nine patterns that have been noted among persons at risk for teen pregnancy and STD and HIV infection. Exposure to sexual violence, and correlated risk for teen pregnancy and STD infection, are not included in the list of patterns. However, victims of

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[3] Metz, S. M., Frank, J. L., Reibel, D., Cantrell, T., Sanders, R., & Broderick, P. C. (2013). The effectiveness of the Learning to BREATHE program on adolescent emotion regulation. *Research In Human Development*, 10(3), 252-272.

Arch, J. J., & Craske, M. G. (2006). Mechanisms of mindfulness: Emotion regulation following a focused breathing induction. *Behaviour Research and Therapy*, 44(12), 1849-1858.

Teper, R., Segal, Z. V., & Inzlicht, M. (2013). Inside the mindful mind: How mindfulness enhances emotion regulation through improvements in executive control. *Current Directions in Psychological Science*, 22(6), 449-454.

sexual and relationship violence statistically experience higher rates of unintended pregnancy, STIs/STDs and HIV.

- Victims of childhood sexual abuse (CSA) are twice as likely to report an STD in adulthood, 3 times as likely to report more than one type of STD in adulthood, and twice as likely to contract HIV by middle adulthood.[4]
- Survivors of CSA report higher rates of all sexual risk factors, including unprotected sex, multiple sexual partners, and both cooperative engagement in commercial sex work.[5]
- Approximately 60 percent of pregnant teens experienced molestation, rape or an attempted rape preceding the pregnancy.[6]
- Up to 20 percent of girls in the United States become pregnant as the direct result of rape.[7]
- Between 25-50 percent of adolescent mothers report being exposed to physical, psychological or sexual abuse before, during or immediately following a pregnancy.[8]
- Studies show that more than 1/3 of adolescent girls whom test positive for an STI or HIV have experienced dating violence.[9]
- Federally funded studies show that 18.8 percent of African-American and Black women experience rape in their lifetime.[10] This contrasts with on-going studies conducted by Black

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[4] Wilson, H. W., & Widom, C. S. (2008). An examination of risky sexual behavior and HIV among victims of child abuse and neglect: A thirty-year follow-up. *Healthy Psychology,* 27, 49-158.

Wilson, H. W., & Widom, C. S. (2009). Sexually transmitted diseases among adults who had been abused and neglected as children: A 30-year prospective study. *American Journal of Public Health,* 99(S1), 197-203.

[5] Senn, T. E., Carey, M. P., & Vanable, P. A. (2006). Childhood sexual abuse and sexual risk behavior among men and women attending a sexually transmitted disease clinic. *Journal of Consulting and Clinical Psychology,* 74(4), 720-731.

Wilson, H. W., & Widom, C. S. (2008). An examination of risky sexual behavior and HIV among victims of child abuse and neglect: A thirty-year follow-up. *Healthy Psychology,* 27, 49-158.

[6] Fergusson, D., Horwood, L., & Lynskey, M. (1997). Childhood sexual abuse, adolescent sexual behavior, and sexual revictimization. *Child Abuse & Neglect,* 21, 789-803.

[7] Boyer, D., & Fine, D. (1992). Sexual abuse as a factor in adolescent pregnancy and child maltreatment. *Family Planning Perspectives,* 24(1), 4-19.

[8] Leiderman, S., & Almo, C. (2001). *Interpersonal violence and adolescent pregnancy: Prevalence and implications for practice and policy.* Center for Assessment and Policy Development and the National Organization on Adolescent Pregnancy, Parenting and Prevention. Retrieved June 11, 2014 from http://www.healthyteennetwork.org/vertical/sites/%7BB4D0CC76-CF78-4784-BA7C-5D0436F6040C%7D/uploads/%7B035E2659-FD00-41B8-A195-49CDBA3059DF%7D.PDF.

[9] Decker, M. R., Silverman, J. G., & Raj, A. (2005). Dating violence and sexually transmitted disease/HIV testing and diagnosis among adolescent females. *Pediatrics,* 116(2), e272-276.

Women's Blueprint and The Black Women's Health Imperative (2007) that show the rate of sexual assault at approximately 40 percent, with 60 percent of Black girls experiencing sexual abuse before the age of 18.[11]

- According to the 2003 United States Department of Justice's Bureau of Justice Statistics special report on crime reporting (BJS), 93.75 percent of African-American and Black women do not report their sexual assault to law enforcement. Of those whom do report, 40 percent are under the age of 18.[12]

xv: The Role of Sexual Responsibility and Accountability

Thus, participants will learn that becoming sexually active is a choice every person makes at some point in his or her life. This choice should be based upon how individuals feel about themselves, their partners, and the consequences of active sexual relations, such as STDs—including HIV—or pregnancy. Participants will investigate what constitutes sexual responsibility, such as abstinence or condom use during sexual intercourse, and will learn to make responsible decisions regarding their sexual behavior.

TIC NOTE While it is true that individuals will make decisions regarding sexual activity, for many youth, sexual activity was not a choice and may have been the result of force or coercion. Because the needs of these participants may differ, it may be important to consider how the core concept of "the role of sexual responsibility and accountability" can be framed in a manner that is inclusive, respectful, and empowering for youth who have experienced sexual violence. For example:

Everyone should be able to make their own choices about sexual activity and have that respected, but we know that there may have been a time where you did not feel like you were given a choice or that choice was made without your consent. If somebody has made you do something sexually that you didn't want to do, it's not your fault and there is support available. **[Have resources prominently displayed in the classroom and point those out to the participants.]**

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[10] Tjaden, P. & Thoennes, N. (2000). Full report of the prevalence, incidence and consequences of violence against women: Findings from the national violence against women survey. *National Institute of Justice Centers for Disease Control and Prevention* [Data file]. Retrieved June 11, 2014 from https://www.ncjrs.gov/pdffiles1/nij/181867.pdf.

[11] Black Women's Blueprint (2012). *The truth commission on black women and sexual violence*. Retrieved June 11, 2014 from http://www.blackwomensblueprint.org/sexual-violence/.

Black Women's Health Imperative. (2010). Relationship violence. Retrieved from June 11, 2014 http://www.blackwomenshealth.org/issues/reproductive-health/relationship-violence/.

[12] Hart, T. C., & Rennison, C. (2003). *Reporting crime to the police, 1992-2000.* Retrieved June 11, 2014 from Bureau of Justice Statistics: http://www.bjs.gov/content/pub/pdf/rcp00.pdf.

xv—Theoretical Framework

There are two major concepts included in these theories: 1) self-efficacy or perceived behavioral control beliefs, which are defined as a person's confidence in his or her ability to take part in the behavior, i.e. use a condom; and 2) outcome expectancies or behavioral beliefs, which are beliefs about the consequences of the behavior.

TIC NOTE Implementation of this theoretical framework may have varying impacts for participants who have been (or are currently) victims of sexual violence. This theory operates on the premise that all individuals always have the ability to consensually "take part" in a behavior. Furthermore, in framing the education on the consequences of sexual activity, it is also imperative to consider how shame and self-blame for those consequences may be internalized for a population that did not feel safe or able to make choices regarding the sexual activity.

For this reason, the content of the curriculum may be difficult for participants who have not been able to make their own choices about sexual activity. For example, if a participant has been sexually abused by a parent, sibling, or person in a position of trust—she or he may have felt unable to safely say no, and has therefore internalized significant shame and self-blame as a result of the abuse. Victims of child sexual abuse may love the perpetrator and have conflicting emotions regarding the abuse. It is important to consider:

- 1 in 4 girls and 1 in 6 boys is sexually abused before their 18th birthday.[13]
- About 90 percent of children who are victims of sexual abuse know their abuser.[14]
- The younger the victim, the more likely it is that the abuser is a family member. Of those molesting a child under age 6, 50 percent were family members.[15]

xvi—Partner-Reaction Belief

The third type of belief influencing outcome expectancies is an individual's perception of his or her partner's attitudes about engaging in particular safer sex practices. For example, the belief that one's sexual partner will react negatively to the use of condoms may prevent a person from suggesting condom use during sexual intercourse.

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[13] Doll, L.S., Koenig, L.J., & Purcell, D.W. (2004). Child sexual abuse and adult sexual risk: Where are we now? In L.S. Doll, S.O. O'Leary, L.J. Koenig, & W. Pequegnat (Eds.) From child sexual abuse to adult sexual risk (pp. 3-10). Washington, DC: American Psychological Association. Retrieved May 8, 2014 from http://www.childrenscove.org/parents-children/statistics/.

[14] Finkelhor, D. (2012). Characteristics of crimes against juveniles. Durham, NH: Crimes against Children Research Center. Retrieved May 8, 2014 from www.d2l.org.

[15] Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved May 8, 2014 from http://www.ojp.usdoj.gov/bjs/pub/pdf/saycrle.pdf.

TIC NOTE There are circumstances in which the partner-reaction principle may be inapplicable or difficult to implement. For example, if a participant is being sexually abused, s/he may not be able to suggest condom use during sexual intercourse. The same is true for a participant who is in a teen dating violence relationship. This individual may have considerable personal safety fears, while not having the agency within the relationship to be able to effectively advocate for condom use.

xvii—Underlying Principles

xix—Principle 6: Getting Your Partner to Cooperate in Using Condoms or Abstaining from Sex is Easy: "I Can Do it" (Self-Efficacy; Negotiation)

> *Practicing safer sex, including abstinence, is something that cannot be done without the cooperation of one's partner. Unfortunately, mutual agreement and cooperation can be difficult to attain. Many partners will resist on any of several grounds. For example, attempts to use condoms might be seen by a partner as a sign of unfaithfulness, illness, or distrust. Condoms also might be thought to diminish the pleasure of a sexual experience. When working with young people, facilitators need to be sensitive to participants' fears and to their desires to keep their partners' interest and avoid conflict. At the same time, they need to practice responding to partner objections tactfully and effectively. This curriculum will provide such opportunities, through the use of role-plays and other exercises.*

TIC NOTE It is also important to acknowledge that there are situations in which it is not possible or advisable to truly respond to the partners' objections tactfully and effectively, while maintaining safety. The power and control dynamics of a teen dating relationship can make it impossible to safely implement or master this principle. Facilitators can help participants identify the dynamics of an unhealthy and unsafe relationship, in which safe self-efficacy and negotiation is not possible. They can also assist in creating an environment where participants feel able to seek assistance and supportive services.

xix—Principle 7: Not Having Sex While Under the Influence of Drugs and Alcohol is Easy: "I Can Do It" (Self-Efficacy; Self-Control)

> *Drug use plays a major role increasing risk for teen pregnancy, STD and HIV infection for two reasons: 1) because sharing drug infection equipment (works) is an important mode of transmission and 2) because individuals under the influence of alcohol and psychoactive drugs can be more likely to engage in risky sexual behavior than individuals who are able to recognize the impending risk. Young people need to know not to share injectable drug paraphernalia. They also need to understand how drugs and alcohol lead to poor judgment and unprotected sex. Most important, they need the skills to reduce such risk behaviors. This curriculum teaches these skills.*

TIC NOTE Sexual violence perpetrators commonly use drugs and/or alcohol to facilitate sexual assault, which can also lead to teen pregnancy, STD, and HIV infection. Perpetrators' using drugs and alcohol to abuse is a premeditated and intentional technique.[16] Victims of drug and/or alcohol related sexual violence often harbor extensive self-blame and shame.[17] It is important for participants to recognize that even if an individual makes the decision to use drugs and/or alcohol, that choice does not "excuse" sexual violence. Nobody deserves sexual violence and no matter the circumstances or choices leading up to the assault, it is never the victim's fault.

xx—Principle 8: Controlling Sexual Arousal When No Condom is Available is Easy: *I Can Do It* (Self-Efficacy; Self-Control)

> *There are times when young people are sexually aroused and want to have sex, yet no condom is available. It is at that moment that young people should say, "Let's stop and not have sex until a condom is available." However, this is very difficult to do. It is crucial that young people control sexual arousal and urges and negotiate not engaging in unprotected sex. The negotiation skills needed for not having sex without a condom while both partners are sexually aroused are addressed in this curriculum.*

TIC NOTE In providing instruction on this principle, it is important that participants understand what it means to both give and receive consent. If participants cannot safely negotiate consent, they will not be able to safely negotiate condom use. The Facilitator may consider integrating these core principles to help participants understand consent:

- Consent is based on choice.
- Saying nothing at all is not the same as giving consent.
- Consent is active, not passive.
- Consent is possible only when there is equal power.
- Giving in because of fear is not consent.
- When there is consent, both parties must be equally free to act.
- Going along with something because of wanting to fit in, feeling bad, or being deceived is not consent.

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[16] Negrusz, A., Juhascik, M., & Gaensslen, R. E. (2005). *Estimate of the incidence of drug-facilitated sexual assault in the U.S.: Final report*. Retrieved April 25, 2014 from https://www.ncjrs.gov/pdffiles1/nij/grants/212000.pdf.

Abbey, A. (2008). *Alcohol and sexual violence perpetration.* Violence and Women National Online Resource Center. Retrieved April 10, 2014 from http://new.vawnet.org/Assoc_Files_VAWnet/AR_AlcPerp.pdf

[17] Fanflik, P. L. (2007). *Victim responses to sexual assault: Counterintuitive or simply adaptive?* Retrieved June 2, 2014 from http://www.ndaa.org/pdf/pub_victim_responses_sexual_assault.pdf.

Peters, D. K., & Range, L. M. (1996). Self-blame and self-destruction in women sexually abused as children. *Journal of Child Sexual Abuse,* 5(4), 19-33.

- To consent to sexual activity, both parties must be fully conscious and have clearly communicated what they would like to do.
- If you can't say "NO" comfortably, then "YES" has no meaning.
- If you are unwilling to accept a "NO," then "YES" has no meaning.
- The absence of "NO" is not the same as giving consent.
- Having sex with someone without getting consent is against the law.
- If you've experienced sexual abuse, there's nothing wrong with you; what someone chose to do to you was wrong.
- A minor cannot legally consent to sexual activity with a person in a position of trust (teacher, counselor, corrections officer, etc.) and depending on the ages of the parties—may not be able to legally consent to sexual activity with a person much older.
- Consenting previously to a sexual act does not mean that you've given or received consent for future acts.
- You should always be able to change your mind or stop a sexual activity, and that decision should be respected.

xxv-xxvi—Establishing Group Rules

The opening module is designed to create a safe, nurturing, nonthreatening environment for participants; stimulate their interest in the process and the group; and give them more detailed information than they may have previously heard about the program. The rules that will govern participation in the group should be developed during the opening module. This presentation should permit and encourage group discussion to give members a sense of participation in the group's decision making. Members should be encouraged to accept and abide by the rules they agree upon and seek to alter those they wish to change. This is also a good time to provide reassurance to group members about concerns they might have, such as confidentiality, embarrassment, and fear of active participation. As facilitator, your behavior with and reactions to the participants can go a long way toward encouraging a cohesive group. The following tips might help with group cohesion.

TIC NOTE For participants who have experienced sexual violence, feeling as if they are in a safe, nurturing, nonthreatening environment may require trauma-informed adaptations. Predictability is a core component of creating a trauma-informed environment, therefore providing detailed information about the program and its rules can help create an environment that feels safe. Because this curriculum is written for youth, the discussion on confidentiality should include content on mandatory reporting as well.

Discussing Confidentiality and Mandated Reporting of Child Abuse & Neglect

Failure to fulfill mandated reporter requirements has become the norm, not the exception.[18] Only 26 percent of teachers said they would report a situation where a child told them that their stepfather had touched their genitals and only 11 percent said they would report a situation where a teacher had touched a child's genitals. Mandated reporters fail to report for a number of reasons. These include but are not limited to: insufficient evidence, uncertainty, worries about causing additional harm, and maintaining good relationships.[19]

All Facilitators should be familiar with Colorado Revised Statute 19-3-304, as well as the school's policies regarding mandatory reporting of child abuse and neglect. Prior to providing this instruction, Facilitators should clearly understand if they are mandated reporters under the law and/or the mandatory reporting obligations of the school. Facilitators must be able to effectively determine what constitutes a mandatory report, to whom the report needs to be made, when the report should be made, how to make a report, how to involve the participant making the disclosure in the mandatory report (if applicable), and whom to consult regarding questions about this process. In addition, the Facilitator should be committed to a trauma-informed approach to mandated reporting. This may include providing on-going support to the participant making a disclosure, as well as assisting with safety planning and providing relevant community referrals.

Recommendations for Addressing Mandated Reporting:

Be up front, honest, and clear about your reporting obligations with the participants. This curriculum is about sexual health and sexual decision-making. In young people's lives, these issues often intersect with sexual and/or relationship violence. Share information about mandatory reporting as soon as possible. Suggested script:

As the Facilitator, my goal is to be able to get to know all of you and support you as you go through this program. I want us to be able to have open, honest conversations. Since we are going to be talking a lot about sexual health and decision-making, I recognize that sexual activity is something a lot of teens feel pressure about, or feel like they do not have the ability to make their own decisions. Sexual violence or sexual abuse is unfortunately quite common. If this has happened to you, or one of your friends or family-- painful memories can come up. Sometimes it helps to be able to talk to someone who has experience understanding sexual violence and

[18] Vieth, V.I. (2011). Lessons from Penn State: A Call to Implement a New Patter of Training for Mandated Reporters and Child Protection Professionals. Retrieved May 8, 2014 from http://www.isbe.state.il.us/reports/erins-law-final0512.pdf.

[19] Kenny, M. C. (2001). Child Abuse Reporting: Teachers Perceived Deterrents. *Child Abuse and Neglect*, 81,88. Retrieved May 8, 2014 from http://www.isbe.state.il.us/reports/erins-law-final0512.pdf.

sexual abuse. [Facilitator should have either the local rape crisis hotline number or the national rape crisis hotline number written on the board, as well as brochures available.]

Explain that these are 24/7 confidential resources that they may never need, but it would be good to know in case a friend or family member needs this information. Participants should also be aware of Safe2Tell®. This resource provides young people a way to report any threatening behaviors or activities endangering themselves or someone they know, in a way that keeps them safe and anonymous. For more information, please visit http://safe2tell.org/.

Continue sharing with the participants:
Violence in your relationship and/or sexual violence are often hard to cope with and you shouldn't have to deal with it all alone. For most people it's not something you can just "get over" or forget about, but it is possible for things to get better. You can contact a hotline, or if you would like to talk to me about what you've been through or what is going on, my goal is to listen, provide support, and help. In thinking about your options, it's important for you to know that every state, including Colorado, has laws to protect minors from abuse.

If you share information that you've been sexually abused or in some cases—if you are in a sexual relationship with someone much older than you, I may be obligated by law to share that information with law enforcement or the Department of Human Services (DHS). If that has to happen, you and I will discuss the best way to make the report, and how to make sure you are safe and have the support you need. Law enforcement and DHS may investigate further; they may not. It depends on the case. If you aren't comfortable with that and you aren't sure if you want to talk about what you've been through, you can call the hotline and stay anonymous. You can also talk to me about a friend or use generalities to learn more about options. You can also learn more about your options and support by using the anonymous question box. You don't have to share what you've been through, but a lot of people report that if they do, they feel much better. No matter what though, I will be glad you chose to talk about what's going on in your life, and I will believe and support you. What may have happened is not your fault. Let me know if you have any questions!

Here are some simple ideas for what to say following an immediate disclosure:

- *I am so sorry that happened. You didn't deserve it.*
- *What would help you to feel safe right now?*
- *Thank you so much for talking to me about this. I'm really glad you came to me.*
- *I believe you and think you are really strong.*
- *You aren't alone. What you are telling me has happened to other people your age. There are resources to support you.*
- *Because I know this information, I am obligated by the law to advocate for your safety. I'm not sure exactly what will happen now, but I promise that I will be open and honest with you and explain what may happen, while supporting you as best as I can throughout this process. If it's okay with you, I would like to connect you with an advocate. An*

advocate is different than a therapist, but is someone with a lot of experience with these issues, who can provide support and help explain your options.

After receiving a disclosure, the Facilitator may consider exploring safety planning with the participant, although an advocate from a local community-based domestic violence or sexual assault response organization has specific expertise in this area. A fill-in-the-blank version of a safety plan can be accessed here: http://www.loveisrespect.org/pdf/Teen-Safety-Plan.pdf. While this resource was created for victims of teen dating violence, it may also be a helpful tool for victims of sexual violence and/or family violence as well. When providing a safety plan as a resource, remember that it may not be safe for the participant to keep a hard copy of the plan.

It is recommended to have a pre-determined referral procedure for the local community-based domestic violence or sexual assault response organization. The advocate can be invited into the program for a private conversation with the participant. Advocates are well-trained and educated in the nuances and application of the child protection system, and other systems with which the participant may come into contact. The advocate should be well-equipped to provide education and resources to the participant and her/his family. These services are available even if there is no case opened and no offender accountability.

Additional Facilitator Information on Boundaries:

Establishing positive relationships with trusted adults is an important protective factor for reducing teen pregnancy and sexually transmitted infections.

Establishing positive relationships with trusted adults is an important protective factor for reducing teen pregnancy and sexually transmitted infections.[20] However, it is important to note that more than 80 percent of sexual abuse cases occur in isolated, one-on-one situations—often times with adults who have gained trust.[21] It is important that criminal background checks, personal interviews, and professional recommendations were thoroughly conducted for each Facilitator prior to working in this capacity. In order to mitigate risk, one-on-one conversations can be private, but they should be observable. Facilitators should have well-defined rules regarding interactions with participants. For example: texting or cell phone conversations with participants are not allowed; Facilitators are not allowed to give participants rides in their car; Facilitators are not allowed to

[20] Kirby, D. (2007). Emerging Answers 2007: New Research Findings on Programs to Reduce Teen Pregnancy —Full Report. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy. Retrieved April 7, 2014 from http://thenationalcampaign.org/resource/emerging-answers-2007%E2%80%94full-report.

[21] Snyder, H. N. (2000). Sexual assault of young children as reported to law enforcement: Victim, incident, and offender characteristics. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved April 7, 2014 from http://www.d2l.org.

give personal gifts to participants. Accountability and supervision regarding enforcement of the rules are integral.

Module 1: Introduction to HIV, STDs and Pregnancy

Page 5—Activity A: Program Introduction and Overview

I am concerned about the things teenagers do that place them at risk for pregnancy, STDs and HIV infection. This program focuses on knowledge, attitudes and prevention skills related to STDs and HIV. It also focuses on relationship issues, sexual behavior, decision-making, and negotiating in difficult situations.

TIC NOTE Participants may benefit from the inclusion of additional information in the introduction. Consider integrating the following message, acknowledging that some participants may struggle with the impact of trauma:

We are all responsible for our own decisions, but sometimes there are situations that we can't control and we don't know how to get help. For example, if you have been or are being hurt or abused (physically, sexually, emotionally, etc.), then you may not feel like you are able to make decisions about your body and safety. If you have been or are currently being abused, it is not your fault. You have done nothing wrong, and you deserve support. When we talk about pregnancy, STDs, and HIV, you may find yourself thinking about the abuse. That can be painful. Nobody should have to deal with these issues alone. Sometimes it helps to be able to talk to someone who has experience understanding sexual violence and relationship violence. [Facilitator should have either the local rape crisis hotline number or the national rape crisis hotline number written on the board, as well as brochures available. Explain that it is a 24/7 confidential resource.]

Page 6—Ask the participants:

What are examples of proud and responsible behavior?

Consider integrating examples on effective bystander intervention, as well as examples modeling respect for your partner's sexual limits. Bystander intervention is a strategy for prevention of various types of violence, including bullying, sexual harassment, sexual assault, and intimate partner violence.[22] Bystander intervention is grounded in the fact that people make decisions

[22] Banyard, V. L., Plante, E. G., & Moynihan, M. M. (2004). Bystander education: Bringing a broader community perspective to sexual violence prevention. *Journal of Community Psychology,* 32(1), 61-79.

and continue those behaviors based on the reactions they receive from others. By this theory, if peers demonstrate a behavior is okay or acceptable by never speaking out against it, the behavior continues.[23] Ultimately, cultural change involves altering the view of acceptable behavior within that culture. Sexual violence prevention is dependent on the commitment to educate, motivate, and inspire youth to create change in their peer groups and communities.

It may be helpful to frame for participants that sitting silently and watching people you know hurt each other, effectively makes hurting each other becomes normal and "okay." However, intervening when it is safe is an example of proud and responsible behavior.

For example, the list of proud and responsible bystander intervention can include:

- Speaking out if you see someone trying to hurt or take advantage of someone else sexually.
- If a friend tells you that s/he has been sexually abused or raped, listen, believe your friend, and help your friend find support.
- If you hear someone making jokes about someone's gender expression or sexual orientation, find a way to tell them you don't think it's funny.
- If your boyfriend or girlfriend doesn't want to have sex—you respect his or her feelings and don't pressure or make him or her feel bad about the decision.

For more information on bystander intervention and positive youth development, visit www.preventconnect.org.

Page 8—Write on the chalkboard, "Respect Ourselves, Protect Ourselves."

Ask participants what this statement means. Allow the group to generate responses. Then explain the following:
"Respect Ourselves, Protect Ourselves" is the motto chosen to help young people look at themselves and their community and to take responsibility for changing risk behaviors.

Coker, A. L., Cook-Craig, P. G., Williams, C. M., Fisher, B. S., Clear, E. R., Garcia, L. S. & Hegge, L. M. (2011). Evaluation of green dot: An active bystander intervention to reduce sexual violence on college campuses. *Violence Against Women,* 17(6): 777-796.

Langhinrichsen-Rohling, J., Foubert, J. D., Brasfield, H. M., Hill, B. & Shelley-Tremblay, S. (2011). The men's program: Does it impact college men's self-reported bystander efficacy and willingness to intervene? *Violence Against Women,* 17(6): 743-759.

[23] Langford, L. (Producer). (2012, May 31-June 1). Why and how teach/facilitate bystander intervention. *Bystander Intervention: From Its Roots to the Road Ahead.* Podcast retrieved June 2, 2014 from http://www.preventconnect.org/2012/07/mvp-bystander-intervention-linda-langford/.

Young people must make numerous social and personal decisions daily. These choices should be based on respecting yourself and protecting yourself as well as respecting and protecting your communities. In making these choices you learn that self-worth is important to your well-being and that today's choices will impact your life and your community in the future. Respecting and protecting ourselves is a powerful guideline that can remind us of the importance of taking care of ourselves and those around us.

TIC NOTE Foundational research on child sexual abuse has found that the stigmatization of abuse distorts children's sense of their own value and worth. Youth who have been sexually victimized also may have a diminished sense of efficacy, and often feel disempowered.[24] This curriculum frames self-respect, self-worth, and empowered decision-making as not only necessary for the individual, but also integral for the success of the broader community. Participants who have trauma histories may struggle with the concepts of self-respect and self-worth, and may also internalize that s/he has let their community down by not being able to stay safe. It is also important to note that many marginalized and oppressed communities experience what is known as "gatekeeping." This refers to the feeling and/or reality that the community must keep secret the issues of violence or abuse because of the fear of backlash or further marginalization from the dominant culture. It is important that the Facilitator recognizes that this dynamic may be an issue faced by participants.

Youth who have been sexually victimized also may have a diminished sense of efficacy, and often feel disempowered.

Throughout the curriculum instruction, the Facilitator can continuously reiterate and create discussion around the following message:
For some of us, learning to practice self-respect and self-worth and feeling like you can make safe and healthy decisions about your body feels really new. It's especially hard if you haven't been able to make decisions or have control over your body in the past. It's also difficult if people in your life have hurt and abused you, or put you down and made you feel bad about yourself. A part of "respecting ourselves" is also being gentle with ourselves, and understanding that new ways of thinking take time and undoing the pain from the past takes time. But it is possible, and there's support available to help with this process.

[24] Finkelhor, D., Browne, A. (1985). The Traumatic Impact of Child Sexual Abuse: A Conceptualization. Family Violence Resource Program, University of New Hampshire, Durham. Retrieved April 25, 2014 from http://lilt.ilstu.edu/mjreese/psy331/CSA%20articles/Finkelhor%20and%20Browne%201985.pdf.

Activity C: Creating Group Rules

Page 11—Group Rules and Guideline Suggestions

Confidentiality: When people share private information in this group, it should be kept private. If, for example, someone says he or she goes home to cry when people hurt his or her feelings, it would be a violation of the group rules to discuss or joke about this with someone outside the group. We will not talk about any personal information we hear in this group with people outside this group.

TIC NOTE It is undoubtedly important to create a climate where participants feel safe to participate. Stressing the importance of privacy and confidentiality is fundamental in creating a trauma-informed educational environment. The suggested language (see pages 30-31) advising participants of the mandatory reporting requirement should be integrated into this section.

Page 14—Activity D: Discussing HIV, STDs and Pregnancy

What measures can you take to help prevent acquiring HIV/AIDS?
Using latex condoms or dental dams every time you have vaginal, oral, or anal sex.

TIC NOTE It may be helpful to acknowledge—*There may have been times in your life where you didn't feel like you were able to use condoms or dental dams, it didn't feel safe to ask, or your desire to use condoms was not respected by your partner. That unfortunately happens to many people. If your partner hasn't respected your wishes in the past, I'm really sorry. Part of being responsible is listening and respecting your partner's wishes. Sometimes there are situations where it doesn't feel like it is safe to even ask your partner to use protection. If you've been in that type of situation, I'm really sorry. You should feel safe in every part of your life, especially in sexual situations. These situations can be really hard to deal with alone, and you don't have to. Remind participants of the community resources for sexual violence and/or teen dating violence.*

Page 21—Agree or Disagree Statements

The seventh statement states: *If a person gets HIV or an STD it's their own fault. (While no one deserves to get HIV or any other STD, ultimately it is up to you to practice behaviors to protect yourself.)*

TIC NOTE While accepting personal responsibility is a core component of this curriculum, it is important to consider how this message may impact a participant who has been (or is currently being) sexually abused, or who has become pregnant or contracted a STD through sexual violence. Because victims often internalize considerable shame and guilt as a result of the sexual violence, it may be helpful to re-phrase as: *If a person contracts HIV or an STD through consensual sex, it's their own fault. (While no one deserves to get HIV or any other STD, ultimately it is up to you to practice behaviors to protect yourself.)* Using terminology such as

"consensual sex" will require participants to understand and be able to define the term. Therefore "consent" may need to be added to the earlier Key Words discussion activity. See pages 28-29 for more information on expanding discussions about consent.

Module 2: Building Knowledge About HIV, STDs and Pregnancy

Page 29—Activity B: Birth Control Activity

> *Introduce this activity by saying: The purpose of this activity is to present factual information about birth control. We are not assuming that you are sexually active or will be any time soon. However, most of you will transition out of abstinence at some point in your lives, and at that time, it will be important that you know how to protect yourselves. Thinking about it in advance will help you make a healthy decision when the need arises. We also understand that the personal values of some may be different than the personal values of others. For example, some people do not believe in using birth control because it may be against their religion while other people have no beliefs against it. The bottom line is that most people who have sex need a way to prevent pregnancy and STDs, including HIV. We want you to be able to make informed decisions about protecting yourselves, so we're going to learn about all the options.*

TIC NOTE It is important to consider that for youth who have experienced sexual abuse, abstinence was never a choice or an option. Consider a simple adaptation of this introduction:
The purpose of this activity is to present factual information about birth control. We are not assuming that you have made a choice to become sexually active or will be any time soon. Everyone in this class is different. Some of you may have been able to choose not to become sexually active, some of you have chosen to be sexually active, and unfortunately there may be some of you who didn't feel like you were able to make that choice. No matter what, it will be important to know that there are different options when it comes to preventing pregnancy, STDs, and HIV. If you haven't made the choice to have sex, thinking about it in advance will help you make a healthy decision when the need arises. We also understand that the personal values of some may be different than the personal values of others. For example, some people do not believe in using birth control because it may be against their religion while other people have no beliefs against it. The bottom line is that most people who make the decision to have sex need a way to prevent pregnancy and STDs, including HIV. We want you to be able to make informed decisions, so we're going to learn about all the options.

Page 31—Condoms

TIC NOTE Teaching effective condom use through comprehensive sexual education undoubtedly helps youth take steps to remain healthy, while reducing negative sexual health outcomes. However, it is important for Facilitators to know that condoms are used in

approximately 10-15 percent of sexual assaults.[25] Furthermore, negotiating condom use is challenging for women and girls who have limited power in their relationship and may be experiencing intimate partner violence in their relationship or sexual abuse by a family member or person of trust in the community.[26] Therefore, it is important for the Facilitator to consider that discussing and advising condom use may remind some participants of abuse and/or trigger painful memories of not being safe and able to advocate for condom use.

If the Facilitator knows that a participant is a survivor of sexual abuse (and it feels appropriate), s/he may want to check in with the individual before, and prepare the participant that the following day will include a discussion on types of contraceptives—including condoms. The Facilitator can also do a brief check-in with the participant after the activity. All participants may benefit from a brief grounding activity before and after the condom demonstration. The Facilitator can also normalize a trauma-response by reminding participants: *Some things we discuss in this class may bring up difficult memories. If that happens for you, you don't have to deal with it alone. Remind participants of options for reaching out: for example — Facilitator office hours, anonymous question box, the national rape crisis center hotline, the local rape crisis center hotline, and Safe2tell.*

Page 32-34—Birth Control Pills, Birth Control Patch and Ring, IUD, Depo-Provera Shots, Implanon

TIC NOTE When discussing these types of birth control options, it may be helpful for the Facilitator to have an understanding of the prevalence and dynamics of reproductive coercion.[27] Behaviors that affect reproductive health and are aimed to maintain power and control in a relationship are often recognized as reproductive coercion. Most forms of reproductive coercion disproportionately affect females.[28] Birth control sabotage and pregnancy pressure and coercion

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[25] O'Neal, E., Decker, S. H., Spohn, C., & Tellis, K. (2013). Condom use during sexual assault. *Journal Of Forensic & Legal Medicine*, 20(6), 605-609.

[26] Teitelman, A., Davis-Vogel, A., & Lu, M. (2009). Adolescent Girls' Beliefs about Partner Abuse and Safer Sex. *Conference Papers -- American Society of Criminology*, 1.

Swan, H., & O'Connell, D. J. (2012). The Impact of Intimate Partner Violence on Women's Condom Negotiation Efficacy. *Journal of Interpersonal Violence*, 27(4), 775-792.

[27] Chamberlain, L., Levenson, R. Addressing Intimate Partner Violence Reproductive and Sexual Coercion: A Guide for Obstetric, Gynecologic, Reproductive Health Care Settings, Third Edition. American College of Obstetricians and Gynecologists. Retrieved April 30, 2014 from http://www.futureswithoutviolence.org/userfiles/file/HealthCare/Reproductive%20Health%20Guidelines.pdf

[28] American College of Obstetricians and Gynecologists. (2013). Reproductive Coercion Prevalent Regardless of Socioeconomic and Educational Background [Press release]. Retrieved July 10, 2014 from https://www.acog.org/About-ACOG/News-Room/News-Releases/2013/Reproductive-Coercion-Prevalent-Regardless-of-Socioeconomic-and-Educational-Background.

are examples of reproductive coercion.[29] Birth control sabotage is active interference with a partner's contraceptive methods. Examples of birth control sabotage include:

- Hiding, withholding, or destroying a partner's birth control pills;
- Breaking or poking holes in a condom on purpose or removing it during sex in an explicit attempt to promote pregnancy;
- Not withdrawing when that was the agreed upon method of contraception;
- Pulling out vaginal rings; or
- Tearing off contraceptive patches.

Pregnancy pressure involves behaviors that are intended to pressure a female partner to become pregnant when she does not wish to become pregnant. Pregnancy coercion involves coercive behaviors such as threats or acts of violence if she does not comply with her partner's wishes regarding the decision of whether to terminate or continue a pregnancy. Examples of pregnancy pressure and coercion include:

- Threatening to leave a partner if she does not become pregnant;
- Threatening to hurt a partner who does not agree to become pregnant;
- Forcing a female partner to carry to term against her wishes through threats or acts of violence;
- Forcing a female partner to terminate a pregnancy when she does not want to; or
- Injuring a female partner in a way that she may have a miscarriage.

Because of the prevalence of reproductive coercion amongst adolescent females,[30] it may be helpful to acknowledge that the IUD, Depro-provera shots, and Implanon are birth control methods that cannot be tampered with or destroyed by an abusive partner.

TIC NOTE Consider adding a bullet point to the explanations of the IUD, Depro-provera shots, and Implanon which states:

- *When a girl or woman uses an IUD, Depro-provera shots, or Implanon, her partner will not feel it, and cannot tamper with it or take it out.*

Page 34—Abstinence

- *Abstinence is the safest and most effective pregnancy prevention.*
- *It's important to have a backup method in case you decide to stop using abstinence in order to be able to protect yourself from pregnancy and STDs, including HIV.*

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[29] Miller, E., Jordan, B., Levenson, R., Silverman, J. (2010). Reproductive Coercion: Connecting the Dots Between Partner Violence and Unintended Pregnancy. *Contraception,* 81(6), 457-459.

[30] Miller E, Decker MR, Reed E, Raj A, Hathaway JE, Silverman JG. (2007). Male partner pregnancy-promoting behaviors and adolescent partner violence: findings from a qualitative study with adolescent females. *Ambulatory Pediatrics*, 7, 360–366.

TIC NOTE While this content is medically accurate, it is important to consider that for youth who have been sexually abused, abstinence was never a choice or an option. Because of the significant shame child sexual abuse survivors often internalize,[31] it may be helpful to reframe the bullet points:

- *When able to make the choice, abstinence is the safest and most effective pregnancy prevention. If you have been able to choose abstinence, it's important to have a backup method in case you decide to stop using abstinence in order to be able to protect yourself from pregnancy and STDs, including HIV.*
- *If there has been abuse in your life and you weren't able to choose abstinence, it is not your fault. You did nothing wrong, and you deserve to be safe, happy, and healthy.*

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How does a teenager decide whether to use birth control and which method to use? What are some ways males can participate in the process of using birth control?

TIC NOTE These discussion questions present an opportunity to integrate core concepts around support, accountability, and reproductive coercion. For example, when asking: *How does a teenager decide whether to use birth control and which method to use?* Consider adding a bullet point stating: *Do I feel respected and safe enough in my relationship to make collaborative decisions about birth control?*

When discussing this point, the Facilitator can explain: *For some teens, it doesn't feel possible to safely discuss these issues. Some teens know that their feelings about birth control will not be respected by their partner. If you are in that situation, it's not your fault and there is help and support available.* The Facilitator should point to hotline information, including the National Rape Crisis Hotline, teen dating violence hotlines, and local resources.

Do I feel respected and safe enough in my relationship to make collaborative decisions about birth control?

Additionally, when asking: *What are some ways males can participate in the process of using birth control?*, the conversation on being supportive can be expanded to discuss healthy and unhealthy relationship dynamics. While in healthy relationships, it is advisable for males to go to the doctor/clinic with partner, if the relationship is abusive, it may not be safe or helpful. It is important for participants to understand that making decisions about birth control can be a collaborative process, but that no matter the gender—one individual should not have a

[31] Fanflik, P. L. (2007). *Victim responses to sexual assault: Counterintuitive or simply adaptive?* Retrieved June 3, 2014 from http://www.ndaa.org/pdf/pub_victim_responses_sexual_assault.pdf.

Peters, D. K., & Range, L. M. (1996). Self-blame and self-destruction in women sexually abused as children. *Journal of Child Sexual Abuse,* 5(4), 19-33.

disproportionate amount of power and control to make these decisions unilaterally. The website www.loveisrespect.org is an excellent resource for engaging in these conversations with youth. The site includes relationship quizzes written specifically for youth, so that they can assess their relationships.

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> *Summarize this module by saying: If you are going to have sex, you have to worry about unintended pregnancy and sexually transmitted diseases, including HIV. Remember, in order to reach your goals and dreams, the proud and responsible thing to do is to be safe.*

TIC NOTE Consider re-phrasing:

- *If you make the decision to have sex, you have to worry about unintended pregnancy and sexually transmitted diseases, including HIV.*
- *Remember, in order to reach your goals and dreams, the proud and responsible thing to do is to be safe. If you haven't been able to stay safe in the past or didn't feel like you were able to make these choices, it's not your fault. No matter the circumstances or what has happened to you, you all can reach your goals and dreams. Staying safe sometimes requires help from other people. Asking for help can be difficult, but talking to me, another adult your trust, or even texting or calling a hotline anonymously are all options. Just remember if you tell me that someone has hurt or abused you, I may be obligated by law to take steps to make sure you are safe. I will always support you and believe you.*

Page 37 & 38—Activity C: The Subject is HIV

TIC NOTE In introducing the video, the Facilitator may consider acknowledging that some participants may have fears about HIV, and may worry that they are already infected. The Facilitator may choose to explain that the intent of showing the film is not to scare anyone, but to provide helpful information. Participants should be made aware of accessible resources to help determine HIV status. The Facilitator may also acknowledge that discussing HIV can be particularly difficult for participants who have a family member or a friend living with the virus, or if they have lost a loved one to the disease. The Facilitator should be able to explain accessible support services, if discussing this topic brings up sad or painful feelings and memories, and the Facilitator may consider integrating a short grounding activity before and after watching the video.

This DVD includes the story of an adolescent relationship experiencing conflict over sexual activity (Brian and Emma). Though well intentioned, the video portrays a potentially coercive relationship, which may be problematic without further classroom discussion on this specific topic. Here is a synopsis of events:

- Emma verbalizes her uncertainty about being "ready" to have sex and further describes to her friends that her boyfriend (Brian) is really pressuring her to engage in unprotected sex.
- She explains that he wants to, but she does not and states that she does not know how to handle the pressure.
- She continues to explain that she wants to "take things slow," but does not want to "lose him." She is clearly in distress and reiterates that she is just not ready.
- Brian is then shown discussing the same situation with his friends. The video depicts Brian as very agitated about his girlfriend's apprehensiveness, and complains about her concerns regarding STD contraction and pregnancy.
- Emma's expression of not feeling "ready" to engage in sexual intercourse is not acknowledged.
- The scenario is resolved by Brian's friends convincing him that safe sex is the only type of sex to have, demonstrating effective bystander intervention.
- Emma is happy that Brian has agreed to use condoms.
- Emma's concern about her readiness to engage in sexual intercourse is not readdressed.

The video presents some questions about healthy relationships that should be addressed:

- The dialogue presents the questions: *Is Emma not ready to have sex at all? Or is Emma just unwilling to have unprotected sex?* These are two separate but very prevalent issues, however only one issue is addressed—unprotected sex.
- Emma discloses Brian's persistent sexual coercion in the beginning of the video and is distressed. Emma's distress and fear of reprisal for not engaging in sexual intercourse with Brian is not clearly addressed.
- No one tells Emma that choosing to not have sex is an option, and that engaging in sexual intercourse is a choice that should be made outside of pressure and coercion.
- No one tells Brian that Emma's potential choice to abstain from sex is an option that needs to be respected.
- No one tells either Brian or Emma that pressuring a partner to the point of physical and emotional distress is a form of sexual coercion.
- Although Emma's desire to abstain is lost in the conversation about condom use, the situation appears to be resolved in a positive manner. Victims of teen dating violence may not identify with the shift in Brian's thinking and his new-found willingness to use a condom (although we are left unsure about how Brian would respond if Emma was able to stand firm in her desire to abstain).

Because of all of these dynamics, is important to integrate a discussion about how there are two separate issues blurred together in this video:

1) Coercing a partner to have sex in the first place.

2) Coercing a partner to have unprotected sex.

When discussing these dynamics, the Facilitator should be able to integrate what it means to have a safe and healthy relationship that is free of coercion, and how to seek support if you or a friend is struggling with this type of coercion. Participants may be in relationships, or have friends in relationships, where one partner does not feel physically or emotionally safe enough to advocate for contraceptive use.

The video shows/implies that there are a lot of pressures in teens' daily lives to have sex, therefore their options are either abstinence or engaging in protected sex. Unfortunately, due to the high prevalence of sexual abuse and teen dating violence, these two options are not always possible, accessible, or realistic. It is imperative to also address the needs of participants who may have experienced sexual or relationship violence because sexual violence, fear of violence for refusing sex, and difficulties negotiating contraception and condom use in the context of an abusive relationship all contribute to the increased risk for unintended pregnancy and STIs.[32]

Participants may benefit from additional conversation on the prevalence of sexual and relationship violence, while working to debunk feelings of sexual entitlement. Exploring the co-facilitation of this discussion with local partners providing sexual and relationship violence prevention education is recommended.

Module 3: Understanding Vulnerability to HIV, STDs and Teen Pregnancy

Page 41—Acknowledging the Threat of HIV, STDs and Pregnancy

> *Open the module by saying: We have learned a lot about HIV, STDs and pregnancy. This time we will each take a closer look at our personal vulnerability and begin to discuss condom use. Are there any thoughts, feelings, reactions, or questions regarding our last session that you would like to discuss?*

TIC NOTE Because discussing these issues may be particularly challenging for youth who have experienced sexual and/or relationship violence, as well as for youth who have HIV, STDs, and/or may be pregnant/parenting, (or have family/friends who have experienced these issues), it may be helpful to acknowledge that looking at personal vulnerability can be challenging. The Facilitator can normalize these responses, while sharing information about coping skills and grounding activities.

Participants may not feel safe or comfortable discussing their thoughts, feelings, reactions, or questions out loud. The Facilitator may consider integrating other options, such as journaling or providing an anonymous question box. If an anonymous question box is integrated, because it may be an avenue for participants to disclose sensitive or traumatic information, it is

[32] Miller, E., Jordan, B., Levenson, R., Silverman, J. (2010). Reproductive coercion: connecting the dots between partner violence and unintended pregnancy. *Contraception,* 81(6), 457-459.

recommended that the Facilitator informs participants that all questions will be read and addressed. However, due to time constraints and privacy, some questions will be read out loud (if appropriate), and other questions will be addressed through subsequent lessons or privately. This strategy helps ensure participants' privacy and safety.

The opening of the module can be easily adapted by saying:
We have learned a lot about HIV, STDs and pregnancy already. This time we will each take a closer look at this issue, think about how it affects each of us personally, and begin to discuss condom use. Are there any thoughts, feelings, reactions, or questions regarding our last session that you would like to discuss? Talking about these things and thinking about your own experiences can be hard. If you have thoughts, feelings, reactions, or questions—but you don't feel comfortable talking about it as a class, you can always share some of what you are thinking by leaving a note in our anonymous question box. Even though our class rules are set up so that everyone can feel comfortable in this class, it's understandable that some of this may bring up uncomfortable feelings. If you find yourself feeling panicky, anxious, or distracted—remember what we practiced with deep breathing. You can also let me know what's going on, so that we can figure out a way to make this class easier. See pages 20 and 23 for sample grounding activities.

Page 41 & 42—Explain the following information:

TIC NOTE This section provides participants with statistics about HIV/AIDS prevalence, and then immediately provides statistics on teen pregnancy prevalence. Teen parents in the classroom may feel that pregnancy and parenthood should not be synonymous to HIV/AIDS. It is important for participants to understand the prevalence of teen pregnancy; however, those statistics may be more appropriately shared when reviewing how females become pregnant, in Step Seven. If participants feel angry or offended, they may not be able to fully engage in the learning process. When discussing unintended adolescent pregnancy, it is important for the Facilitator to approach the conversation with sensitivity because rape-related pregnancy occurs with significant frequency in cases of teen dating violence, incest, etc.[33]

Page 43—Explain:

> *The threat of HIV, STDs and pregnancy necessitates practicing abstinence or safer sex. Acknowledging the threat of HIV, STDs and pregnancy and demanding abstinence or the use of a latex barrier often creates stress in a relationship. Many people feel afraid to ask their sexual partners to use condoms, believing it will drive them away, make them angry, or make them violent. Many people deny that HIV, STDs and teen pregnancy is a personal or family issue. Until HIV, STDs or teen pregnancy affects them or someone they*

[33] Holmes, MM., Resnick HS., Kilpatrick, DJ, Best, CL. (1996). Rape-related pregnancy: estimates and descriptive characteristics from a national sample of women. *American Journal of Obstetrics and Gynecology,* 175(2), 320-324.

know, they often avoid taking responsibility for their decisions and actions concerning sex and protecting themselves.

TIC NOTE Consider integrating a trauma-informed adaption to help normalize how violence may be connected to these issues. This adaption reinforces offender accountability and ensures that participants know support is available.

The threat of HIV, STDs and pregnancy necessitates practicing abstinence or safer sex, when you are able to make those choices. Acknowledging the threat of HIV, STDs and pregnancy and demanding abstinence or the use of a latex barrier often creates stress in a relationship, or may not even feel possible. Many people feel afraid to ask their sexual partners to use condoms, believing it will drive them away, make them angry, or make them violent. These reactions are not an appropriate response to your partner advocating for his/her health. If you are in a situation like this, it's not your fault and you deserve to be safe, healthy, and happy in your relationships. Many people deny that HIV, STDs and teen pregnancy is a personal or family issue. These issues can be hard to talk about, especially if they were a result of unwanted sexual experiences. Until HIV, STDs or teen pregnancy affects you or someone you know, people don't really like to think about these issues, and often avoid thinking about the best ways to protect themselves and taking action.

Page 43

Emphasize that in all relationships both partners have the right and the responsibility to be equally involved. Each partner is ultimately responsible for his or her own safety and protection and has the right to make personal choices. When both partners are involved in the decision-making, each has control over personal behaviors and is less likely to take advantage of the other.

TIC NOTE This content is very helpful in explaining the core concepts of healthy relationships. Participants should understand what unequal power and control can look like in a dating relationship, the harmful effects of this type of relationship, and the supportive resources available if they are experiencing relationship violence and/or reproductive coercion.

Page 44 & 45—Activity B: Tanisha and Shay

Summarize this activity by saying:

As you can see, becoming pregnant or getting someone pregnant can dramatically affect your life. Therefore, it is important to avoid these consequences and practice abstinence or at least safer sex. Be prepared. If you're going to engage in sexual activity, make sure you use a latex or polyurethane condom every time!

TIC NOTE This video is a realistic depiction of the emotion and decision-making associated with unintended adolescent pregnancy in a consensual, sexual relationship. Because not all sexual activity resulting in pregnancy is consensual, consider summarizing by stating:
As you can see, becoming pregnant or getting someone pregnant can dramatically affect your life. Therefore, it is important to avoid these consequences and practice abstinence or at least safer sex, when possible. If it's not possible because of what's going on in your life, it's not your fault and you don't have to deal with it alone. Be prepared. If you're able to make the choice to engage in consensual sexual activity, make sure you use a latex or polyurethane condom every time!

Module 4: Attitudes and Beliefs About HIV, Condom Use and Safer Sex

Page 59—How can you prevent yourself from getting an STD?

- *Answers should include:*
- *Use a latex or polyurethane condom, or dental dam every time you have vaginal, oral or anal sex.*
- *Abstain from vaginal, oral and anal sex.*

TIC NOTE Because these answers are not always possible or realistic for participants who have experienced or are experiencing sexual abuse/violence, considering reiterating:
Answers should include:

- *Use a latex or polyurethane condom, or dental dam every time you choose to have vaginal, oral or anal sex.*
- *Abstain from vaginal, oral and anal sex.*
- *If these are not options in your life, then there is support available. You should always be able to make choices about what you want to do with your body, and those choices should always be respected. If that hasn't been your experience, it's not your fault and we want you to be safe, healthy, and happy.* [Remind participants about options for supportive resources.]

Page 62

Then say: If you get an STD from sexual activity you engaged in willingly, you should be upset with YOURSELF because it is YOUR responsibility to be protected.

TIC NOTE The distinction made regarding willing engagement in sexual activity is an important one. However, youth who have been sexually abused or who have experienced sexual violence may have difficulties correctly identifying the act(s) as criminal behavior, and often blame themselves for the perpetrator's choices and actions. For this reason, it is important that

participants have had the opportunity to discuss and understand what it means to consent to sexual activity. These concepts can be reinforced by saying:

If you get an STD from sexual activity you engaged in willingly (Facilitators can be instructed to emphasize this word as well), you should be upset with YOURSELF because it is YOUR responsibility to be protected. The good news is that it's never too late to start protecting yourself and commit to it. If you have an STD from sexual activity that was not consensual (Facilitators can ask participants to discuss the core concepts of giving/receiving consent), it is NEVER your fault. That can be really tough to deal with. Be gentle on yourself and consider reaching out for support [Remind participants of the options for support].

Pages 64-69—Activity B: Understanding Messages About Sex

Page 65

Ask participants to brainstorm what their friends, partners, or peers say about sex. There is no need to record the answers. Think about movies you see or the music you listen to. What messages do they send about sex?

TIC NOTE If participants make comments that are reflective of rape culture and/or myths about sexual violence, it is important for the Facilitator to discuss and debunk those statements as soon as possible. For example, comments such as:

- Girls often mean "yes" even when they say "no."
- Sex with a teacher would be really hot.
- Girls who dress sexy or act flirty always want sex.
- If she does ____, she's totally asking for it.

Page 66-68 *—Ask the participants*

Has anyone ever heard of "sexting"? What is it?
Brainstorm reasons why people sext.
Answers may include:

- *It's fun and exciting*
- *It helps you feel attractive*
- *To initiate sex*
- *It lets your partner know you are thinking about him or her*
- *It helps you keep your partner interested*
- *Brainstorm reasons why sexting is dangerous.*

TIC NOTE Sexting is a form of sexual expression that can range from completely informed and consensual to non-consensual and sexually violent.[34] It may be helpful for participants to understand the spectrum of behaviors associated with sexting. Participants should understand that the following behaviors are often illegal and considered criminal:[35]

- Forcing or coercing someone to take explicit images of themselves;
- Taking explicit images of sexual acts without consent;
- Forwarding explicit images without consent; or
- Using explicit images to harm, bully, or intimidate.

When discussing sexting and how technology may intersect with sexual activity, it is important to consider that 1 in 4 dating teens is abused or harassed online on through texts by their partners.[36] Teen victims of digital abuse and harassment are 2 times as likely to be physically abused, 2.5 times as likely to be psychologically abused, and 5 times as likely to be sexually coerced.[37] What may appear to be sexting can actually be indicative of a deeper pattern of abuse. For those reasons, it is important that conversations discussing the dangers of sexting give participants clear messages about the significant harm that comes from coercing your partner into taking sexually explicit images or sending and forwarding explicit images without consent. It is important to also stress:

Even if you made the decision to take and send the images, nobody has the right to use them to hurt you.

If someone is using the explicit images as a means to threaten, bully, or harm you—it is not your fault. Even if you made the decision to take and send the images, nobody has the right to use them to hurt you. There is support available.

Page 72 & 73—Agree or Disagree Statements

> *Once someone has had sex, it's impossible for him or her to practice abstinence. (It may be harder for some people than others, but it is a choice that you can make and hold yourself to it).*

[34] Keene, Casey. (2013). What is the connection between sexting and sexual violence? *National Online Resource Center on Violence Against Women*. Retrieved on July 11, 2014 from http://www.vawnet.org/news/2013/06/sexting/.

[35] Colo. Rev. Stat. § 18-6-403; Colo. Rev. Stat.§18-7-107.

[36] Zweig, J., Dank, M. (2013). Teen dating abuse and harassment in the digital world: implications for prevention and intervention. *Urban Institute*. Retrieved on July 1, 2014 from www.urban.org/digitizingabuse.

[37] Ibid.

TIC NOTE This statement is an excellent time to reinforce:
No matter what has happened to you in the past, you deserve to be safe, healthy, and happy in the future. That means being able to make decisions about your body that you know will be respected. If abstinence never felt like it was really a choice that you could make in the past, we hope it can be a choice now. If you don't feel like you are safely able to make this decision, that's a lot to deal with, and you don't have to deal with it alone. There is support available. [Refer participants to supportive options].

***Page 72 & 73*—It's difficult to discuss safer sex with my boyfriend or girlfriend.**

- *(It is easy when your mind is made up and you know why you want to be safe. Also, if you are not comfortable talking about sex with your partner, you shouldn't be having sex.)*
- *It is very hard to convince a sexual partner to practice safer sex. (Even though it may be hard, it is important to do it.)*
- *Refusing to have sex if my partner will not use a condom is hard to do. (Refusing unsafe sex is the proud and responsible thing to do).*

TIC NOTE These statements may be difficult for participants who are in a teen dating violence relationship and are experiencing sexual coercion. For those participants, it is not easy, and there are significant safety concerns associated with trying to set boundaries. The Facilitator may consider emphasizing:
Everyone deserves to be in a relationship where they are comfortable talking about sex and setting boundaries with their partner. In a safe and healthy relationship, your partner should respect your feelings about sex and your boundaries. Love can be confusing sometimes, and it's hard to know what to do when talking about these subjects. Sometimes it feels pointless to talk about because you know your feelings won't be respected. Teen dating violence is actually really common. There's a great relationship website: www.loveisrespect.org. If there are things going on in your relationship that make you uncomfortable, think about checking it out. There are quizzes you can take to learn if your relationship is healthy, and if you want, you can also text with an advocate who helps teens with these types of things.

A part of being in a relationship is listening to and respecting your partner's boundaries. One person's desires around sex should never mean more than the other person's feelings and boundaries. Even if you've done something sexually with your partner in the past—that doesn't mean you can't change your mind or decide you don't want to do it in the future. That decision should always be respected.

Page 74-83—Activity D: Calling Koko

Page 74

As a team, discuss, decide on, and then write down the advice you would give to your caller. At the end of this activity, one person will read the caller's question and one person from each group will share the advice with the rest of the group. Your final decision should be one that everyone in the group can agree on. Remind your callers that they can make proud and responsible choices.

Page 78—Caller 3

Now I'm in a new relationship and I'm feeling pressured to have sex.
Suggested Response to Caller 3:
Be proud and responsible this time and talk to your new partner about condoms… If your new partner cares about your relationship, understanding that using condoms is the right thing to do won't be hard.

TIC NOTE These activities are an excellent way to reinforce participant learning. However, the suggested response does not address that the caller articulated that she is feeling pressured to have sex (not simply that her partner doesn't want to use condoms). The suggested response can also state: *If you don't feel ready to have sex, that is totally okay! Your new partner should respect that decision. Nobody has the right to pressure you into sex before you are ready and excited about it!* The Facilitator can ask the participants to explain to "Anxious Alex" what it means to enthusiastically consent to sex, how important that is in a relationship, and who s/he can talk to for more help if the pressuring does not stop.

Page 81—Caller 6

Koko,
I'm a senior this year and plan to go to college, but I did something the other night that was really stupid. I went to a party. I had a couple of beers and then somebody handed me a joint. Everyone else was smoking too. It was powerful stuff! I had never used drugs before, and I was really out of it. The next thing I knew I was in the bedroom with Lamar, a basketball player I kind of had a thing for. We ended up having sex, and I don't know if he used a condom, because I was so high that I forgot to ask him. I heard Lamar does this type of thing a lot. Now he barely even speaks to me. I'm scared that I could have gotten pregnant, or even worse, gotten infected with an STD like HIV. What should I do? – Regretful Rihanna

Suggested Response to Caller 6: You're right! That wasn't a very smart move on your part. Alcohol and drugs can lower you inhibitions and cause you to make unhealthy choices about your life, especially when it comes to sex. Peer pressure doesn't help either. It's never a good idea, under any circumstances, to have sex with someone you don't

know very well. In the future, avoid alcohol (at least until you are a legal age) and drugs altogether. Check with your local family planning and/or STD clinic about getting tested for pregnancy and STDs. These services are often free and are confidential or anonymous. Don't forget to use a latex condom every time you have intercourse. Oh yeah, and stay away from guys like Lamar, please. They aren't worth it!

TIC NOTE This scenario should be addressed through a sexual assault lens. Many sexual assault survivors will not immediately (if ever) identify with the terms "rape" or "sexual assault." It is common for survivors to "test the water" when disclosing sexual assault, and slowly gauge the other person's reaction. Self-blame and denial of what happened is very common. In this scenario, Rihanna does not explicitly state that she was sexually assaulted, but what she is describing is potentially sexual assault. A helpful analogy is that sexual assault disclosures are often like peeling an onion. Due to the impairments of traumatic memory and the need to determine if the person receiving the disclosure will be safe and supportive, what someone first hears is not always indicative of the full extent of what has happened. There are often layers upon layers of the experience.

It is important to note:

- Rihanna states "I was really out of it."
- Rihanna doesn't remember everything that happened (i.e. whether or not Lamar used a condom).This memory loss may be due to the impaired memories that occur as a result of the neurobiological response to trauma and/or drug & alcohol impairment to the extent that she was incapable of appraising the nature of her conduct. Having sex with someone impaired to this extent is a crime under Colorado law.
- Rihanna states that "Lamar does this type of thing a lot." Because of the serial nature of sex offending and the planning and premeditation that the majority of sex offenders exhibit, Rihanna may be referring to other situations in which Lamar has perpetrated sexual abuse.

This section has the opportunity to reinforce the following key concepts:

- Drugs and alcohol do not cause or excuse violent behavior or perpetration.
- If assaulted while under the influence, it is NOT the victim's fault and it is never the victim's fault. Consenting to use drugs/alcohol is not the same as consenting to sexual activity.
- Under Colorado law, it is sexual assault if the victim is incapable of appraising the nature of her/his conduct or has been impaired involuntary. Reference Colorado Revised Statute 18-3-402. Sexual assault. (1) Any actor who knowingly inflicts sexual intrusion or sexual penetration on a victim commits sexual assault if: (a) The actor causes submission of the victim by means of sufficient consequence reasonably calculated to cause submission against the victim's will; or (b) The actor knows that the victim is incapable of appraising the nature of the victim's conduct. (4) Sexual assault is a class 3 felony if (d) The actor has

substantially impaired the victim's power to appraise or control the victim's conduct by employing, without the victim's consent, any drug, intoxicant, or other means for the purpose of causing submission.

- Consent means that you know FOR SURE, that the person is 100 percent okay with the sexual activity.

A trauma-informed response to Caller 6 would look more like this version:
Thanks so much for calling today. It can be really hard to reach out and make these calls. I'm so sorry to hear about what happened. It sounds like you aren't able to remember exactly what happened with Lamar, which can be really scary. You mentioned that you were really out of it, and I want you to know that having sex with someone who isn't able to say "yes" or "no" because of drugs and alcohol or because they are passed out, is actually against the law.

Even if you aren't exactly sure what happened, it might be helpful to talk to the folks at a rape crisis center (ask the participants to name the local rape crisis center). Sometimes just talking to someone who knows a lot about these things can be helpful. You probably will feel better if you see a doctor or nurse to talk about your concerns around pregnancy, STDs, and HIV (some hospitals have Sexual Assault Nurse Examiners who are specifically trained who you can talk to if you have questions). Check with your local family planning and/or STD clinic about getting tested for pregnancy and STDs. These services are often free and are confidential or anonymous. I'm glad you called and are seeking support!

Module 5: Building Condom Use Skills

Page 92—Steps for Effective Use of Condoms

Check during intercourse to make sure the condom is not slipping.

TIC NOTE The Facilitator can also remind participants to also check during intercourse to make sure their partner is awake, engaged, and enjoying what is happening. If s/he is not, then the sexual activity must stop.

Page 95—Summarize as follows:

Refrain from using alcohol or drugs because they affect your judgment.

TIC NOTE The Facilitator may consider adding to the summary:

- *It is never okay to have sex with someone who is impaired to the point that they cannot consent or they don't understand what is happening. That is sexual assault, and it is a crime.*
- *If someone hurt you or took advantage of you when you were using alcohol or drugs, it's not your fault. Choosing to drink or use drugs is not the same as choosing to have sex.*

Page 100 & 101—Activity C: What Gets in the Way of Proud and Responsible Sexual Behavior?

What are some of the barriers to condom use or other forms of latex protection?

TIC NOTE Consider adding to the list—

- *Partner refuses; unhealthy relationship where it's not safe to talk about condom use.*
- *What if your partner says no to using condoms or dental dams? (Postpone having sex until you both agree to use them.)*

The Facilitator can expand the conversation, to ensure that participants who are experiencing teen dating violence are not alienated by the discussion. Additional components can include: *talk to someone you trust about what is going on in your relationship; if there is sexual and/or reproductive coercion in your relationship and you don't feel like you are able to break up—talk to a health care provider about a form of birth control that can't be tampered with, like the IUD; talk to an advocate at a domestic violence shelter, or online at www.loveisrespect.org).*

Page 101

TIC NOTE This section provides an additional opportunity to reinforce that drug and/or alcohol facilitated sexual assault is never the victim's fault.

Page 102-106—Activity D: "What to Say If My Partner Says…." Turning Negative Responses Into Positive Responses

TIC NOTE This activity is an excellent strategy to increase condom use for youth who are in healthy, consensual sexual relationships. However, the Facilitator may acknowledge that in some relationships, where one person has an unhealthy amount of power and control, these responses won't work. The Facilitator should stress that all teens should have the right to make safe and healthy decisions about their bodies, which will be respected by their partners. The Facilitator should emphasize that it is not okay to ignore your partner's requests for condom use or to refuse to wear a condom. Refusing to wear a condom (especially when your partner wants you to) is unsafe, irresponsible, and unacceptable.

Page 108—When the order is correct, review the steps

TIC NOTE Consider adding a step to emphasize asking for consent, and ensuring that the consent is still present throughout the sexual activity.

Page 109—If a male loses his erection after putting on a condom and before intercourse, what could the couple do?

Answers: This will happen to most males at some point in their lives. Have partner take off condom, continue playing and stimulating one another, relax, and enjoy the fun. After a while, put a new condom on as part of the play.

TIC NOTE Consider addressing the issue: *If one person decides during the sex that they aren't enjoying it and want to stop, what should the partner do?* This question reinforces the importance of mutual sexual decision-making and the ongoing nature of obtaining consent.

Module 6: Building Negotiation and Refusal Skills

Page 113-118—Activity A: Introduction to S.T.O.P.

S.T.O.P.
S= Say "No" to Unsafe Behavior
Refuse to engage in unsafe behavior.
T= Talk it out
Talking openly about each other's feelings helps the relationship grow and eases any tensions that may have developed.
O= Offer Explanations
Offer a good explanation as to why you want to be safe. Explaining why helps your partner hear and understand your real concerns and prevents him or her from reacting in a negative way.
P= Provide alternatives
Providing safe alternatives and other strategies shows that you still want to be intimate and have a relationship with this person.

TIC NOTE The S.T.O.P. method is an effective 4 step strategy for relationships that have equal power and control. When these equal dynamics are not present, those participants will not be able to successfully complete these steps. The Facilitator can emphasize this component, and stress that everyone deserves a healthy relationship that has equal decision-making.

The Facilitator may stress:

1. *If these steps don't seem like they would work in your relationship, then it might be a good time to talk to someone who knows a lot about staying safe in unhealthy relationships.* [Remind participants of supportive options].
2. *If you are in a relationship, it is both partners' role and responsibility to listen to the other one, learn their boundaries/limits, and to respect those. Coercing or forcing someone into sexual activity they are not comfortable with or are able to fully consent to is never okay—and it's illegal.*

Page 114—Saying "No" Effectively

Characteristics:

- *Use and repeat the word "no" often.*
- *Send a strong nonverbal "no" with your body language, e.g., use hand and body gestures to emphasize the point.*
- *Project a strong, business-like tone of voice.*
- *Look directly at the person's face and eyes.*
- *Stand straight and tall.*
- *Use a serious facial expression.*
- *Don't send mixed signals.*

TIC NOTE Participants who have been physically or emotionally abused may have learned that being non-assertive is the safest option.[38] It may be helpful to have a discussion with the participants about why having assertive body language is hard in some situations, and how this difficulty may even appear as a "mixed signal." The Facilitator can acknowledge that there are times when having assertive body language does not feel physically or emotionally safe, and then reiterate the importance of seeking out help if you have been or are currently in that situation.

It is important to note that "Freezing" is a well-documented and common neurobiological response to trauma.[39] If the brain and body sense great danger, it often immobilizes and "shuts down," in an effort to keep as safe as possible. This is a reflexive acute stress response adapted by humans, animals and insects for survival purposes. This trauma response can involuntarily occur in daily interactions with peers or intimate partners in situations where the mind and body experience stress or a "trigger" from previous physical or emotional abuse. It is important to normalize these physical reactions and acknowledge that there may have been times in participants' lives where it wasn't safe or possible to be assertive, and that is never your fault. In dangerous situations, "freezing" (or being unable to say or do anything in that moment) is often the body's way of keeping itself safe.[40]

In dangerous situations, "freezing" (or being unable to say or do anything in that moment) is often the body's way of keeping itself safe.

[38] Bracha, H. S. (2004). Freeze, flight, fight, fright, faint: Adaptationist perspectives on the acute stress response spectrum. *CNS Spectrums*, 9(9), 679-685.

[39] Ibid.

[40] Sherin, J. E. & Nemeroff, C. B. (2011). Post-traumatic stress disorder: The neurobiological impact of psychological trauma. *Dialogues in Clinical Neuroscience,* 13(3), 263-278.

The Facilitator may consider how to best address the concept of "sending mixed signals." Self-blame is an extremely common traumatic response to sexual violence.[41] For example, victims often think or say: *It was my fault because I was drinking; I was okay with kissing and making-out, so it's my fault he insisted on sex when I didn't want to; It was my fault because I flirted with him at the party.* It is important for participants to understand that drinking, kissing, making-out, and flirting are not the same as actively and enthusiastically consenting to sex.

Even if the sexual activity is nonconsensual and abusive, the body can still respond to the physical stimulation and may not have been able to "say no." For example, male victims of child sexual abuse often harbor extensive guilt, shame, and self-blame for having an erection during the sexual abuse. This "betrayal of the body" can be very difficult for survivors and can exacerbate post-traumatic stress.[42]

Page 115—Saying "No" Effectively

TIC NOTE It is important to explain that while there are many ways to say NO, unless you receive a clear and enthusiastic YES, then the answer is NO. Emphasize that it is NEVER OKAY to pressure someone into sexual activity. The Facilitator should also emphasize the importance of respecting the lines of others, and that pressuring someone into saying YES is not the same as that person consenting to the sexual activity, and it is unacceptable dating behavior.

Page 116-117—Negotiation and Refusal Skills

TIC NOTE When discussing negotiation and refusal skills, participants should understand: *These skills and strategies only work in healthy relationships, with equal power and control. If your partner expresses these feelings, then you need to listen and respect the boundaries that have been expressed. Once you express your feelings and boundaries to your partner, s/he should respect them. In a healthy relationship, you will not have to give these examples repeatedly. If you are in a relationship or situation where these negotiation and refusal skills will not work, there are supportive resources that can help you figure out your next steps in keeping safe.*

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[41] Fanflik, P. L. (2007). *Victim responses to sexual assault: Counterintuitive or simply adaptive?* Retrieved May 11, 2014 from http://www.ndaa.org/pdf/pub_victim_responses_sexual_assault.pdf.

Peters, D. K., & Range, L. M. (1996). Self-blame and self-destruction in women sexually abused as children. *Journal of Child Sexual Abuse,* 5(4), 19-33.

[42] Levin, R. J. & Berlo W. (2004). Sexual arousal and orgasm in subjects who experience forced or non-consensual sexual stimulation – a review. *Journal of Clinical Forensic Medicine*, 11(2), 82-88.

Page 119 & 120—Activity C: Practicing and Enhancing Negotiation Skills: Unscripted Role-Plays

TIC NOTE While the video depicts a realistic situation, it may be important to discuss Justin's behavior and reluctance to respect Imani's boundaries around condom use. He yells at Imani, tells her she's acting dumb, and seems upset that her primary goal isn't to make him happy. In addition to a discussion on negotiating condom use, participants may benefit from reflecting on his behavior and how he is not showing a response that indicates that he is a supportive, equal partner with Imani. Because of his behavior, this video may be triggering for victims of relationship violence and sexual violence. These participants may be reminded of a similar incident in their own lives that ended in violence or their partner not respecting boundaries.

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> *Most of the role-plays are designed to be gender neutral. However, some pairs of males or females may feel uncomfortable role-playing the scenes with each other as they are of a sexual nature.*

TIC NOTE Role-plays are an excellent teaching strategy to ensure that participants can practice and master operationalizing a concept. However, what happens during a role-play is often unpredictable. Because trauma is often associated with unpredictability, trauma-exposed youth learn to be vigilant to potential danger. Environments and situations that are familiar, predictable, and consistent allow youth to "let down their guard" and focus on learning.[43] Participants may benefit from receiving the role-plays and discussion questions ahead of time, with the opportunity to practice as a small group before the role-play is re-enacted for the entire class.

Page 124-135—Role-Play A to Role-Play F

TIC NOTE In some of these role-plays, one partner is depicted as getting angry or upset when the other partner tries to express their feelings and/or boundaries. It is important to note that perceptions of "getting angry" may vary, and participants who are experiencing relationship violence or family violence may interpret the directives in the scenarios differently. It may be helpful to review the dynamics of healthy relationships with the participants and to stress that in a healthy relationship—your partner should listen and respect your boundaries.

While it is important for participants to model how to have tough conversations around condom use, it is also imperative to note that struggling to convince your partner, not feeling heard and respected, and one person putting their sexual needs before their partner's needs are all signs of an unhealthy relationship. Relationships with these dynamics are often unsafe, and it is often not possible to change your partner if s/he has a pattern of not respecting your boundaries. These

[43] Ibid.

role-plays present another opportunity to stress that having sex with your partner because you felt coerced is not the same as consenting to the sexual activity. This role-play provides an opportunity to reinforce the key principles of consent (pages 28-29).

Page 191—Appendix B: Drugs and Their Effect on Sexual Responsibility

TIC NOTE Alcohol and drugs can be used to weaken a person for a period of time and cause memory loss. Alcohol is the most common drug used by perpetrators to increase vulnerability and commit sexual assault. It is used to make someone submit to sexual advances. In addition to alcohol, other drugs can make someone vulnerable to sexual assault. These drugs may be slipped into a drink or the perpetrator may choose to assault someone who has taken drugs for fun or for other reasons.

One common myth is that if someone was drinking alcohol and then was sexually assaulted, the victim is to blame for the assault. Unfortunately some police, medical staff, or even loved ones may still believe this myth. Drinking alcohol or using drugs does not give anyone the right to commit sexual assault.

Drinking alcohol or using drugs does not give anyone the right to commit sexual assault.

While alcohol is the most common drug used by perpetrators to facilitate sexual assault, other drugs may also be used. Some drugs have no taste, color, or smell. They may easily dissolve in liquid or be in liquid form. The effects of these drugs can occur very fast. Drugs such as GHB, Ketamine, and Rohypnol (roofies) are used by perpetrators to quickly increase vulnerability to sexual assault, often in situations where they know and have gained the victim's trust. Additionally, over-the-counter medications like antihistamines (allergy medicines) can be used to facilitate sexual assault. Commonly prescribed drugs like Valium, Ambien, and Xanax (anti-anxiety medication) can cause extreme sleepiness. Perpetrators can use them to make someone more vulnerable to sexual assault.

Choosing to drink alcohol or use drugs does not equal consent to have sex. Legally, a person who is drunk, unconscious, asleep, or otherwise unable to indicate willingness to participate cannot give consent to sexual activity. Therefore, any sexual activity carried out with a person in this physical state is unlawful sexual contact or sexual assault.

When drugs and/or alcohol are involved in a sexual assault, additional concerns come up for survivors. Because memory loss may leave them wondering exactly what did and did not happen, they may have increased feelings of vulnerability and loss of control. It is not unusual for sexual assault victims to blame themselves for what happened if they freely chose to use drugs and/or alcohol. It is important to know that drugs and alcohol do not cause rape. The rapist made a decision to assault a person who was vulnerable. In fact, Colorado law considers that a

perpetrator who uses drugs to assist in sexually assaulting someone has committed a more serious criminal offense.

If there is a possibility that drugs were involved in a sexual assault, urine or blood can be tested. Although many of these drugs will leave the body very quickly, the test could provide important evidence toward a legal case. It is important to know that some drug screens may show all drugs in the system, even ones the victim chose to take. A test may also show no signs of drugs, but the victim may still suspect drugging. The negative test may only mean the drugs left the victim's system quickly. It is important to work through feelings that come up when a survivor suspects or knows she or he has been drugged and assaulted.

Appendix C: Emerging research demonstrates the link between behavioral problems in youth and exposure to trauma.

The following articles may be of interest to Facilitators, when considering the response to group management problems.

What Does It Take For Traumatized Kids to Thrive?: http://www.psmag.com/navigation/health-and-behavior/what-does-it-take-for-traumatized-kids-to-thrive-56488/

How Childhood Trauma Could Be Mistaken for ADHD: http://www.theatlantic.com/health/archive/2014/07/how-childhood-trauma-could-be-mistaken-for-adhd/373328/

Review & Analysis—Cuídate Facilitator's Curriculum:

A Culturally-Based Program to Reduce HIV Sexual Risk Behavior Among Latino Youth

Throughout this guide, we have created Trauma-Informed Care (TIC) Notes which contain additional information for Facilitators to consider when delivering this curriculum. This information is not intended to affect the fidelity of the curriculum, but to suggest slight adaptations to ensure that participants who have trauma histories feel safe and engaged in these sessions. It is important to note that providing trauma-informed services does not mean Facilitators must determine exactly what has happened to an individual. Rather, organizations and programs should examine the way in which they conduct sessions and make modifications based upon an understanding of how a trauma survivor might perceive what is happening.[1]

Welcome to Cuídate

> *ix—Cuídate! Is unique because it addresses cultural beliefs related to sexual risk behaviors that are common among many Latino subgroups. Specifically, Cuídate includes cultural beliefs related to abstinence and condom use. Aspects of Latino culture, such as familialism and gender-role expectations, including machismo, are also built into the program.*

TIC Note The cultural relevance of this curriculum undoubtedly contributes to its efficacy amongst Latino youth. In providing Facilitator information, it may be helpful for Facilitators to have an understanding of research specific to sexual and relationship violence within the Latino community. For example, the Sexual Assault Among Latinas (SALAS) Study (based on a national sample of 2,000 adult Latina women) provides foundational research into Latina women and their experiences with sexual victimization, other forms of victimization, and both formal and informal help-seeking responses. The SALAS Study found that Latina women face substantial sexual victimization (and other forms of victimization) at each life stage. However, formal help-seeking for victimization and linkages to services were found to be weak. The study recommends building on the strengths and cultural traditions of Latina women and utilizing medical settings as

[1] Pregnant Survivors. (2013). *Trauma-Informed Services for Pregnant and Parenting Survivors* [Data file]. Retrieved April 25, 2014 from www.pregnantsurvivors.org.

an intervention point. It also recommends educating the larger community of available victim services.[2]

According to a U.S. study on intimate partner violence, Latinas report rape at a 2.2 percent higher rate than white women. However, they are the least likely population to report marital or intimate partner rape to law enforcement, viewing sex as a marital obligation.[3]

xiii—Role-playing:

Role-playing is a process where participants have an opportunity to practice the skills they learn in the group sessions. Role-playing activities generally involve several steps.

- *Volunteers or participants you select act out scenarios.*
- *The facilitator acts as the Director—setting the stage and supporting the actors.*
- *Group members observe and provide feedback.*

TIC NOTE Role-plays are an excellent teaching strategy to ensure that participants can practice and master operationalizing a concept. However, what happens during a role-play is often unpredictable. Because trauma is often associated with unpredictability, trauma-exposed youth learn to be vigilant to potential danger. Environments and situations that are familiar, predictable, and consistent allow youth to "let down their guard" and focus on learning.[4] Participants may benefit from receiving the role-plays ahead of time, having the opportunity to extensively practice as a small group (before the role-play is re-enacted for the entire class) and receiving the discussion questions ahead of time.

The Guidelines for Performance Feedback (xiv) is an excellent way to reinforce that the classroom environment is a safe space for all participants. The guidance on Maintaining a Supportive Environment (xv) also contributes to a trauma-informed educational space.

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[2] Cuevas, C., Chiara, S. (2010). Sexual assault among Latinas (SALAS) study. *Inter-university Consortium for Political and Social Research* [distributor], 2012-09-24. Retrieved July 1, 2014 from https://www.ncjrs.gov/pdffiles1/nij/grants/230445.pdf.

[3] Tjaden, P. & Thoennes, N. (2000). Full report of the prevalence, incidence and consequences of violence against women: Findings from the national violence against women survey. *National Institute of Justice Centers for Disease Control and Prevention* [Data file]. Retrieved June 18, 2014 from https://www.ncjrs.gov/pdffiles1/nij/181867.pdf.

[4] Ibid.

Module 1 – Introduction & Overview

Page 1.3—Activity A: Conocimiento (Getting to Know You)

> *Today, we will focus on what HIV is, how you can get it, and how you can prevent yourself from getting it. You will learn skills and strategies that will help to protect you from becoming infected with HIV.*

TIC NOTE In addition to the Talking Circle, Facilitators may consider implementing a short grounding exercise at the beginning and end of every class.[5] The Living Well smartphone "app" may also be a helpful tool to share with participants. While it was designed specifically for male survivors of sexual abuse, it can be used a healing tool for survivors of all genders. It includes:

- Guided meditations and breathing exercises that can be especially helpful if participants are feeling triggered, having a flashback, experiencing a panic attack, etc.;
- Tools for managing all types of feelings or effects of trauma: difficult memories, avoiding triggers, feeling isolated/disconnected, sad/depressed, anxious/worrying, anger, and sleeping difficulties;
- Learning tools to become more informed and aware of what you are experiencing; and
- A well-being assessment.

If you choose to routinely integrate short grounding activities, be sure to thank everyone for participating. Students can also do a short assessment as to whether or not an activity helps them feel more relaxed. For example, prior to a grounding activity, the Facilitator can ask students to privately think about how they are feeling. A "one" indicates no stress, anger, or anxiety; while a "five" indicates a lot of stress, anger, or anxiety. After the grounding activity, the Facilitator can have students do an internal "check-in," to see if their number changed. The Facilitator can explain that if a student notices a particular activity really helps lower stress, they should keep it in their "toolbox," and can use it anywhere—at home, on the bus, in class, etc. Grounding exercises can be helpful for all of the participants, regardless of whether or not individuals have trauma histories.

Suggested adaptation:
Today, we will focus on what HIV is, how you can get it, and how you can prevent yourself from getting it. You will learn skills and strategies that will help to protect you from becoming infected with HIV. Discussing HIV can be really hard. It may bring up fears that you have about your own health. You may also have family members or loved ones who have HIV or even died from AIDs. Talking about these things is hard for a lot of people. That's why we are going to start and end today's activity with a little exercise. These exercises may seem really silly, but they really help with

[5] Examples of grounding exercises can be found here: http://hprc-online.org/blog/family-relationships/families/managing-emotions/focus-calming-grounding-activities-pdf.

stress.[6] *You can use them at any time too. We are going to do some deep breathing through our nose. Take a big breath in [inhale], and while you breathe in, make your whole belly get big—like you are pushing out your stomach so it's round like a beach ball. When you breathe out [exhale], pull your stomach back in, like you are bringing your belly to your back. You can put your hand on your stomach if it makes it easier to feel the inhales and exhales. So we are just going to do this a few times together, but we are going to try to count to four while breathing in, hold our breath for the count of two, and count to four when breathing out. We'll do this together four times. Be sure to tell the students that they can use this exercise anytime they start feeling stressed, angry, and anxious.*

Page 1.5 and 1.6—Activity B: Talking Circle

TIC NOTE The youth and cultural empowerment components of this exercise are very powerful and it is an excellent way to create participation space for all participants.

Page 1.7-1.10—Activity C: Creating Group Rules

> *During this program we are going to talk about important information about HIV prevention, sex, and condom use. We know sometimes these are hard things to talk about—so we will try to make it fun. At times we will be talking about our friends, our community, our families, and ourselves.*

TIC NOTE Normalizing that these conversations can be challenging is an excellent way to create emotional safety for participants. Conversations around HIV prevention, sex, and condom use (from a personal perspective, as well as a community and family perspective) may intersect with sexual and relationship violence.

Suggested Adaptation:
During this program, we are going to talk about important information such as: HIV prevention, sex (understanding both consent and coercion), condom use, boundaries, and healthy relationship communication. We know sometimes these are hard things to talk about—so we will try to make it fun. And if the topics just can't be made fun, we will make sure this space is safe. At times we will be talking about our friends, our community, our families, and ourselves.

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[6] Metz, S. M., Frank, J. L., Reibel, D., Cantrell, T., Sanders, R., & Broderick, P. C. (2013). The effectiveness of the Learning to BREATHE program on adolescent emotion regulation. *Research in Human Development*, 10(3), 252-272.

Arch, J. J., & Craske, M. G. (2006). Mechanisms of mindfulness: Emotion regulation following a focused breathing induction. *Behaviour Research And Therapy*, 44(12), 1849-1858.

Teper, R., Segal, Z. V., & Inzlicht, M. (2013). Inside the mindful mind: How mindfulness enhances emotion regulation through improvements in executive control. *Current Directions in Psychological Science*, 22(6), 449-454.

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> *That's why it is important to agree that the personal issues that are discussed in this room will stay in this room and are kept confidential—or between us. We want to build confianza or trust.*

TIC NOTE This curriculum provides an excellent framework for helping participants feel more secure in a group setting. When discussing confidentiality and trust, it may be important for the Facilitator to understand her/his mandatory reporting obligations, and to be open and transparent about those obligations with participants.

It is important to consider that failure to fulfill mandated reporting requirements has become the norm, not the exception.[7] Only 26 percent of teachers said they would report a situation where a child told them that their stepfather had touched their genitals and only 11 percent said they would report a situation where a teacher had touched a child's genitals. Mandated reporters fail to report for a number of reasons. These include but are not limited to: insufficient evidence, uncertainty, worries about causing additional harm, and maintaining good relationships.[8]

All Facilitators should be familiar with Colorado Revised Statute 19-3-304, as well as the school's policies regarding mandatory reporting of child abuse and neglect. Prior to providing this instruction, Facilitators should clearly understand if they are mandated reporters under the law and/or the mandatory reporting obligations of the school. Facilitators must be able to effectively determine what constitutes a mandatory report, who the report needs to be made to, when the report should be made, how to make a report, how to involve the participant making the disclosure in the mandatory report (if applicable), and who to consult regarding questions about this process. In addition, the Facilitator should be committed to a trauma-informed approach to mandated reporting. This may include providing on-going support to the participant making a disclosure, as well as assisting with safety planning and providing relevant community referrals.

Recommendations for Addressing Mandated Reporting:

Be up front, honest, and clear about your reporting obligations with the participants. This curriculum is about sexual health and sexual decision-making. In young people's lives, these issues often intersect with sexual and/or relationship violence.

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[7] Vieth, V.I. (2011). Lessons from Penn State: A Call to Implement a New Patter of Training for Mandated Reporters and Child Protection Professionals. Retrieved May 8, 2014 from http://www.isbe.state.il.us/reports/erins-law-final0512.pdf.

[8] Kenny, M. C. (2001). Child Abuse Reporting: Teachers Perceived Deterrents. *Child Abuse and Neglect*, 81,88. Retrieved May 8, 2014 from http://www.isbe.state.il.us/reports/erins-law-final0512.pdf.

Share information about mandatory reporting as soon as possible. It is recommended to include this conversation as a component of creating the group rules. It is important to provide a full disclosure of this obligation before any knowledge of any reportable acts. Immediately providing this information models boundaries and expectations, roles and responsibilities, and creates an environment in which the Facilitator has to think about the safety of the youth from a preparation point and as a standard of conduct within the group. It also sets the stage for the youth to prospectively see the Facilitator as a safe, responsible grown-up, able to act on behalf of the well-being of the youth.

Suggested Adaptation:
As the Facilitator, my goal is to be able to get to know all of you and support you as you go through this program. I want us to be able to have open, honest conversations. Since we are going to be talking a lot about sexual health and decision-making, I want to recognize that sexual activity is something a lot of teens feel pressure about, or don't feel like they have the ability to make their own decisions. Sexual violence or sexual abuse is unfortunately really common. If this has happened to you, or one of your friends or family, painful memories can come up. Sometimes it really helps to be able to talk to someone who has a lot of experience understanding sexual violence and sexual abuse.

[Facilitator should have either the local rape crisis hotline number or the national rape crisis hotline number written on the board, as well as brochures available.] Explain that these are 24/7 confidential resources that they may never need, but it could be good to know about in case a friend or family member does need this information. Participants should also be aware of Safe2Tell®. This resource provides young people a way to report any threatening behaviors or activities endangering them or someone they know, in a way that keeps them safe and anonymous. For more information, please visit http://safe2tell.org/.

Continue sharing with the participants:
Violence in your relationship and/or sexual violence are often really hard to cope with and you shouldn't have to deal with it all alone. For most people it's not something you can just "get over" or forget about, but it is possible for things to get better. You can contact a hotline, or if you would like to talk to me about what you've been through or what is going on, my goal is to listen, provide support, and help. In thinking about your options, it's important for you to know that every state, including Colorado, has laws around protecting minors from abuse.

If you share information that you've been sexually abused or in some cases, if you are in a sexual relationship with someone much older than you, I may be obligated by law to share that information with law enforcement or the Department of Human Services (DHS). If that has to happen, you and I will discuss the best way to make the report, and how to make sure you are safe and have the support you need. Law enforcement and DHS may investigate further; they may not. It depends on the case. Sometimes Latinos who were born in a country other than the USA (or with family from another country) can worry about immigration laws and consequences if

they report a crime. While every case is different, and only an immigration lawyer can say for sure about a particular case, it is still very important to know that there are laws to protect immigrant victims of dating or domestic violence and of sexual assault. If you aren't comfortable with that and you aren't sure if you want to talk about what you've been through, you can call the hotline and stay anonymous. You can also talk to me about a friend or use generalities, to learn more about options. You can also learn more about your options and support by using the anonymous question box. You don't have to share what you've been through, but a lot of people report that if they do, they feel much better in the long run. No matter what though, I will be so glad you chose to talk about what's going on in your life, and I will believe and support you. What happened is not your fault. Let me know if you have any questions.

Here are some simple ideas for what to say following an immediate disclosure:

- *I am so sorry that happened. You didn't deserve it.*
- *What would help you to feel safe right now?*
- *Thank you so much for talking to me about this. I'm really glad you came to me.*
- *How can I continue to build trust even while I have to report what you told to me?*
- *I believe you and think you are really strong.*
- *You aren't alone. What you are telling me has happened to so many people your age.*
- *Because I know this information, I am obligated by the law to advocate for your safety. I'm not sure exactly what will happen now, but I promise that I will be open and honest with you and explain what may happen, while supporting you as best as I can throughout this process. If it's okay with you, I would like to connect you with an advocate. An advocate is different than a therapist, but is someone with a lot of experience with these issues, who can provide support and help explain your options.*

It is recommended to have a pre-determined referral procedure for the local community-based domestic violence or sexual assault response organization.

After receiving a disclosure, the Facilitator may consider exploring safety planning with the participant, although an advocate from a local community-based domestic violence or sexual assault response organization has specific expertise in this area. A fill-in-the-blank version of a safety plan can be accessed here: http://www.loveisrespect.org/pdf/Teen-Safety-Plan.pdf. While this resource was created for victims of teen dating violence, it may also be a helpful tool for victims of sexual violence and/or family violence as well. When providing a safety plan as a resource, remember that it may not be safe for the participant to keep a hard copy of the plan.

It is recommended to have a pre-determined referral procedure for the local community-based domestic violence or sexual assault response organization. The advocate can be invited into the program for a private conversation with the participant. Advocates are well-trained and educated in the nuances and application of the child protection system, and other systems with which the

participant may come into contact. The advocate should be well-equipped to provide education and resources to the participant and her/his family. These services are available even if there is no case opened and no offender accountability.

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Orange represents warmth, vibrancy, and energy—the warmth needed to accept each other and feel comfortable in the program setting, the vibrancy to join in the fight against HIV/AIDS, and the energy that is always high and consistent throughout the program. The color orange also signifies health, a key concept in the Cuídate! Program.

TIC NOTE Participants may benefit from an expanded definition of "health." Suggested Adaptation: *The color orange also signifies health, which can mean a body that is healthy, but also healthy relationships and healthy sexual communication in all parts of your life. Health is a key concept in the Cuídate! Program.*

Page 1.14—How can you prevent HIV?

Abstinence, being faithful to only one uninfected partner and your partner being faithful to you if you are having sex, not sharing IV needles, and using latex condoms every time you have oral sex, anal sex, or vaginal sex.

TIC NOTE For participants who have experienced sexual abuse, sexual violence, or relationship violence—abstinence may never have been a choice or an option. Additionally, participants who have experienced (or are currently experiencing) relationship violence may not have the safety or ability to ensure that latex condoms are used every time. To ensure that those participants are not alienated or discouraged by this message, it may be helpful for the Facilitator to acknowledge:

There may have been times in your life where you didn't feel like you were able to use condoms or dental dams every time; maybe it didn't feel safe to ask, or your desire to use condoms was not respected by your partner. Unfortunately, many times our partners don't want to share control of the decisions, and leave the responsibility for maintaining the relationship on the other. They can even use familismo or respeto to try and defend their lack of respect. If your boyfriend or girlfriend hasn't respected your wishes in the past, that's not okay. Part of being in a caring relationship is listening and respecting your girlfriend or boyfriend's wishes. Sometimes there are situations where it doesn't feel like it is safe to even ask for protection use. If you've been in that type of situation, I'm really sorry and it's not your fault. You should feel safe, respected, and respectful in every part of your life, especially in sexual situations. These situations can be really hard to deal with alone, and you don't have to. [Remind participants of the community resources for sexual violence and/or teen dating violence.] *Respecting your partner's sexual boundaries and not engaging in sexually coercive or violent behavior can also be discussed as HIV prevention strategies.*

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In taking care of ourselves, we will protect our family and our community from STDs, especially HIV. Throughout this program, we will learn the facts about HIV and how to care for ourselves, our family and our community and prevent HIV. Remember: Cuídate!

TIC NOTE Many marginalized and oppressed communities experience what is known as "gatekeeping." This refers to the feeling and/or reality that the community must keep secret the issues of violence or abuse because of the fear of backlash or further marginalization from the dominant culture. It is important that the Facilitator recognizes that this dynamic may be an issue faced by participants.

Page 1.23—Discussing Respeto

TIC NOTE This discussion can be broadened to help distinguish between respeto (respect) and sumisión (submission). The intention is for participants to identify that respeto is mutual and based on valuing the well-being of each other. They should consider how authority differences intersect with repeto and sumisión. Participants should discuss how submission (and the *because I said so* mentality) may lead to not being able to have equal footing in a relationship. This factor can influence negotiation around sex and related decisions.

The Facilitator may consider asking: *How do you know when someone respects you?*
Answers should include:

- *They listen to me.*
- *They are accepting, value my opinion, open, and honest.*
- *They want what's best for my well-being.*
- *Even when we disagree, they still treat me well.*
- *They trust me, they encourage me, they admit when they are wrong, and respect me when I am wrong or make a mistake.*
- *They want to be fair, and they are willing to compromise.*

The Facilitator may clarify:

- *Sometimes, people in positions of authority or power over you, like parents or teachers or other grown-ups, will have to impose their authority on you. This should be done with respect for the young people. So, just because you sometimes have to do what you are told, or get a consequence for breaking the rules, you still deserve to be treated with respect. A person in a position of authority or power should never ask a minor for sexual activity or sexual favors. That behavior is both illegal and disrespectful.*

Page 1.24—Discussing Macho, Machismo, and Marianismo

TIC NOTE It may be helpful to initiate a discussion on the real, lived experiences (also called counter-stories) of the good men in the lives of the participants. The men in their lives may be modeling how to behave toward other people. This conversation provides an opportunity to "call out" any stereotypes that can be promoted by popular media's representation of Latinos. Question these openly and help the participants replace stereotypes with a full picture of the total humanity of the men in their lives.

Suggested Adaptation:
Think of the men in your life. Who are they and how do they act? Who are the men you respect? How do they act?

Answers should include, along with the original answers:
Considerate, care-taking, patient, good provider, keeps family safe, protector, affectionate, trust-worthy, respectful, respectable, faithful, wants the best for his family and friends, loyal, etc.

TIC NOTE It may be helpful to initiate a discussion on the real, lived experiences (also called counter-stories) of the strong women in the lives of the participants. The women in their lives may be modeling how to behave toward other people. This conversation provides an opportunity to "call out" any stereotypes that can be promoted by popular media's representation of Latinas. Question these openly and help the participants replace stereotypes with a full picture of the total humanity of the women in their lives.

Suggested Adaptation:
Think of the women in your life. Who are they and how do they act? Who are the women you respect? How do they act?

Answers should include, along with the original answers:
Considerate, care-taking, patient, good provider, keeps family safe, protects children, affectionate, trust-worthy, respectful respectable, faithful, wants the best for her family and friends, loyal, etc.

Page 1.24—Ask the following questions

- *How does machismo or being macho affect safer sex decisions?*
- *A man may not use condoms because he is macho. A man can sleep around with many women, or being macho can mean protecting one's family and relationship from STDs like HIV.*
- *How could marianismo affect safer sex decisions?*
- *A woman may not be able to say no to sex without a condom. A woman may not ask her man to use a condom, or it can influence her in a positive way allowing her to protect the family and suggest that a man use a condom during sex.*

TIC NOTE The "old time" use of the word *macho* can historically be traced to a somewhat culturally positive image. The Spanish word for when a man displays the negative or the stereotypical aspect of *Machismo* is usually called a *Machista*. The Facilitator may consider discussing the meanings of these two words, and consider integrating *machista* into the conversation.

The Facilitator may also consider discussing sexual entitlement as a component of "macho" masculinity. Participants may not have had the opportunity to consider how sexual entitlement can impact relationships and equity in sexual health decision-making. It may be important to stress that feelings of sexual entitlement are not only evident in some Latino cultures, but is also a larger dynamic that is observable in many cultures. This type of heteronormative, hegemonic masculinity promotes and supports sexual violence against women and children. While "machismo" is part of the Latino culture, "machismo" is also acting within a larger patriarchal culture. This combination can be particularly problematic for safe and healthy sexuality across the lifespan. Discussing this behavior and clearly tying it to sexual and relationship violence may help participants identify this dynamic in their lives, or their friends' and families' lives.

Throughout the Cuídate program, is important for participants to understand that *a woman not being able to say no to sex without a condom* demonstrates unhealthy (and potentially dangerous) relationship dynamics.

Participants may not have had the opportunity to consider how sexual entitlement can impact relationships and equity in sexual health decision-making.

Behaviors that affect reproductive health and are aimed to maintain power and control in a relationship are often recognized as reproductive coercion.[9] Most forms of reproductive coercion disproportionately affect females.[10] Birth control sabotage and pregnancy pressure and coercion are examples of reproductive coercion.[11]

Birth control sabotage is active interference with a partner's contraceptive methods. Examples of birth control sabotage include:

[9] Chamberlain, L., Levenson, R. Addressing Intimate Partner Violence Reproductive and Sexual Coercion: A Guide for Obstetric, Gynecologic, Reproductive Health Care Settings, Third Edition. American College of Obstetricians and Gynecologists. Retrieved April 30, 2014 from http://www.futureswithoutviolence.org/userfiles/file/HealthCare/Reproductive%20Health%20Guidelines.pdf

[10] American College of Obstetricians and Gynecologists. (2013). Reproductive Coercion Prevalent Regardless of Socioeconomic and Educational Background [Press release]. Retrieved July 10, 2014 from https://www.acog.org/About-ACOG/News-Room/News-Releases/2013/Reproductive-Coercion-Prevalent-Regardless-of-Socioeconomic-and-Educational-Background.

[11] Miller, E., Jordan, B., Levenson, R., Silverman, J. (2010). Reproductive Coercion: Connecting the Dots Between Partner Violence and Unintended Pregnancy. *Contraception,* 81(6), 457-459.

- Hiding, withholding, or destroying a partner's birth control pills;
- Breaking or poking holes in a condom on purpose or removing it during sex in an explicit attempt to promote pregnancy;
- Not withdrawing when that was the agreed upon method of contraception;
- Pulling out vaginal rings; or
- Tearing off contraceptive patches.

Pregnancy pressure involves behaviors that are intended to pressure a female partner to become pregnant when she does not wish to become pregnant. Pregnancy coercion involves coercive behaviors such as threats or acts of violence if she does not comply with her partner's wishes regarding the decision of whether to terminate or continue a pregnancy. Examples of pregnancy pressure and coercion include:

- Threatening to leave a partner if she does not become pregnant;
- Threatening to hurt a partner who does not agree to become pregnant;
- Forcing a female partner to carry to term against her wishes through threats or acts of violence;
- Forcing a female partner to terminate a pregnancy when she does not want to;
- Injuring a female partner in a way that she may have a miscarriage;
- Using a pregnancy for one partner to "prove their love" to the other;
- Using a pregnancy to stay in the other partner's life forever; or
- Using a pregnancy to manipulate the other partner with one's religious convictions.

The activities and discussions on *macho, machismo, and marianismo* provide the opportunity to have a broader conversation about the objectification of women and those links to sexual violence. When discussing gender norms, the Facilitator may consider a culturally-appropriate adaptation of the *Gender Box* activity, described below.

There are many messages we receive from society about what it means "to be a man" or " to be a woman." What does it mean to you "to be a man" or "to be a woman?" Take a moment to think about the different messages that, over the course of your life, have shaped your idea about what is a "real man" or "real woman." The messages we receive in life come from a variety of different sources: parents, siblings, other family members, friends, teachers, religious leaders, media (movies, magazines, tv shows, video games, websites, music, etc.), and many more.

It is important to recognize that we are influenced by everything that surrounds us – even when we don't realize it. This is the concept of socialization. Socialization refers to how every one of us learns about others and ourselves in the context of our society. We gain an understanding of ourselves by our perception of everyone else. For example: When we think of the colors pink and blue for children, what do we automatically think is being marketed? Socialization happens all around us every day, but being aware of its effects is one way we can change to what degree we are all influenced by it.

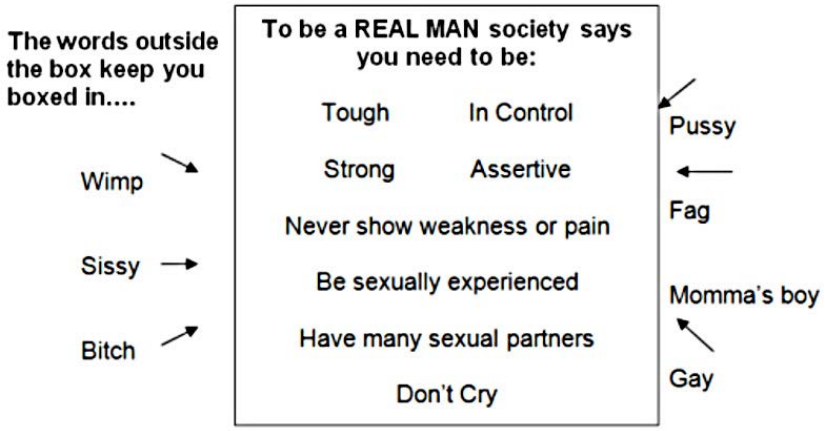
This Gender Box activity looks at some pressures many individuals experience daily, keeping in mind that there are people who don't identify within the dichotomy of man/woman and whose experience is further complicated by the gender roles in society.

First, let's look at what it means to "act like a man." What comes to mind when you think of the phrase: *Act like a [Latino] man?* Have participants brainstorm what goes both inside and outside of the box. There are social "walls" and "boundaries" around us that impact how men behave. These walls make sure that men act according to the gender roles society has prescribed for them. Inside the box represents what society says is okay for men to be like or how to behave. Outside the box are terms men are called when they step outside the box and act differently than society's behavior code allows. These terms are used to pressure men, to keep men "boxed" into a gender role.

Name-calling is one tactic individuals use to send the message to others that what they are doing or how they are acting is wrong. This is one way that people influence each other about who and how they "should" behave. Name-calling can be really damaging to people. Many males feel limited by the person they are allowed to be in our society. We can help stop this issue by supporting one another, especially when other men are taking a step outside the box.

For example: Support other guys when they share their feelings with you. Pave the way for other guys by sharing your feelings in a thoughtful, caring way. A lot of males are waiting for other men to show it is okay to open up and be more than just the stereotypical "guy in the box."

Sample Gender Box for Males



Additional words to consider adding to the inside of the box may include:

- Protector
- Demanding
- Mobile or en el calle
- Non-committal

- Controlling
- Doesn't show weakness, pain, or love
- High sex drive

Additional words to consider adding to the outside of the box may include:

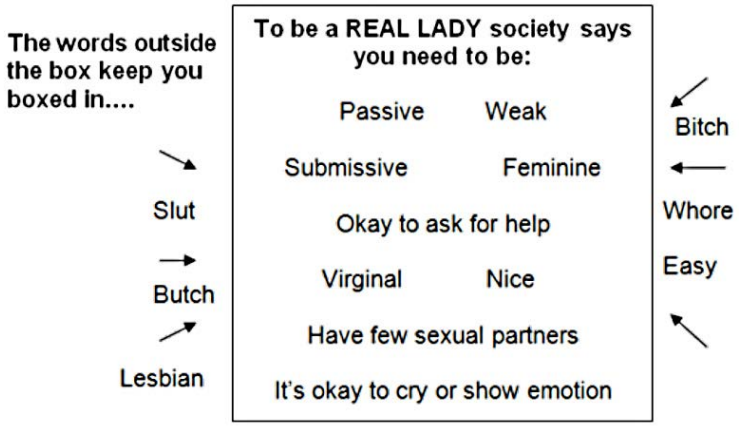
- Vieja
- Mandelon
- Puto

Female Gender Box

Female socialization is often just as confining as that of males. Let's see what happens when we do the same activity with females. Inside the box represents what society says is okay for women to be like or how to behave. Outside the box are terms women are called when they step outside the box and act differently than society's behavior code allows. These terms are used to pressure women, to keep women "boxed" into a gender role.

What comes to mind when you think of the phrase: *Act like a [Latina] lady?*

Have participants brainstorm what goes both inside and outside of the box.



Additional words to consider adding to the inside of the box may include:

- Protected
- Accepting
- Committed to family
- Stationary
- Responsible for the success of the relationship
- Low sex drive/only desires husband or boyfriend
- Not demanding

Additional words to consider adding to the outside of the box may include:

- Mandona
- Chiple

- Mary Macha
- Bruja
- Fiera

Every day we are all shaping and influencing the world around us. Discuss what messages participants receive about gender, how it affects all participants negatively, and how participants can "break out of the box."

Page 1.26—Cultural Values

Page 1.28—*After each statement, ask participants why they agreed or disagreed with the statement.*

- *Wearing condoms is not macho.*
- *It is the man's responsibility to make decisions about sex and condoms.*

TIC NOTE In the subsequent conversation, it may be important to discuss how these ideas can lead to sexual violence. Participants may not even be familiar with what constitutes sexual violence, sexual abuse, sexual coercion, and reproductive coercion. Reviewing those definitions, and stressing that when it is believed that the man is supposed to always be in control regarding sex, an environment is created that can lead to violence and/or coercion and can even lead to the man being hurt.

Because participants may recognize this dynamic in past or current relationships (or their friends' and families' relationships), it is important to stress:
A part of being in a relationship is listening to and respecting your partner's boundaries. One person's desires around sex should never mean more than the other person's feelings and boundaries. Just because you've done something sexually with your partner in the past, that doesn't mean you have to do it again in the future. Your decisions should always be respected.

Everyone deserves to be in a relationship where they are comfortable talking about sex and setting boundaries with their partner. In a safe and healthy relationship, your partner should respect your feelings about sex and your boundaries. Love can be confusing sometimes and it's hard to know what to do when talking about these things. Sometimes it feels pointless to talk about all of this because you know your feelings won't be respected. Teen dating violence is actually really common. There's a great relationship website: www.loveisrespect.org. If there are things going on in your relationship that make you uncomfortable, think about checking it out. There are quizzes you can take to learn if your relationship is healthy.

If you are curious, you can also text with an advocate who helps teens with these types of things. You can text "loveis" to 22522 to start the conversation.

Nationwide, Latinos have lower rates of access to broadband internet.[12] For this reason (and other reasons related to accessibility, confidentiality, and safety), providing a texting option may be a particularly important resource for *Cuídate* participants. Texting programs such as *Unete Latina* are seeing considerable success with relationship violence intervention and texting support services.[13]

Module 2: Building HIV Knowledge

Page 2.4—*Remember that not having sex (abstinence) is the best way to protect yourself from getting pregnant, or an STD like HIV. While we are talking mainly about how to prevent HIV, the good thing is- when you protect yourself from HIV- you are also protecting yourself from getting pregnant or from getting an STD.*

TIC NOTE It is important to consider that for youth who have experienced sexual abuse, abstinence was never a choice or an option. Facilitators may consider a slight adaptation, to ensure they are acknowledging that not everyone has these choices, and that if someone has taken these choices away from you, it is not your fault.

If you are able to make the choice, remember that choosing to not have sex (abstinence) is the best way to protect yourself from getting pregnant, or an STD like HIV. While we are talking mainly about how to prevent HIV, the good thing is, when you are able to protect yourself from HIV, you are also protecting yourself and your partner from unintended pregnancy or from getting an STD. If you have been in situations where it hasn't felt safe, or you know someone whose choices weren't respected, or weren't able to make choices about sex and protecting yourself, I am so sorry. If that has happened to you, it is not your fault. Everyone should be able to decide what happens with their own body, and should be able to be in a relationship where your beliefs, values, and choices about abstinence and protecting yourself are respected. If you haven't been able to do these things, that can be really hard to deal with and to talk about. It can also be really hard to know what to do so that you can be safe in the future. Remind participants about existing resources.

It is important to consider that for youth who have experienced sexual abuse, abstinence was never a choice or an option.

[12] Prieger, J. (2013). Broadband digital divide and the benefits of mobile broadband for minorities. Pepperdine University, *School of Public Policy Working Papers.* Paper 45. Retrieved July 21, 2014 from http://digitalcommons.pepperdine.edu/cgi/viewcontent.cgi?article=1044&context=sppworkingpapers.

[13] McClain, D. (2014). Can cell phones improve Latinas' health? *Colorlines: News for Action.* Retrieved March 17, 2014 from http://colorlines.com/archives/2014/03/can_cell_phones_improve_womens_health.html.

Page 2.6—*As we heard in the DVD, sex doesn't just happen.*

TIC NOTE It is important to consider that sexual activity youth describe as having "just happened" may have not been consensual. Those youth may in actuality be struggling for appropriate words to describe an unwanted sexual experience. Popular media portrayals of sexual violence focusing on violent stranger attacks can leave youth questioning if what happened to them was actually sexual violence. By saying sexual activity "just happened," they may be grappling with this uncertainty and a lack of language for sexual acts, let alone non-consensual sexual acts. Take care to approach such disclosures without judgment in order to create and ongoing open dialogue with the youth.

Section 3 – Understanding Vulnerability to HIV Infection

Page 3.3—Emphasize the following:

> *It's not who you are—but what you DO (unprotected sex, sharing needles) that puts you at risk. You can prevent this by knowing the facts about HIV and AIDS and making careful and responsible choices if you decide to engage in any sexual behavior.*

TIC NOTE This text frames sexual behavior as a decision that participants can and should make. Because HIV infection can happen via *consensual* AND *non-consensual* unprotected sex, the Facilitator may also emphasize that being in relationships that have healthy communication, respect, and equality in decision making can contribute to safety.

Page 3.4—Explain the following:

> *Many people are afraid to ask their sexual partners to use condoms, believing it will drive them away, make them angry, or even make them violent.*

TIC NOTE It may be very impactful for some participants to have the Facilitator acknowledge that *negotiating condom use with your partner can be tied to violent behavior*. When sharing this information, it is important for the Facilitator to reiterate:

- *If your partner has become violent with you, no matter the circumstances, it is never your fault;*
- *Violence is never an acceptable response to feeling angry or frustrated;*
- *Violence can be physical, but it can also be emotional, verbal, financial, and sexual. Participants should understand the different types of relationship violence;*
- *In relationships, violence can be really confusing. You may love the person and want to stay together, but hate the violence. A lot of teens experiencing relationship violence feel that way;*
- *If you don't always feel safe in your relationship, there is help and support. You can contact some of these resources anonymously, without giving your name. An advocate can help you with safety planning.* [review the different options for support services]; and

- *If your partner refuses to use a condom or if it doesn't feel safe to insist on condom use, you can ask a health care provider for a type of birth control that your partner does not have to know about. This could be a birth control pill, an IUD, or even hormone shots that can keep you from getting pregnant for a certain amount of time. These options will not keep you safe from HIV, but if you are concerned about getting pregnant—they will prevent it.*

Page 3.5—Emphasize the following:

In any relationship, it is both partners' responsibility to be equally involved in making safer sex decisions. Each partner is responsible for his or her own safety and when someone you care about trusts you, you are responsible to take care of that trust. Each partner is responsible for their own protection and to take care to not put your partner at risk. Each partner has the right to make personal choices about their own sexual health. When both partners are involved in sexual decision-making, each has control over personal behaviors and is less likely to participate in risky behavior.

I know many Latinos who think men should make all of the decisions; but when it comes to AIDS and HIV infection, women need to take responsibility for protecting themselves and their family. Both partners have a responsibility to protect themselves, their partner, and their relationship.

TIC NOTE This text does a fantastic job emphasizing the importance of healthy relationships, based on equal decision-making and respect. However, there may be some female participants who do not feel like they are safe and able to protect themselves and their family. For that reason, it is critical for the Facilitator to have explained the six points about relationship violence listed above. Because self-blame and guilt are such common responses to sexual violence, it is important that participants understand that:

1. Abuse is never their fault;

2. There is both hope and help available, if you are in a relationship where you often feel unable to protect yourself.

Page 3.8—Attitudinal Statements

When people say "no" to sex (especially girls), they don't really mean it.
Suggested Answer: Disagree. NO means 'no.' Sometimes we send mixed messages. We need to be sure that what we mean is consistent with what we do.
Cultural Value: This refers to the cultural value of respeto (respect).
Change Statement: We need to respect people's choices and wishes.

TIC NOTE Discussing this attitudinal statement provides an excellent opportunity to reinforce what it means to both give and receive consent for sexual activity. If participants cannot safely negotiate consent, they will not be able to safely negotiate condom use. Healthy sexual communication that involves continual consent and mutual respect can be framed as a means of STD/STI/HIV prevention. The Facilitator may consider integrating these key principles to help participants understand consent:

- Consent is based on choice.
- Saying nothing at all is not the same as giving consent.
- Consent is active, not passive.
- Consent is possible only when there is equal power.
- Giving in because of fear is not consent.
- When there is consent, both parties must be equally free to act.
- Going along with something because of wanting to fit in, feeling bad, or being deceived is not consent.
- To consent to sexual activity, both parties must be fully conscious and have clearly communicated what they would like to do.
- If you can't say "NO" comfortably, then "YES" has no meaning.
- If you are unwilling to accept a "NO," then "YES" has no meaning.
- The absence of "NO" is not the same as giving consent.
- Having sex with someone without getting consent is against the law.
- If you've experienced sexual abuse, there's nothing wrong with you; what someone chose to do to you was wrong.
- A minor cannot legally consent to sexual activity with a person in a position of trust (teacher, counselor, corrections officer, etc) and depending on the ages of the parties, may not be able to legally consent to sexual activity with a person much older.
- Consenting previously to a sexual act does not mean that you have given or consented to future acts.
- You should always be able to change your mind or stop a sexual activity, and that decision should be respected.

It is important to explain that while there are many ways to say NO, unless you receive a clear and enthusiastic YES, then the answer is NO. Emphasize that it is NEVER OKAY to pressure someone into sexual activity. The Facilitator should also emphasize the importance of respecting the lines of others, and that pressuring someone into saying YES is not the same as that person consenting to the sexual activity, and it is unacceptable dating behavior.

It is important to note that sometimes women and girls are taught that to say yes, is to be easy or bad. Sometimes women and girls are taught that a man should "convince" them to give themselves in love (sex). Women and girls may also be taught that if they say yes, even when in a monogamous relationship, then the man will think that she says yes to any man. Since not all participants have practiced saying no or yes, if at any point the other person is not giving full permission (consent), then stop, wait, and discuss with your girlfriend or boyfriend.

The Facilitator may consider how to best address the concept of "sending mixed messages." Self-blame is an extremely common traumatic response to sexual violence.[14] For example, victims often think or say: *It was my fault because I was drinking; I was okay with kissing and making-out, so it's my fault he insisted on sex when I didn't want to; It was my fault because I flirted with him at the party.* It is important for participants to understand that drinking, kissing, making-out, and flirting are not the same as actively and enthusiastically consenting to sex.

Additionally, victims often blame themselves for what may have been a biological response to sexual violence. "Freezing" is a well-documented and common neurobiological response to trauma.[15] If the brain and body sense great danger, it often immobilizes and "shuts down" in an effort to keep as safe as possible. This is a reflexive acute stress response adapted by humans, animals, and insects for survival purposes in evolutionary terms. It is important to normalize this physical reaction and acknowledge that there may have been times in participants' lives where it was not safe or possible to be assertive, and that is never their fault. In dangerous situations, it is often the body's way of keeping itself safe.[16]

Additionally, even if the sexual activity is non-consensual and abusive, the body can still respond to the physical stimulation. For example, male victims of child sexual abuse often harbor extensive guilt, shame, and self-blame for having an erection during the sexual abuse. This "betrayal of the body" can be very difficult for survivors and can exacerbate post-traumatic stress.[17]

Page 3.9—*Suggested Answer:*

> *Women as well as men can enjoy sex, and men may not always enjoy sex as much as they think they are supposed to enjoy it. These responses are based on the individual person, and not the gender.*

TIC NOTE This suggested answer can provide subtle reinforcement about consent by reading: *Women as well as men often enjoy consensual sex.*

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[14] Fanflik, P. L. (2007). *Victim responses to sexual assault: Counterintuitive or simply adaptive?* Retrieved May 20, 2014 from http://www.ndaa.org/pdf/pub_victim_responses_sexual_assault.pdf.

Peters, D. K., & Range, L. M. (1996). Self-blame and self-destruction in women sexually abused as children. *Journal of Child Sexual Abuse,* 5(4), 19-33.

[15] Ibid.

[16] Sherin, J. E. & Nemeroff, C. B. (2011). Post-traumatic stress disorder: The neurobiological impact of psychological trauma. *Dialogues in Clinical Neuroscience,* 13(3), 263-278.

[17] Levin, R. J. & Berlo W. (2004). Sexual arousal and orgasm in subjects who experience forced or non-consensual sexual stimulation – a review. *Journal of Clinical Forensic Medicine,* 11(2), 82-88.

Page 3.9—*Good girls don't plan to have sex.*

Suggested Answer:
Disagree. Sex rarely just happens. Adolescents who know that they will be having sex should be sure that they are protected with condoms.

TIC NOTE The Facilitator may consider expanding this answer to explain:
Consensual sex rarely just happens. Adolescents who know that they will be having sex should be sure that they are protected with condoms. If that doesn't feel safe or possible, it is not your fault. You deserve to be able to make these decisions and I want you to know that help is available.
Review existing resources.

Page 3.12—Summarize this activity by saying:

Making healthy sexual decisions and talking to your partner about your decision takes a lot of hard work and communication.

TIC NOTE This statement can be expanded to emphasize the importance of safety in relationships, while giving some examples of what healthy communication can look like.

Making healthy sexual decisions, talking, listening and respecting your partner and their decisions takes hard work and communication. You also have to feel safe in your relationship for these things to happen.

Section 4 – Attitudes and Beliefs about HIV/AIDS and Safer Sex

Page 4.13—Quien Es Mas Macho? Quien Es Mas Mujer?

Louis who gets angry when his girlfriend shows him a condom before they have sex and asks him to use it.
Anna who gets angry when her boyfriend shows her a condom before they have sex and wants to use it.

It may be helpful to discuss what anger can and should look like in a healthy relationship.

TIC NOTE It may be helpful to discuss what anger can and should look like in a healthy relationship. These scenarios may remind participants of similar situations that resulted in escalating aggression and violence. Discussions on anger should reiterate: *If your partner has become violent with you, it is not your fault. Everyone deserves to feel safe at all times in their relationships and there is support out there if you are dealing with this type of relationship.* Remind participants of available supportive resources.

Page 4.16—Quien Es Mas Macho? Quien Es Mas Mujer?

Victor who says he is not responsible for what he does or doesn't do when he's out with girls and has had a few beers or is high.

Clara who drinks alcohol and smokes marijuana and often ends up sleeping with men she doesn't know and doesn't use condoms.

Miguel who doesn't drink because alcohol was the reason why he once slept with a woman that he didn't know. He doesn't remember if he used a condom.

TIC NOTE When discussing Victor, Clara, and Miguel, there is an opportunity to ensure that participants understand the relationship between alcohol, drugs, and sexual violence.

This section has the opportunity to reinforce the following key concepts:

- Drugs and alcohol do not cause or excuse violent behavior or perpetration.
- If assaulted while under the influence, it is NOT the victim's fault and it is never the victim's fault. Consenting to use drugs/alcohol is not the same as consenting to sexual activity.
- Under Colorado law, it is sexual assault if the victim is incapable of appraising the nature of her/his conduct or has been impaired involuntary. Reference Colorado Revised Statute 18-3-402. Sexual assault: (1) Any actor who knowingly inflicts sexual intrusion or sexual penetration on a victim commits sexual assault if: (a) The actor causes submission of the victim by means of sufficient consequence reasonably calculated to cause submission against the victim's will; or (b) The actor knows that the victim is incapable of appraising the nature of the victim's conduct. (4) Sexual assault is a class 3 felony if (d) The actor has substantially impaired the victim's power to appraise or control the victim's conduct by employing, without the victim's consent, any drug, intoxicant, or other means for the purpose of causing submission.
- Consent means that you know FOR SURE, that the person is 100 percent okay with the sexual activity.

Page 4.17—Quien Es Mas Macho? Quien Es Mas Mujer?

Alejandro who stops when his partners ask him to stop.

Alejandro is not showing respect to his partners by stopping when girls ask him to stop (respeto). No means no! Forcing someone to have sex is rape.

Alejandra who insists on having sex, even if boys say no or ask her to stop.

Alejandra is not showing respect to her partners by insisting on having sex (respeto). No means no! Forcing someone to have sex is rape.

TIC NOTE This text most likely contains a typographic error. It says that Alejandro is NOT being respectful by stopping, when this should be an example of respectful, responsible behavior. The text explains that forcing someone to have sex is rape. This activity provides another opportunity to reinforce what it means to give consent and the importance of knowing for sure that your partner has enthusiastically given consent. It is another opportunity to re-affirm:

If you have had unwanted sexual experiences in your life, I am so sorry that has happened to you, and it is not your fault. Talking about what has happened can be really hard, but many people report feeling better if they take the opportunity to talk to a counselor or advocate who has a lot of experience working with this issue. It may not seem like it, but healing is possible, and you deserve to always feel safe, healthy, and happy when it comes to sexual activity.

This activity in Cuídate is the only time rape is specifically addressed in all four curricula reviewed in this project.

Page 4.18—Quien Es Mas Macho? Quien Es Mas Mujer?

Goyo who doesn't stop when girls say no because they never mean it anyway. He never uses condoms.

Beatriz who doesn't stop when boys say no because they never mean it anyway and never asks them to use condoms.

TIC NOTE These scenarios continue to directly address rape, and the same recommendations from Alejandro/Alejandra apply to the Goyo and Beatriz scenarios.

Tomas who only goes out with younger girls because they are easy to impress, they never say 'no' and he can convince them to have sex without using condoms.

Tomasita who only goes out with older guys because they will "take care" of her and she can trust they will tell her what to do, such as not using condoms.

Tomas' behavior should be identified as predatory, coercive, and potentially illegal. Facilitators working with youth who are in sexual relationships with older partners should have an understanding of Colorado's mandatory reporting laws regarding age of consent.[18] Please refer to the chart on the following page, as well as guidance on pages 65-66 on how to ensure a trauma-informed approach to mandatory reporting. Keep in mind that although the laws are outlined, your role is to support the participant, not to investigate, while following your statutory obligations.

CONSENSUAL SEX – CRIME PENALTY

Age of Party

Age of Party	10	11	12	13	14	15	16	17
10	NC	NC	NC	NC	4F	4F	4F	4F
11	NC	NC	NC	NC	NC	4F	4F	4F
12	NC	NC	NC	NC	NC	NC	4F	4F
13	NC	NC	NC	NC	NC	NC	NC	4F
14	4F	NC	NC	NC	NC	NC	NC	NC
15	4F	4F	NC	NC	NC	NC	NC	NC
16	4F	4F	4F	NC	NC	NC	NC	NC
17	4F	4F	4F	4F	NC	NC	NC	NC
18	4F	4F	4F	4F	4F	NC	NC	NC
19	4F	4F	4F	4F	4F	NC	NC	NC
20	4F	4F	4F	4F	4F	NC	NC	NC
21	4F	4F	4F	4F	4F	NC	NC	NC
22	4F	4F	4F	4F	4F	NC	NC	NC
23	4F	4F	4F	4F	4F	NC	NC	NC
24	4F	4F	4F	4F	4F	NC	NC	NC
25	4F	4F	4F	4F	4F	1M	NC	NC
26	4F	4F	4F	4F	4F	1M	1M	NC

CODE: NC=No Crime; 4F=Class 4 Felony; 1M=Class 1 Misdemeanor

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Discussing age of consent can be challenging with youth who may feel developmentally ready to have relationships with someone older. It is also challenging because older youth may not feel that it is predatory to have a relationship with younger youth. The purpose of a conversation regarding age of consent is not to silence youth and make them feel as if you are "out to get them" if they are in a relationship with an older partner. The intention is to open up the conversation so that youth can think critically about how age can affect who has power and control in a relationship, and how an older partner can change the dynamics for equality in decision-making.

It may also be helpful to gather the participants' thoughts on why Tomasita is making these choices and how to be a supportive friend to someone like Tomasita.

Page 4.19

Anna who drinks alcohol and smokes marijuana and often ends up sleeping with other women who she doesn't know and she rarely, if ever, protects herself from HIV.

[18] Colo. Rev. Stat. § 18-3-402; Colo. Rev. Stat. § 19-3-304.

TIC NOTE The same information regarding drug and alcohol facilitated sexual assault may apply here. Refer to page 81. It is important for participants to understand that choosing to have sex that you later regret is very different from someone recognizing your vulnerable state and making the decision to sexually abuse while you are incapacitated.

Section 5 - Building Condom Use Skills

Teaching effective condom use through comprehensive sexual education undoubtedly helps youth take steps to remain healthy, while reducing negative sexual health outcomes. However, it is important for Facilitators to know that condoms are used in approximately 10-15 percent of sexual assaults.[19] Furthermore, negotiating condom use is challenging for women and girls who have limited power in their relationship and may be experiencing intimate partner violence or sexual abuse by a family member or person of trust in the community.[20] Therefore, it is important for the Facilitator to consider that discussing and advising condom use may remind some participants of abuse and/or trigger painful memories of not being safe and able to advocate for condom use. For the class demonstration, the Facilitator may consider letting participants choose to use fruits, vegetables, or a penis model.

If the Facilitator knows that a participant is a survivor of sexual abuse (and it feels appropriate), s/he may want to check-in with the individual before and prepare the participant that the following day will include a discussion on types of contraceptives, including condoms. The Facilitator can also do a brief check-in with the participant after the activity. All participants may benefit from a brief grounding activity before and after the condom demonstration. The Facilitator can also normalize a trauma response by reminding participants: *some things we discuss in this class may bring up difficult feelings and it makes sense that some of this discussion feels uncomfortable. In general, you should feel safe and supported to explore new ideas, ask questions, and practice new skills that help you to decide how you want to be in relationships.* Remind participants of options for reaching out such as: Facilitator office hours, an anonymous question box, the national rape crisis center hotline, the local rape crisis center hotline, and Safe2tell®.

Page 5.6—Steps for Effective Latex-Condom Use

Check during intercourse to make sure the condom is not slipping.

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[19] O'Neal, E., Decker, S. H., Spohn, C., & Tellis, K. (2013). Condom use during sexual assault. *Journal of Forensic & Legal Medicine*, 20(6), 605-609.

[20] Teitelman, A., Davis-Vogel, A., & Lu, M. (2009). Adolescent Girls' Beliefs about Partner Abuse and Safer Sex. *Conference Papers -- American Society of Criminology*, 1.

Swan, H., & O'Connell, D. J. (2012). The Impact of Intimate Partner Violence on Women's Condom Negotiation Efficacy. *Journal of Interpersonal Violence*, 27(4), 775-792.

TIC NOTE The Facilitator can also remind participants to also check during intercourse to make sure their partner is awake, engaged, and enjoying what is happening. If s/he is not, then the sexual activity must stop.

When discussing the use of latex condoms, it may be helpful to provide resources for free, or low cost condoms that can be easily obtained by youth. It is important to consider:

- *Are there youth-friendly staff at the locations?*
- *Is the location likely to be visited by youth?*
- *Does it feel safe and confidential?*
- *Is there a contact name and number that can be shared?*

Module 6: Building Negotiation and Refusal Skills

Page 6.4 & 6.5—Excuses and Responses

TIC NOTE This activity helps participants practice different responses and strategies for when a partner does not want to use a condom. It may be important to stress that one person giving excuses as an attempt to not use condoms frequently occurs, and having responses prepared can help reinforce your boundaries and commitment to safety. However, in a healthy relationship, your partner will listen carefully and thoughtfully to your response, and honor your feelings and boundaries. Participants should understand that if they are in a relationship where they continually need to respond to excuses, and their responses are not being listened to, respected, or adhered to, the relationship may no longer be safe or healthy. The Facilitator should then review the options for supportive resources for participants who may be in an unhealthy relationship.

Page 6.6 & 6.7— S.W.A.T. Technique

S: Say NO to Unsafe Behavior
W: Be prepared to explain WHY you want to be safe
A: Provide Alternatives
T: Talk it Out

TIC NOTE The S.W.A.T. method is an effective four-step strategy for relationships that have equal power and control. When these equal dynamics are not present, those participants will not be able to successfully complete these steps. The Facilitator can emphasize this point, and stress that everyone deserves a healthy relationship with equal decision-making. The Facilitator may stress:
If these steps don't seem like they would work in your relationship, then it might be a good time to talk to someone who knows a lot about staying safe in unhealthy relationships. If you find yourself not respecting you partner's choices when it comes to sex and/or the relationship, there are people you can talk to because it could be unhealthy for you and your partner both

emotionally and physically. If you are ever afraid to tell your partner about your true wishes in the relationship, or your partner has a pattern of making you feel afraid or like they have all the power in the relationship, there are people you can talk to about this to help keep you safe whether or not you stay in your relationship. Remind participants of supportive options.

If you are in a relationship, it is both partners' role and responsibility to listen to the other one, learn their boundaries/limits, and to respect them. Coercing or forcing someone into sexual activity they are not comfortable with or are able to fully consent to is never okay—and it's illegal.

Page 6.8—Say NO to unsafe behavior

TIC NOTE Participants who have been physically or emotionally abused may have learned that being non-assertive is the safest option.[21] It may be helpful to have a discussion with the participants about why having assertive body language is hard in some situations, while emphasizing:

Participants who have been physically or emotionally abused may have learned that being non-assertive is the safest option.

In the past, if you were not able to say "no" or use strong body language, it is not your fault. You didn't choose to be hurt, but instead, someone chose not to respect you or your boundaries. If you have not respected a "no" or have continued pursuing sexual activity even when you thought there was body language that could have meant "no," it is important to know that you could be hurting the person you love, and hurting your relationship.

Role-Play A

TIC NOTE All of these role-plays could potentially remind participants of a time in their lives where they tried to "slow it down" or effectively advocate for abstinence or condom use— but their boundaries were not respected and it resulted in sexual violence. Grounding exercises can be a helpful tool when starting and ending role-plays.

The Facilitator can point out how Person 1 is attempting to use his/her birthday to coerce sexual activity. Highlighting the coercive tactics may help participants identify times in their lives where they have either been coerced or coerced others. The Facilitator should re-affirm that this behavior is never acceptable in relationships, while providing examples of behavior found in loving, healthy relationships.

[21] Bracha, H. S. (2004). Freeze, flight, fight, fright, faint: Adaptationist perspectives on the acute stress response spectrum. *CNS Spectrums*, 9(9), 679-685.

Page 6.23—Role-play E

Oscar: You are hoping you will get her to say 'yes' to having sex.

Rita: You may want to kiss him, but you do not want to have sex. When you get to Oscar's house, and begin to 'make-out' you realize that he wants to have sex with you.

Summarize Role-play E: Rita did not use good judgment by going home with Oscar. This put her in an unsafe situation….Think about this before you get in situations (like being alone, being with someone if you or they have been drinking) where it is difficult to say 'no.'

TIC NOTE Although Rita may not have used good judgment with Oscar, it is important for participants to understand that Rita still has a right to set boundaries. The role-play does not give us enough information to know whether or not Oscar will perpetrate sexual violence. However, participants should understand that perpetrators of this crime often isolate their victims (i.e., inviting someone over to their house where nobody else is home) and use alcohol and/or drugs to create vulnerabilities.

- Instead of solely focusing on what Rita did wrong in this role-play, it may be helpful to equally address what Oscar should do in this situation. Oscar is not using good judgment in thinking about "getting her to say yes" since that mentality could lead to coercing Rita into saying "yes" or ignoring a "no."
- Oscar should not have invited Rita home with him since he is unsure of his own limits and does not seem to be satisfied with only making out as Rita has indicated that she would like to continue doing and not have sex.
- It is important for participants to understand that if he chooses to have sex with Rita without her consent or if she is unable to consent, then Oscar has raped Rita. This criminal act would shame the family and the community.
- While Rita may not have used good judgment in going home with Oscar, rape is NOT an appropriate punishment for making a bad decision. She still has a right to set boundaries and have those boundaries respected.

This role-play discussion could also include the creation of a positive resolution, in which Oscar respects Rita's boundaries. For example, Oscar could say to Rita: *I think you are really cool and I'm getting the sense that you might like me, but that you don't really want to have sex with me right now. I can respect that and I should take you home now. We can hang out again next week.*

Page 6.24—Role-play F

There is the possibility that Sylvia may break-up with you if you do not have sex with her. You do not want to lose her, but you really do not want to have sex.

TIC NOTE The Facilitator can point out how Sylvia is threatening a break-up to coerce sexual activity. Highlighting this threat as a coercive tactics may help participants identify times in their lives where they have either been coerced, or coerced others. The Facilitator should re-affirm that this behavior is never acceptable in loving, healthy relationships.

Page 6.26—Role-play H

TIC NOTE This role-play presents the opportunity to review the dynamics of reproductive coercion, and to stress that the decision to have a child should always be made between both partners, free of coercion. The Facilitator may want to stress that if Rita does not respect Ciro's wishes, then Ciro may need to explore how to safely leave the relationship.

In discussing all of the role-plays, participants may benefit from additional discussion reinforcing the key concepts of consent and the difference between physical intimacy and sexual pressure.
The Facilitator can ask:

- *How many participants believe that it is acceptable to kiss and not have sex?*
- *How many believe it is okay to make out and not have sex?*
- *How many believe that it is acceptable to have sex once and not again?*

The Facilitator can stress that consenting to one of these sexual activities is not the same as consenting to all future sexual activities. Participants may also benefit from additional discussion on how one's sexual reputation can unfortunately be used as a social weapon.
The Facilitator can also ask:

- *How many of you have called a girl a slut?*
- *How many of you have been called a slut?*
- *How many of you were called a slut even before you had sex?*

In addition, participants may benefit from supplementary examples of role-plays that simulate healthy, consensual relationships and decision-making. By showing those examples, participants are given tangible tools and examples they can reflect on and try and model in their own lives.

Review and Analysis
Draw the Line, Respect the Line:

Setting Limits to Prevent HIV, STD and Pregnancy (Grade 6)

Introduction

The introduction to *Draw the Line, Respect the Line* states: [The] *curriculum draws on emerging research findings that suggest that youth at highest risk have been abused and that coercion is frequent in youthful sexual encounters* (Page xi). Because of existent research showing strong correlations between sexual violence, trauma, and teen pregnancy, it is important that all pregnancy prevention education integrates these topics and is inclusive of participants who have experienced (or are currently experiencing) sexual, relationship, or family violence.

Throughout this guide, we have created Trauma-Informed Care (TIC) Notes, and additional information for Facilitators to consider when delivering this curriculum. This information is not intended to affect the fidelity of the curriculum, but to suggest slight adaptations to ensure that participants who have trauma histories feel safe, supported and engaged in the sessions. It is important to note that providing trauma-informed services does not mean Facilitators must determine exactly what has happened to an individual. Rather, organizations and Facilitators should examine the way in which they conduct sessions and make modifications based upon an understanding of how a trauma survivor might perceive what is happening.[1]

The *Draw the Line, Respect the Line* Introduction states that evaluation of this curriculum has not shown that it is effective in delaying sexual initiation for girls. There is not gender parity for other various outcomes demonstrating efficacy (xiii). This is particularly relevant, because girls experience a high prevalence of sexual violence at early ages. The National Intimate Partner and Sexual Violence Survey (NISVS) showed that most female victims of completed rape (79.6 percent) experienced their first rape before the age of 25; 42.2 percent experienced their first completed

[1] Pregnant Survivors. (2013). *Trauma-Informed Services for Pregnant and Parenting Survivors* [Data file]. Retrieved April 25, 2014 from www.pregnantsurvivors.org.

rape before the age of 18 years.[2] The recommendations in this analysis may be of assistance in addressing the gender gap, especially given the high prevalence of female sexual victimization.

The *Draw the Line, Respect the Line*—Introduction also states that increasing numbers of youth are having sex before age 16, and that, when questioned, many will say that sex "just happened" (ix). Because of the NISVS statistics provided in the previous paragraph, it is important to consider that the sexual activity being described by youth may have not been consensual and that youth may also be struggling for appropriate words to describe an unwanted sexual experience. Popular media portrayals of sexual violence focusing on violent stranger attacks can leave youth questioning if what happened to them was actually sexual violence. By saying sexual activity "just happened," they may be grappling with this uncertainty and a lack of language for sexual acts, let alone nonconsensual sexual acts. Take care to approach such disclosures without judgment in order to create an ongoing open dialogue with the youth.

Facilitators may also consider implementing short grounding exercises[3] at the beginning and end of every class. It is important to note that routines and rituals create predictability, which helps establish safety and trust in the classroom. Because trauma is often associated with unpredictability, trauma-exposed youth learn to be vigilant to potential danger. Environments and situations that are familiar, predictable, and consistent allow youth to "let down their guard" and focus on learning.[4]

If you choose to routinely integrate short grounding activities, be sure to thank everyone for participating and also allow them to opt-out or stop participation at any time. Students can also do a short assessment as to whether or not an activity helps them feel more relaxed. For example, prior to a grounding activity, the Facilitator can ask students to privately think about how they are feeling. A "one" indicates no stress, anger, or anxiety; while a "five" indicates a lot of stress, anger, or anxiety. After the grounding activity, the Facilitator can have students do an internal "check-in," to see if their number changed. The Facilitator can explain that if a student notices a particular activity really helps lower stress, they should keep it in their "toolbox," and can use it anywhere—at home, on the bus, in class, etc.

TIC NOTE Throughout the facilitation of *Draw the Line, Respect the Line* (Grade 6), students may benefit from additional activities on understanding and defining personal space. These activities can also address setting and respecting boundaries. For example, the Facilitator can explain that everyone has an invisible "circle of space" or "space bubble" around them, and that we each get to determine who, how, and when our "space bubble" is shared. The Facilitator can

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[2] Centers for Disease Control and Prevention. (2010). *National intimate partner and sexual violence survey: 2010 Summary report.*

[3] Examples of grounding activities can be found here: http://hprc-online.org/blog/family-relationships/families/managing-emotions/focus-calming-grounding-activities-pdf.

[4] Ibid.

turn around, with her or his back facing the students, and ask for a volunteer to walk toward her or him. When the Facilitator starts to feel her/his space bubble being "invaded," the Facilitator then asks the volunteer to "stop." Students can take turns with this activity. It is a powerful way to talk about and model setting boundaries with personal space. The Colorado Professional Learning Network has a similar "Respect My Bubble" activity that can be age-appropriately adapted: http://www.coloradoplc.org/lessonplans/respect-my-bubble-read4health-lesson-plan.

Page 3—Answering Student Questions

This curriculum recognizes that students may have potentially sensitive questions regarding the topics covered in the curriculum. Establishing office hours and implementing a system to answer anonymous questions are two approaches for providing students with an avenue for private conversations.

Establishing positive relationships with trusted adults is an important protective factor for reducing teen pregnancy and sexually transmitted infections.[5] However, it is important to note that more than 80 percent of sexual abuse cases occur in isolated, one-on-one situations—often times with adults who have gained trust.[6] Because this curriculum integrates offices hours as a mechanism to have a private conversation between the Facilitator and a student (who is a minor), it is important that criminal background checks, personal interviews, and professional recommendations were conducted for each Facilitator prior to working in this capacity. In order to mitigate risk, one-on-one conversations can be private, but they should be observable. Students should also know they have the option of bringing along a peer or another trusted adult, such as a caseworker or a teacher.

Facilitators should also have well-defined rules regarding interactions with students. For example: texting or cell phone conversations with students are not allowed; Facilitators are not allowed to give students rides in their cars; Facilitators are not allowed to give personal gifts to students. Accountability and supervision regarding enforcement of the rules are integral.

Because the question box may be an avenue for students to disclose sensitive or traumatic information, it is recommended that the Facilitator informs students that all questions will be read and addressed. However, due to time constraints and privacy, some questions will be read out

[5] Kirby, D. (2007). Emerging Answers 2007: New Research Findings on Programs to Reduce Teen Pregnancy —Full Report. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy. Retrieved April 7, 2014 from http://thenationalcampaign.org/resource/emerging-answers-2007%E2%80%94full-report.

[6] Snyder, H. N. (2000). Sexual assault of young children as reported to law enforcement: Victim, incident, and offender characteristics. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved April 7, 2014 from http://www.d2l.org.

loud (if appropriate), and other questions will be addressed through subsequent lessons or privately. This strategy helps ensure students' privacy and safety.

Failed Mandated Reporting of Child Abuse & Neglect

Failure to fulfill mandated reporter requirements has become the norm, not the exception.[7] Only 26 percent of teachers said they would report a situation where a child told them that their stepfather had touched their genitals and only 11 percent said they would report a situation where a teacher had touched a child's genitals. Mandated reporters fail to report for a number of reasons. These include, but are not limited to: insufficient evidence, uncertainty, worries about causing additional harm, and maintaining good relationships.[8]

All Facilitators should be familiar with Colorado Revised Statute 19-3-304, as well as the agency's policies regarding mandatory reporting of child abuse and neglect. Prior to providing this instruction, Facilitators should clearly understand if they are mandated reporters under the law and/or the mandatory reporting obligations of the agency. Facilitators must be able to determine what constitutes a mandatory report, who the report needs to be made to, when the report should be made, how to make a report, how to involve the person making the disclosure in the mandatory report (if applicable), and who to consult regarding questions about this process. In addition, the Facilitator should be committed to a trauma-informed approach to mandated reporting. This may include providing on-going support to the person making a disclosure, as well as assisting with safety planning and providing relevant community referrals.

Recommendations for Addressing Mandated Reporting:

1. Be up front, honest, and clear about your reporting obligations with the program participants. This curriculum is about sexual health and sexual decision-making. In young people's lives, these issues often intersect with sexual violence and abuse.
2. Share information about mandatory reporting as soon as possible.

Suggested script:
As the Facilitator, my goal is to be able to get to know all of you and support you as you go through this program. I want us to be able to have open, honest conversations. Since we are going to be talking a lot about peer pressure and decision-making, I want to recognize that sexual activity is something a lot of kids feel pressure about, or don't feel like they have the ability to make their own decisions. Sexual violence or sexual abuse is unfortunately quite common. Sexual violence or sexual abuse can refer to any unwanted sexual experience, whether it is

[7] Vieth, V.I. (2011). Lessons from Penn State: A Call to Implement a New Patter of Training for Mandated Reporters and Child Protection Professionals. Retrieved May 8, 2014 from http://www.isbe.state.il.us/reports/erins-law-final0512.pdf.

[8] Kenny, M. C. (2001). Child Abuse Reporting: Teachers Perceived Deterrents. Child Abuse and Neglect, 81,88. Retrieved May 8, 2014 from http://www.isbe.state.il.us/reports/erins-law-final0512.pdf.

unwanted touching, requests for sexual favors, being forced to view sexual images, or intercourse/penetration. If this has happened to you, it is not your fault. It is important to know that painful memories can come up. Sometimes it really helps to be able to talk to someone who has a lot of experience understanding sexual violence and sexual abuse. [Facilitator should have either the local rape crisis hotline number or the national rape crisis hotline number written on the board, as well as brochures available. Explain that it is a 24/7 confidential resource. Students should also be aware of Safe2Tell®. This resource provides young people a way to report any threatening behaviors or activities endangering themselves or someone they know, in a way that keeps them safe and anonymous. For more information, please visit http://safe2tell.org/]

Sexual abuse and sexual violence are often really hard to cope with and you shouldn't have to deal with it all alone. For most people it's not something you can just "get over" or forget about, but it is possible for things to get better. You can contact a hotline, or if you would like to talk to me about what you've been through or what is going on, my goal is to listen, provide support, and help. In thinking about your options, it's important for you to know that every state, including Colorado, has laws around protecting minors from abuse and holding offenders accountable.

If you share information that you've been sexually abused or in some cases—if you are in a sexual relationship with someone much older than you, I may be obligated by law to share that information with law enforcement or the Department of Human Services (DHS). If that has to happen, you and I will discuss the best way to make the report, and how to make sure you are safe and have the support you need. Law enforcement and DHS may investigate further, or they may not. It depends on the case. If you aren't comfortable with that and you aren't sure if you want to talk about what you've been through, you can call the hotline and stay anonymous. You can also talk to me about a friend or use generalities, to learn more about options. You can also learn more about your options and support by using the anonymous question box. You don't have to share what you've been through, but a lot of people report that if they do, they feel much better in the long run. No matter what, I will be glad you chose to talk about what's going on in your life, and I will believe and support you. Let me know if you have any questions!

Here are some simple ideas for what to say following an immediate disclosure:

- *I am so sorry that happened. You didn't deserve it.*
- *What would help you to feel safe right now?*
- *Thank you so much for talking to me about this. I'm really glad you came to me.*
- *I believe you and think you are really strong.*
- *You aren't alone. What you are telling me has happened to other people your age. There are resources to support you.*
- *Because I know this information, I am obligated by the law to advocate for your safety. I'm not sure exactly what will happen now, but I promise that I will be open and honest with you and explain what may happen, while supporting you as best as I can throughout this process.*

Lesson 1: Draw the Line/Respect the Line

Page 16-19—Activity 1.3: Simon Says

TIC NOTE This activity teaches that you should be able to set limits with your body and is intended to demonstrate that everybody has the right to say NO and draw the line. It also acknowledges that there is often pressure to do something that you don't want to do. Participants are taught to stand up for themselves by saying: *I won't do that no matter who's pressuring me.*

The younger the victim, the more likely it is that the abuser is a family member.

This content may be difficult for students who haven't been able to set limits with their bodies in the past. For example, if a student has been sexually abused by a parent, sibling, or person in a position of trust—they may have never known that they could safely say NO, and have therefore internalized significant shame and self-blame as a result of the abuse. Victims of child sexual abuse may love the perpetrator and have conflicting emotions regarding the abuse. It is important to consider:

- 1 in 4 girls and 1 in 6 boys is sexually abused before their 18th birthday.[9]
- About 90 percent of children who are victims of sexual abuse know their abuser.[10]
- The younger the victim, the more likely it is that the abuser is a family member. Of those molesting a child under age 6, 50 percent were family members.[11]

Prior to the completion of Activity 1.3, the Facilitator may consider integrating an age-appropriate discussion of this issue. This content can be integrated into Activity 1.0 (page 13).
Suggested script:
There may have been times in your life where it didn't feel like you were safe enough or able to "draw the line" and say NO. If that has happened to you, I am so sorry. It was not your fault. No matter who the person is, you should always be able to decide what you do with your body. Some of the goals of this class are for you to be able to be healthy, happy, and safe. If you haven't been able to draw the line in the past, we'll learn ways to be able to in the future. Sometimes though, the things we go through in life require help from others. If someone has hurt or abused you or hasn't let you draw the line, you don't have to go through it alone and a trusted adult with

[9] Doll, L.S., Koenig, L.J., & Purcell, D.W. (2004). Child sexual abuse and adult sexual risk: Where are we now? In L.S. Doll, S.O. O'Leary, L.J. Koenig, & W. Pequegnat (Eds.) From child sexual abuse to adult sexual risk (pp. 3-10). Washington, DC: American Psychological Association. Retrieved May 8, 2014 from http://www.childrenscove.org/parents-children/statistics/.

[10] Finkelhor, D. (2012). Characteristics of crimes against juveniles. Durham, NH: Crimes against Children Research Center. Retrieved May 8, 2014 from www.d2l.org.

[11] Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved May 8, 2014 from http://www.ojp.usdoj.gov/bjs/pub/pdf/saycrle.pdf.

experience in this area may be able to help. [Remind students about the rape crisis center hotline, Safe2Tell®, office hours, and the anonymous question box].

Page 20 — Activity 1.4: Where's the Pressure?

TIC NOTE Students are asked to reflect, write, and potentially share about a time when it was hard to say NO to a friend. For some students, they may reflect and write about sexual abuse. It is important that students are reminded that they don't need to disclose their name. Because of the nature of the activities in the first session, it is important that the Facilitator gives a mandatory reporting overview at the beginning of the first class.

For a student who has been sexually abused, this activity could potentially trigger a trauma response. It is important that Facilitators allow a student to go to the restroom or take a break if requested while completing the worksheet. If a Facilitator notices panic, agitation, or inability to complete the worksheet, the Facilitator can normalize the reaction by explaining: *For many kids, it's often hard to think about and remember times where you felt peer pressure. Peer pressure can sometimes be little things, like encouraging you to stay up late when you are really tired or eat too much candy. Sometimes there is peer pressure to do things that may be illegal or really scary. For example, stealing from a store or even pressuring you to do something sexually that you don't want to do. If it's too painful to remember the "big things," it's okay to focus on the little things.* Remind students that if they have pain, sadness, or guilt about being pressured to do something big—there are safe adults they can reach out to who will believe them and try and help.

Page 23 — Activity 1.6: Closure and Family Activity

TIC NOTE Because this entire curriculum has a component to promote engagement with family or a trusted adult, efforts to minimize the potential for adult abuse of a minor should be integrated. Potential enhancements may include:

A short discussion on what it means to be a "trusted adult." Students should understand that person should be somebody they feel comfortable with, who doesn't expect anything in return for helping with this project. Ask students the difference between a "secret" and a "surprise." The objective is for students to learn that a surprise is fun and makes someone feel good, but holding a secret often feels bad. A "surprise" could be a birthday gift for someone else, having a fun trip planned, etc. An adult should never ask a minor to keep a secret that doesn't feel good. Since students are told that they can ask another teacher, counselor, or school nurse to help with these activities, there should be instruction for school personnel that all one-on-one work (including activities from this curriculum) should happen in a public or observable location, such as the school library.

Lesson 2: Steps for Drawing the Line—Part 1

Page 39 & 40 — Teacher Background for Activity 2.3: Steps for Drawing the Line

TIC NOTE The Draw the Line, Respect the Line curriculum is built on the importance of teaching students four skills. These four skills are foundational in this curriculum's approach:

Say, "No I don't…"

Use a body that says NO.

Change the subject.

Walk away if you need to (e.g., if you feel unsafe or uncomfortable).

Facilitators should understand and be able to articulate the value of these four skills, as well as the limitations of these four skills in some circumstances.

Step 1: Say, "No I don't…"

TIC NOTE It is important for Facilitators to understand that students who have been sexually abused may have a hard time with activities simulating how to say "no." For some students, saying no truly never felt like an option. For example, consider the dynamics of a student who has been abused by a parent. The parent is responsible for providing food, shelter, and love. A parent who sexually abuses his/her child may have told the child that all parents show their love this way. A child who has been sexually abused may fear that if they say no, the parent will retaliate by denying basic needs. The abusing parent may also have threatened physical harm, or harm to a younger sibling or pet. The abusing parent may have told the child that if s/he tells someone about the abuse, they will not be believed. These are some of the reasons why it is estimated that only 1 out of every 10 minor victims ever disclose their abuse.[12]

It is important for Facilitators to understand that students who have been sexually abused may have a hard time with activities simulating how to say "no."

At the start of this activity, it is important for Facilitators to briefly reiterate to students:
Sometimes saying no is really hard, or it doesn't feel safe to say no. It's not your fault if you were made to do something sexually that you didn't want to do, or just didn't feel right. There's help out there. You can write about it in the anonymous question box, come talk at office hours, or contact one of the resources we've discussed. If you come to me, I will believe you. You are doing the right thing by telling. Just remember, that my job is to make sure that you are safe. If you have been abused or hurt, I legally can't pretend that you didn't tell me. I may have to tell others

[12] Erin's Law Task Force – Executive Summary. (2012). Retrieved May 8, 2014 from http://www.isbe.state.il.us/reports/erins-law-final0512.pdf.

about what's going on, so that we can make sure you are safe. My #1 goal throughout will be to support you and include you in all decision-making.

Step 2: Use a body that says NO.

Page 40—

> *Some examples of body language that might indicate a person is not serious or sure of himself/herself include:*
>
> - *Laughing or giggling while talking*
> - *Looking at the ground*
> - *Wiggling or shuffling*

TIC NOTE Teaching students to use body language that "says no" is an important component of this curriculum. However, in a traumatic situation, the body does not always do what the mind wants it to do. The Facilitator should explain that using effective body language is really important when someone is trying to get you to do something you don't want to do, but if your brain fears danger—sometimes the body can freeze up or not act the way you want it to. When responding to danger, people do whatever they feel will get them through that situation, which may be to freeze, fight, or flee. Furthermore, when a student experiences sexual pressures from a family member or friend, their response may have been laughing/giggling, looking away, and/or wiggling/shuffling in order to try to avoid the abuse or the abuser. Coping mechanisms may vary dramatically person to person, but they are the actions, gestures or body language that feels most safe in that moment.

Step 3: Change the Subject.

TIC NOTE While this can be an effective technique for some types of peer pressure, an adult sex offender or a juvenile who has committed sex offenses does not care if the subject is changed, and this technique will not keep that individual from attempting to gain power and control through sexual violence. Perpetrators use various techniques to intimidate the victim into compliance.

Step 4: Walk away (if you need to).

TIC NOTE Walking away is not always safe or possible, especially if the student is being pressured into sexual activity by a person in a position of trust, an older sibling, or someone that is known, loved, and trusted.

For each of the steps discussed above, the Facilitator should consider that when a student is sexually abused by someone known to them, it is most commonly in the home or a familiar social setting. Because of that context, assertive body language or words may not be safe to express due

to fear of others seeing or hearing, or fear of further force or retaliation from the abusive family member or friend.

It may be important to acknowledge that we all react differently when we are pressured or scared. Additionally, explaining to students that fear can come from people we know and love will help students understand that danger is not just related to strangers. It may be helpful to reinforce: *If you were not able to draw the line in the past, or your line was not respected—it is not your fault. This class can help you consider ways to draw the line in the future.* Participants should be reminded that if they are experiencing fear from family members or friends, there are ways they can seek support and help. [Remind students about the rape crisis center hotline, Safe2Tell®, office hours, and the anonymous question box].

Lesson 3: Steps for Drawing the Line—Part 2

Page 45 — Activity 3.3: Where's the Pressure worksheet 1.4 from Lesson 1 is discussed here.

See notes about this activity (1.4) on page 95.

Lesson 4: the Role-play Challenge

Page 53 — Activity 4.1: Lesson 3 Review

> *Procedure #2: Ask students to name things they may be pressured to do (e.g., smoking, drinking, using other drugs, cheating, lying, etc.). Emphasize that the skills they are practicing can be used in any of these pressure situations.*

TIC NOTE This discussion is an opportunity to reiterate that in most situations, what you learn in this class will help you draw the line. However, there are some situations where extra help may be needed. Suggested script: *There are some situations where drawing the line may need outside help from adults you trust. If you are dealing with sexual pressure that feels too big and hard to draw the line, or you know that your efforts to draw the line won't be respected, you can confidentially call the local rape crisis hotline number or the national rape crisis hotline number without giving your name [keep the numbers written on the board, as well as brochures available] or contact Safe2Tell®. You can also talk to me [the Facilitator] about what is going on in your life. If it's easier, you can bring a friend with you. If you tell me that you or a friend are being hurt or abused, I may have to take steps to advocate for your safety. This may involve getting other helping professionals involved. But I will take every step to make sure you understand what is going on, and your safety is the most important.*

Page 55-57 — Activity 4.3: Changing the Subject and Walking Away

Example #7: *Suppose Carlos and Amanda are at Amanda's house watching TV in the living room. Carlos is pressuring Amanda to kiss him, but Amanda doesn't want to. She says:*
Example 1: I'm not ready for this. Let's go get something to eat.
Example 2: I'm not ready for this. Let's go to my room.

TIC NOTE Consider integrating an age-appropriate discussion on why Carlos needs to respect the line that Amanda draws around kissing. Discussion should integrate Carlos's actions, and promote accountability for not pressuring Amanda.

Example #9: *Have students think of activities that could be used if they were being pressured to kiss and touch someone and they didn't want to kiss and touch. Write students' responses on the board. Provide corrective feedback if students give inappropriate responses.*

TIC NOTE For a student who has experienced childhood sexual abuse (including incest), this activity may bring up memories of abuse. It can also exacerbate self-blame for not being able to stop the abuse, or feelings of guilt that they didn't effectively "draw the line." When having a discussion on the importance of "drawing the line" as it's related to sexual activity, there should always be a brief concurrent conversation about "respecting the line." Students should know that kissing and touching someone when they don't want to be kissed and touched is not okay, and against the law. Students should be advised that an adult or a much older teenager wanting to kiss and touch a minor is never acceptable behavior.

When having a discussion on the importance of "drawing the line" as it's related to sexual activity, there should always be a brief concurrent conversation about "respecting the line."

Suggested Script:
If someone has kissed or touched you when you didn't want to do, it's not your fault this happened. There are times when it's unfortunately not possible to say no, use body-language that says no, change the subject, or walk away. If you didn't feel able to do those things, it's still not your fault. It's also important to know that an adult should never try and kiss or touch a kid. Even if it's a family member or a person you love, adults are not allowed to do these things with minors. If you've been through something like this before, don't forget about the resources we've discussed, and the options to get it off your chest. Talking about these things is SO BRAVE, and I will listen to you and believe you. I may, however, have to take steps to make sure that you are safe.

Consider integrating this sample activity:
Brainstorm with students how you can tell if someone doesn't want to do something ("saying no" is probably the first thing students will say). Prompt/cue them to give examples of non-verbal signs that someone doesn't want to do something (they look uncomfortable; they are really quiet, they are crying, they change the subject). Teach students to "check-in" and to "check-in" often. Someone may decide s/he wants to make-out, but then changes her or his mind. Reiterate that everyone should always be able to change their mind about kissing and touching at any time.

Page 63 — 4.6: Closure

> Lesson Summary #1: *Ask students when changing the subject will help them. Ask students when walking away will help them (e.g., when they feel unsafe or uncomfortable).*

TIC NOTE It may be helpful to ask students if they have any concerns about when these skills aren't enough, and then directly address those concerns. The Facilitator can prompt this conversation by acknowledging that sometimes "walking away" isn't possible, and give examples such as: if the person pressuring or threatening you is someone you live with, or a grown-up who is in charge. The Facilitator should reiterate that those cases are situations where you can get help from an adult whom you trust.

Review and Analysis
Draw the Line, Respect the Line:
Setting Limits to Prevent HIV, STD and Pregnancy (Grade 7)

Throughout this guide, we have created Trauma-Informed Care (TIC) Notes which contain additional information for Facilitators to consider when delivering this curriculum. This information is not intended to affect the fidelity of the curriculum, but to suggest slight adaptations to ensure that students who have trauma histories feel safe, supported and engaged in these sessions. It is important to note that providing trauma-informed services does not mean Facilitators must determine exactly what has happened to an individual. Rather, organizations and Facilitators should examine the way in which they conduct sessions and make modifications based upon an understanding of how a trauma survivor might perceive what is happening.[1]

Introduction

The *Draw the Line, Respect the Line* introduction states that increasing numbers of youth are having sex before age 16, and that, when questioned, many will say that sex "just happened" (ix). Because we know that the majority of female sexual assault survivors experienced their first rape before the age of 25—many before the age of 18[2]—it is important to consider that the sexual activity being described by youth may have not been consensual and that youth may also be struggling for appropriate words to describe an unwanted sexual experience. Popular media portrayals of sexual violence focusing on violent stranger attacks can leave youth questioning if what happened to them was actually sexual violence. By saying sexual activity "just happened," they may be grappling with this uncertainty and a lack of language for sexual acts, let alone nonconsensual sexual acts. Take care to approach such disclosures without judgment in order to create an ongoing open dialogue with the youth.

[1] Pregnant Survivors. (2013). *Trauma-Informed Services for Pregnant and Parenting Survivors* [Data file]. Retrieved April 25, 2014 from www.pregnantsurvivors.org.

[2] The National Intimate Partner and Sexual Violence Survey (NISVS, 2010) showed that most female victims of completed rape (79.6 percent) experienced their first rape before the age of 25; 42.2 percent experienced their first completed rape before the age of 18 years.

Facilitators may also consider implementing short grounding exercises at the beginning and end of every class.[3] It is important to note that routines and rituals create predictability, which helps establish safety and trust in the classroom. Because trauma is often associated with unpredictability, trauma-exposed youth learn to be vigilant to potential danger. Environments and situations that are familiar, predictable, and consistent allow youth to "let down their guard" and focus on learning.[4]

If you choose to routinely integrate short grounding activities, be sure to thank everyone for participating and also allow them to opt-out or stop participation at any time. Students can also do a short assessment as to whether or not an activity helps them feel more relaxed. For example, prior to a grounding activity, the Facilitator can ask students to privately think about how they are feeling. A "one" indicates no stress, anger, or anxiety; while a "five" indicates a lot of stress, anger, or anxiety. After the grounding activity, the Facilitator can have students do an internal "check-in," to see if their number changed. The Facilitator can explain that if a student notices a particular activity really helps lower stress, they should keep it in their "toolbox," and can use it anywhere—at home, on the bus, in class, etc.

Page ix—Today, increasing numbers are having sex before age 16.

These youth are particularly at risk because:

- *They are less likely to use a condom or other contraceptive than those who initiate sexual activity at an older age.*
- *They are more likely to have sex in coercive circumstances.*
- *They are more likely to have a large number of sexual partners as adolescents*.

Studies show that child sexual abuse greatly increases a child's engagement in consensual sex at a younger age then their peers who are not victims of child sexual abuse.[5] Because the curriculum is based on giving youth the knowledge and courage to create their own sexual boundaries, it is important that Facilitators are aware of the prevalence of both child sexual abuse and sexual violence perpetrated during the teen years.

- 1 in 4 women and 1 in 6 men in the United States are sexually abused before the age of 18.[6]

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[3] Examples of grounding exercises can be found here: http://hprc-online.org/blog/family-relationships/families/managing-emotions/focus-calming-grounding-activities-pdf.

[4] Ibid.

[5] Wilsnack, S. C., Vogeltanz, N. D., Klassen A. D. & Harris, T. R. (1997). Childhood sexual abuse and women's substance abuse: National survey findings. *Journal of Studies on Alcohol and Drugs,* 58(3), 264-271.

[6] Centers for Disease Control and Prevention. (2010). *National intimate partner and sexual violence survey: 2010 Summary report.*

- Nearly 70 percent of all *reported* sexual assaults occur to children ages 17 and under. Children are most vulnerable to childhood sexual abuse between the ages of 7 and 13.[7]
- Sexual violence is the most underreported crime in the United States.[8] According to the National Institute Justice Report (2003), 3 out of 4 adolescents who have been sexually assaulted were victimized by someone they knew well—a family member, friend, or intimate partner.
- Furthermore, a study conducted in 1986 found that 63 percent of women who had suffered childhood sexual abuse were also raped after the age of 14. Recent studies conducted from 2000-2005 have concluded similar results.[9]
- Children with a history of childhood sexual abuse are four times more likely to be targeted and victimized by commercial sexual exploitation.[10]
- Up to 40 percent of male teens have admitted to using violence in a past relationship.[11]
- Among rape victims, bisexual women experienced rape earlier in life compared to heterosexual women. Of those women who have been raped, almost half of bisexual women (48 percent) and more than a quarter of heterosexual women (28 percent) experienced their first completed rape between the ages of 11 and 17 years.[12]

Page x — Underlying Principles

The curriculum is based on numerous principles:

- *Not having sexual intercourse is the healthiest sexual limit for students in middle school.*
- *Students can set sexual limits.*
- *Students can be motivated to maintain their limits.*
- *Students will encounter challenges to their limits.*
- *Students can overcome challenges to their limits.*
- *Students who respect the limits of others will be less coercive.*

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[7] Bureau of Justice Statistics, Special Report. (2003). *Reporting Crime to the Police, 1992-2000.*

[8] Bureau of Justice Statistics. (2002). *Rape and sexual assault: Reporting to police and medical attention, 1992-2000*.

United States Department of Justice. (2012) *National crime victimization survey.*

[9] Lalor, K. & Rosaleen, M. (2010). Child sexual abuse, links to later sexual exploitation/high-risk sexual behavior, and prevention/treatment programs. *Trauma, Violence and Abuse,* (11), 159-177.

[10] The National Report on Domestic Minor Sex Trafficking (2009). Retrieved April 25, 2014 from http://sharedhope.org/wp-content/uploads/2012/09/SHI_National_Report_on_DMST_2009.pdf.

[11] Rickert, V. I., Vaughan, R. D. & Wiemann, C. M. (2002). Adolescent dating violence and date rape. *Current Opinion in Obstetrics and Gynecology,* 14(5), 495-500.

[12] National Intimate Partner and Sexual Violence Survey (NISVS), 2010.

- *Each student has unique needs.*
- *Condom use is essential protection for those who are sexually active.*

Simple adaptions may be helpful in understanding how the *Underlying Principles* can include a trauma-informed approach.

Not having sexual intercourse is the healthiest sexual limit for students in middle school.
TIC NOTE This principle is age-appropriate and medically accurate. However, some students may have experienced, or are currently experiencing, sexual abuse. Because they are at high risk for many negative health outcomes (including adolescent pregnancy, STI/HIV infection, and substance abuse),[13] it is imperative that that this curriculum and accompanying instruction does not further alienate these students and addresses their unique needs.

Students can set sexual limits. *Students often believe sex "just happened," when, in fact, they can decide what their sexual limits are and maintain these limits.*
TIC NOTE Consider a simple adaption: Students should be able to set sexual limits. In healthy relationships, students can decide what their sexual limits are and those limits will be respected. Unfortunately students who have experienced sexual abuse have not been able to safely set their sexual limits.

Students will encounter challenges to their limits.
TIC NOTE Because of the high prevalence of sexual abuse and sexual violence, students should be able to:

- Understand and identify consent and what it means to give and receive consent.
- Understand and identify coercion—what it means to coerce someone, or be coerced.
- Understand, identify, and be able to access supportive resources for youth who have experienced abuse.[14]

The Facilitator may consider integrating these core principles to help students understand consent:

- Consent is based on choice.
- Saying nothing at all is not the same as giving consent.
- Consent is active, not passive.

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[13] Elliot, D., Bjelajac, P., Fallot, R., Markoff, L., Reed, B. (2005). Trauma-Informed or Trauma-Denied: principles and Implementation of Trauma-Informed Services for Women. *Journal of Community Psychology*, Vol. 33, No. 4, 461-477.

[14] This content is consistent with the Colorado Comprehensive Health Education Standards for 7th grade, which states that students will learn to: Apply knowledge and skills necessary to make personal decisions that promote healthy relationships and sexual and reproductive health. http://www.cde.state.co.us/sites/default/files/documents/cohealthpe/documents/health_pe_standards_adopted_12.10.09.pdf.

- Consent is possible only when there is equal power.
- Giving in because of fear is not consent.
- When there is consent, both parties must be equally free to act.
- Going along with something because of wanting to fit in, feeling bad, or being deceived is not consent.
- To consent to sexual activity, both parties must be fully conscious and have clearly communicated what they would like to do.
- If you can't say "NO" comfortably, then "YES" has no meaning.
- If you are unwilling to accept a "NO," then "YES" has no meaning.
- The absence of "NO" is not the same as giving consent.
- Having sex with someone without getting consent is against the law.
- If you've experienced sexual abuse, there's nothing wrong with you; what someone chose to do to you was wrong.
- A minor cannot legally consent to sexual activity with a person in a position of trust (teacher, counselor, corrections officer, etc.) and depending on the ages of the parties—may not be able to legally consent to sexual activity with a person much older.
- Consenting previously to a sexual act does not mean that you've given or have consent for future acts.
- You should always be able to change your mind or stop a sexual activity, and that decision should be respected.

Students can overcome challenges to their limits. *Communication skills and greater self-awareness can help students overcome many or most challenges to their sexual limits.*

TIC NOTE All students receiving this instruction, including students who have been sexually abused, can greatly benefit from enhancing their communication skills and self-awareness. However, for students who have been sexually abused, content integrating this principle can be interpreted that they didn't communicate well-enough, therefore they did something wrong. This message must be taught in a manner that does not promote self-blame or guilt related to sexual abuse.

Sexual abuse is perpetrated because of a desire for power and control. Effective communication skills and greater self-awareness are not always able to combat the predatory nature of sexual violence. While there are unique differences and approaches to understanding and treating adult sex offenders versus juveniles who have committed sex offenses, sexual violence is routinely planned and premeditated and is typically much more nuanced than a result of poor communication.[15] It is also important to note that perpetrators often begin committing this crime in adolescence and continue to offend for several decades. A study of college rapists found that the most powerful predictor of committing sexual assault during college was a history of having

[15] Lisak, D. (2011). Understanding the Predatory Nature of Sexual Violence. *Civil Research Institute, Sexual Assault Report*, Volume 14, Number 4. Retrieved May 9, 2014 from http://www.davidlisak.com/wp-content/uploads/pdf/SARUnderstandingPredatoryNatureSexualViolence.pdf.

committed sexual assault during high school.[16] For this reason, it is important to accurately frame sexual violence as a crime, and not simply the result of poor communication.

Students who respect the limits of others will be less coercive.

TIC NOTE This underlying principle effectively integrates primary prevention strategies for stopping sexual violence before it occurs.[17] There are personal history factors that increase the likelihood that an individual will become a perpetrator of violence. For example, factors such as holding attitudes and beliefs that support sexual violence; impulsive and other antisocial tendencies; preference for impersonal sex; hostility towards women; and childhood history of sexual abuse or witnessing family violence may influence an individual's behavior choices that lead to perpetration of sexual violence.[18] Interventions for individual-level influences are often designed to target social and cognitive skills and may include educational training sessions.[19]

Each student has unique needs. In any classroom, there will be students who have very little sexual experience or knowledge and students who already have been exposed to a great deal.

TIC NOTE There will be students who have sexual knowledge and experience based on consensual encounters, and there will be students who have gained this knowledge and experience through coercion, violence, and abuse. Instructional approaches must be able to address the needs of both types of students. Students with trauma histories may need additional support and resources as they move through this curriculum. There may also be cultural differences in how the trauma is recognized and addressed.

Condom use is essential protection for those who are sexually active.

TIC NOTE Not all sexually active students may be able to safely negotiate condom use. A trauma-informed approach to instruction on condom use is addressed on pages 120-121.

Page xi — Unique Features of the Curriculum

Narrow Focus.
Theoretical foundation.
Clear and appropriate messages. The curriculum's primary message is that postponing sexual activity is the best choice for youth in middle school. The program therefore

[16] Ibid.

[17] Centers for Disease Control and Prevention. (2004). Sexual violence prevention: beginning the dialogue. Atlanta, GA: Centers for Disease Control and Prevention.

[18] Dahlberg LL, Krug EG. (2002). Violence – a global public health problem. In: Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, editors. *World Report on Violence and Health*. Geneva (Switzerland): World Health Organization; 2002. p. 3-21.

[19] Powell KE, Mercy JA, Crosby AE, Dahlberg LL, Simon TR. (1999) Public health models of violence and violence prevention. In: Kurtz LR, editors. *Encyclopedia of Violence, Peace, and Conflict. Vol. 3*. San Diego (CA): Academic Press:175-87.

encourages students to set limits around sexual activity, not have intercourse, and not risk intercourse by getting into situations where sex is possible or tempting. However, because some youth will choose or be coerced into sexual activity, a secondary message of the program is that condoms must be used for intercourse to reduce the risk of HIV, other STD and unplanned pregnancy.

TIC Note While this secondary message is appropriate for youth choosing sexual activity, it is not an appropriate message for youth who are coerced into sexual activity. A tertiary message should be: for students who have had an unwanted sexual experience, it must be reinforced that the abuse was not their fault, they deserve to be safe, and that there is help and supportive resources available.

Page xi-xii

Basic, accurate information about risks of unprotected intercourse and ways to avoid intercourse or use protection against pregnancy and STD.
Lessons on social pressures that influence sexual behaviors.
Modeling and practice of communication and negotiation skills.

TIC Note These aspects of the curriculum represent opportunities to tie the discussion back to ensuring that participants understand what it means to give and receive consent, and how to identify coercion. Considering the potential shame, confusion or discomfort that survivors often feel, there are opportunities to mitigate additional trauma and help build capacity for both physical and emotional safety.

Page xiii — Evaluation and Results

The curriculum was effective in delaying sexual initiation for boys, but not girls.

The recommendations in this analysis may be of assistance in addressing the gender gap in efficacy, especially given the high prevalence of female sexual victimization.

The surveys indicated that almost 30 percent of girls in grade 8 in this study had a boyfriend 2 or more years older, and that these girls were more likely to report having had sex. It's possible that more instruction on the influence of older boyfriends on sexual behaviors, and more skill practice in handling potential power differentials and possible coercion may help improve the results for girls.

TIC Note Curriculum designed to help youth set limits to prevent HIV, STD, and pregnancy will not be effective without addressing coercion and abuse. Facilitators must also understand the correlations between trauma and negative health outcomes (such as unplanned pregnancy).

Facilitators working with youth who are in sexual relationships with older partners must have an understanding of the state's mandatory reporting laws regarding age of consent. Please refer to the chart below, as well as guidance on pages 109-110 on how to ensure a trauma-informed approach to mandatory reporting. Keep in mind that although the laws are outlined, your role is to support the participant, not to investigate, while following your statutory obligations.

CONSENSUAL SEX — CRIME PENALTY

Age of Party

Age of Party	10	11	12	13	14	15	16	17
10	NC	NC	NC	NC	4F	4F	4F	4F
11	NC	NC	NC	NC	NC	4F	4F	4F
12	NC	NC	NC	NC	NC	NC	4F	4F
13	NC	NC	NC	NC	NC	NC	NC	4F
14	4F	NC	NC	NC	NC	NC	NC	NC
15	4F	4F	NC	NC	NC	NC	NC	NC
16	4F	4F	4F	NC	NC	NC	NC	NC
17	4F	4F	4F	4F	NC	NC	NC	NC
18	4F	4F	4F	4F	4F	NC	NC	NC
19	4F	4F	4F	4F	4F	NC	NC	NC
20	4F	4F	4F	4F	4F	NC	NC	NC
21	4F	4F	4F	4F	4F	NC	NC	NC
22	4F	4F	4F	4F	4F	NC	NC	NC
23	4F	4F	4F	4F	4F	NC	NC	NC
24	4F	4F	4F	4F	4F	NC	NC	NC
25	4F	4F	4F	4F	4F	1M	NC	NC
26	4F	4F	4F	4F	4F	1M	1M	NC

CODE: NC=No Crime; 4F=Class 4 Felony; 1M=Class 1 Misdemeanor

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Page 3—Answering Student Questions

This curriculum recognizes that students may have potentially sensitive questions regarding the topics covered in the curriculum. Establishing office hours and implementing a system to answer anonymous questions are two approaches for providing students with an avenue for private conversations.

Establishing positive relationships with trusted adults is an important protective factor for reducing teen pregnancy and sexually transmitted infections.[20] However, it is important to note that more than 80 percent of sexual abuse cases occur in isolated, one-on-one situations—often times with adults who have gained trust.[21] Because this curriculum integrates offices hours as a mechanism to have a private conversation between the Facilitator and a student (who is a minor), it is important that criminal background checks, personal interviews, and professional recommendations were conducted for each Facilitator prior to working in this capacity. In order to mitigate risk, one-on-one conversations

[20] Kirby, D. (2007). Emerging Answers 2007: New Research Findings on Programs to Reduce Teen Pregnancy —Full Report. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy. Retrieved April 7, 2014 from http://thenationalcampaign.org/resource/emerging-answers-2007%E2%80%94full-report.

[21] Snyder, H. N. (2000). Sexual assault of young children as reported to law enforcement: Victim, incident, and offender characteristics. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved April 7, 2014 from http://www.d2l.org.

can be private, but they should be observable. Students should also know they have the option of bringing along a peer or another trusted adult, like a caseworker or a teacher.

Facilitators should also have well-defined rules regarding interactions with students. Accountability and supervision regarding enforcement of the rules are integral.

For example:

- Texting or cell phone conversations with students are not allowed;
- Facilitators are not allowed to give students rides in their car; and
- Facilitators are not allowed to give personal gifts to students.

Because the question box may be an avenue for students to disclose sensitive or traumatic information, it is recommended that the Facilitator informs students that all questions will be read and addressed. However, due to time constraints and privacy, some questions will be read out loud (if appropriate), and other questions will be addressed through subsequent lessons or privately. This strategy helps ensure students' privacy and safety.

Failed Mandated Reporting of Child Abuse & Neglect

Failure to fulfill mandated reporter requirements has become the norm, not the exception.[22] Only 26 percent of teachers said they would report a situation where a child told them that their stepfather had touched their genitals and only 11 percent said they would report a situation where a teacher had touched a child's genitals. Mandated reporters fail to report for a number of reasons. These include, but are not limited to: insufficient evidence, uncertainty, worries about causing additional harm, and maintaining good relationships.[23]

A trauma-informed approach to mandatory reporting is possible.

All Facilitators should be familiar with Colorado Revised Statute 19-3-304, as well as the school's policies regarding mandatory reporting of child abuse and neglect. Prior to providing this instruction, Facilitators should clearly understand if they are mandated reporters under the law and/or the mandatory reporting obligations of the school. Facilitators must be able to effectively determine what constitutes a mandatory report, who the report needs to be made to, when the report should be made, how to make a report, how to involve the person making the disclosure in the mandatory report (if applicable), and who to consult regarding questions about this process. In addition, the Facilitator should be committed to a trauma-informed approach to

[22] Vieth, V.I. (2011). Lessons from Penn State: A Call to Implement a New Patter of Training for Mandated Reporters and Child Protection Professionals. Retrieved May 8, 2014 from http://www.isbe.state.il.us/reports/erins-law-final0512.pdf.

[23] Kenny, M. C. (2001). Child Abuse Reporting: Teachers Perceived Deterrents. *Child Abuse and Neglect*, 81,88. Retrieved May 8, 2014 from http://www.isbe.state.il.us/reports/erins-law-final0512.pdf.

mandated reporting. This may include providing on-going support to the person making a disclosure, as well as assisting with safety planning and providing relevant community referrals.

Recommendations for Addressing Mandated Reporting:

Be up front, honest, and clear about your reporting obligations with the program students. This curriculum is about sexual health and sexual decision-making. In young people's lives, these issues often intersect with sexual and/or relationship violence.

Share information about mandatory reporting as soon as possible. Suggested script:
As the Facilitator, my goal is to be able to get to know all of you and support you as you go through this program. I want us to be able to have open, honest conversations. Since we are going to be talking about peer pressure and decision-making, I want to recognize that sexual activity is something a lot of kids feel pressure about, or don't feel like they have the ability to make their own decisions. Having unwanted sexual experiences is unfortunately quite common. If that has happened to you, it is not your fault. Painful memories can come up. Sometimes it really helps to be able to talk to someone who has experience understanding sexual violence and sexual abuse.

[Facilitator should have either the local rape crisis hotline number or the national rape crisis hotline number written on the board, as well as brochures available. Explain that it is a 24/7 confidential resource. Students should also be aware of Safe2Tell®. This resource provides young people a way to report any threatening behaviors or activities endangering themselves or someone they know, in a way that keeps them safe and anonymous. For more information, please visit http://safe2tell.org/]

Sexual abuse and sexual violence are often really hard to cope with and you shouldn't have to deal with it all alone. For most people it's not something you can just "get over" or forget about, but it is possible for things to get better. You can contact a hotline, or if you would like to talk to me about what you've been through or what is going on, my goal is to listen, provide support, and help. In thinking about your options, it's important for you to know that every state, including Colorado, has laws around protecting minors from abuse.

If you share information that you've been sexually abused or in some cases—if you are in a sexual relationship with someone much older than you, I may be obligated by law to share that information with law enforcement or the Department of Human Services (DHS). If that has to happen, you and I will discuss the best way to make the report, and how to make sure you are safe and have the support you need. Law enforcement and DHS may investigate further; they may not. It depends on the case. If you aren't comfortable with that and you aren't sure if you want to talk about what you've been through, you can call the hotline and stay anonymous. You can also talk to me about a friend or use generalities, to learn more about options. You can also learn more about your options and support by using the anonymous question box. You don't

have to share what you've been through, but a lot of people report that if they do, they feel much better in the long run. No matter what though, I will be honored you chose to talk about what's going on in your life, and I will believe and support you. What may have happened is not your fault. Let me know if you have any questions!

Here are some simple ideas for what to say following an immediate disclosure:

- *I am so sorry that happened. You didn't deserve it.*
- *What would help you to feel safe right now?*
- *Thank you so much for talking to me about this. I'm really glad you came to me.*
- *I believe you and think you are really strong.*
- *You aren't alone. What you are telling me has happened to other people your age. There are resources to support you.*
- *Because I know this information, I am obligated by the law to advocate for your safety. I'm not sure exactly what will happen now, but I promise that I will be open and honest with you and explain what may happen, while supporting you as best as I can throughout this process.*

Lesson 1: Welcome

Page 13 & 14 — Lesson 1: Welcome

> *Make a chart of key points in the 7 lessons. Include the following ideas:*
> *You decide when and how to draw the line.*

TIC NOTE Consider adapting to emphasize:
You have the right to decide when and how to draw the line; your line should always be respected; and you should always respect and honor the lines other people draw for themselves.
An additional key point may be:
You can get help and support if you are experiencing or have experienced a situation where it was not safe to draw the line or that line was not respected.

Page 17 — Activity 1.2

Key points of the mandatory reporting discussion should include:

> *If students tell you that someone is hurting them physically or sexually abusing them, you are required by law to report it to the proper officials (already included).* ***These laws are in place because everyone deserves to be safe (suggested additional content).***

Additional content to share with students:

- *Nobody deserves to be hurt or forced to do something sexually that they don't want to do. If you haven't been able to draw the line, it's not your fault.*

- *The idea of a report to law enforcement or social services can be really scary. If a mandated report has to be made, I will explain every step and include you as much as possible.*
- *It's incredibly brave to come forward about these things, and help and support are available.* Point out external support systems that are listed prominently in the classroom (National Rape Crisis Hotline, Safe 2 Tell®).

Page 18 — Activity 1.3: Draw the Line Logo

In this activity, students become familiar with the concept of *Drawing the Line*. They are empowered to think of their limits, and what they will or won't do in specific situations. While this curriculum is built on the empowering concept of self-determination, this concept may be challenging for students who have not been able to draw the line, as it relates to forced sexual activity.

TIC NOTE The Facilitator should explain:
Sometimes there are situations where it doesn't feel safe or possible to draw the line and have the line respected. Nobody should ever be forced to do things sexually that they don't want to do. If that has happened to you in the past or is happening now, I'm so sorry and it isn't your fault. If this has happened to you, it's important to know that feelings like sadness, confusion, and anger can happen for a long time afterwards. You deserve to have support. It's also important to know that even if you weren't able to draw the line in the past, you can in the future. Remind students about office hours and the question box, as well as resources such as the local and national Rape Crisis Hotlines and Safe2Tell®.

Page 20 & 21 — Activity 1.5: What Makes it Hard to Say NO to Sex?

James and Alana worksheet
Discussion Question #4

This portion addresses socialized gender norms. It is noted that James feels pressure to "be a man" and Alana feels pressure because of her "expectations." This is a GREAT opportunity to have an age-appropriate discussion on gender norms and the dangers and challenges associated with those norms. This discussion should emphasize that we ALL deserve power and choice over our own bodies. "Being a man" doesn't mean initiating sex, coercing sex, or hurting others. "Being a woman" doesn't require sexual passivity or doing something sexually that you don't want to do but your partner does. Students should understand that having sex is not solely James' decision. Losing his virginity relies on the willing participation of another person.

Additional Discussion

> The role-play states: *He wonders if now is the right time to actually have sex, but he also wonders if he might be pressuring Alana. Then he thinks, "This must feel as good to her as it does to me. Otherwise, she'd tell me. Right?"*

This scenario presents an opportunity to ensure that students understand what it means to give consent and receive consent for sexual activity. The discussion can be expanded to include the following questions:

- *What does it mean to have consent for sexual activity?*
- *How can James find out if it is the right time to have sex or if he is pressuring Alana?*
- *How can Alana communicate to James how she is feeling and what she wants?*
- *What does it mean to have sex with someone who has not let you know that they definitely want to have sex?*
- *How can James show Alana that he respects her line?* Be sure students discuss body language, as well as verbal communication.

The conversation can also ensure that students are familiar with the following concepts:

- Students should not assume that because one person feels a sexual urge or sexual pleasure, that the partner feels the same way. Always ask, get clarification, communicate, and be sure there is a "yes."
- If you are not sure whether or not you are enjoying a sexual experience, and if you are not sure whether or not you want to be engaging in a sexual situation that is currently occurring, then it is okay at any time to stop.
- It is normal to be scared and nervous about sexual experiences. However, when you decide to engage in sexual activity, it is important to know for sure that those nervous or scared feelings are NOT the result of fear of your partner or fear of the consequences of not participating.
- Even with unwanted sexual experiences, you may feel sexual pleasure or urges. The sexual acts are still not consensual regardless of how your body responded or felt. It may be confusing when your body responds differently than your mind.

Summary

This activity is summarized with explaining the feelings that arise when considering drawing the line, and the importance of youth being able to draw the line.

TIC NOTE The discussion should be expanded to include a conversation on the following topics:

- *What happens when someone violates that line?*
- *We may draw a line, but that doesn't keep others from crossing it. What are options to consider if someone crosses your line?*

Even if it seemed like something you wanted to do, adults are never allowed to ask minors for sexual activity. Not being able to draw the line or not having your line respected can be really difficult, painful, and scary. If that's happened to you, it's not your fault and there is help out there.

Activity 1.6 — Question Box and Closure

This portion of the class should be used to briefly re-visit how these conversations can be hard, especially if you've done things sexually that you haven't wanted to do or didn't have a choice. This segment is a great time to restate:
These conversations can be hard and can bring up difficult or confusing feelings. It can also bring up painful memories. If somebody has made you do something sexually that you didn't want to do, it's not your fault and you deserve to get help. If you aren't ready to talk in person about it, you can always share what you do feel comfortable sharing in the Question Box. The question box is helpful when you have questions that might be feel embarrassing, or you may not be ready to ask out loud yet. However, if your name is on it, then you and I will have a private conversation to talk about what is going on in your life. I may then need to take steps to advocate for your safety. The Facilitator should also have the National Rape Crisis Hotline and resources like Safe 2 Tell® prominently posted in the classroom.

Lesson 2: Reasons for Not Having Sex

The review of Lesson 1 includes follow-up questions to the James & Alana scenario. An additional follow-up question could be: *How do you know if you have given and received consent?*

Page 29 — Activity 2.3: Tina and Marco

In Procedure #2, Facilitators are directed to explain: *Because sex can be difficult to talk about, let's make sure we're all understanding the same thing. Sex can mean a lot of different things. But, in this lesson, we're talking about sexual intercourse—when a man's penis is put in a woman's vagina.*

TIC NOTE Consider a slight adaption: *Sex can be difficult to talk about. So can sexual violence and coercion. For the purpose of this activity, sex means consensual, non-coercive, sexual intercourse*. The Facilitator can use this opportunity to reiterate the core principles of consent.

It is also recommended to use current definitions of sex to make students more aware and informed of what sex means. For this reason, it is important to define sex not just as penetration of a vagina by a penis but as sexual contact inclusive of what may occur between two women or two men.

Page 31 – #12

Have students look at the lists and compare the feelings. What are the main feelings Tina and Marco are having after having sex? What are the main feelings after not having sex?

TIC NOTE The Facilitator can integrate a discussion about the different reactions. It's important not to limit the scope of the feeling words. All of the feelings associated with not having sex are positive, but it is important to acknowledge the negative feelings that may occur. Sometimes a student may feel disappointed, sad, scared of losing the relationship, angry or confused when they refuse sex or are refused sex. This discussion can be important in helping students identify and understand the root causes behind sexual decision-making.

The Facilitator should understand that there is often a relationship between previous traumatic events and current sexual behavior.

Page 32 — Activity 2.4: Closure

Students are asked to complete the sentence:
If I crossed my line I would feel _____.

TIC NOTE Survivors of sexual violence often internalize extensive shame and blame for the abuse.[24] If students respond with self-blaming language, it is important to state:
There may be times in your life where it didn't feel safe to draw the line, or that you were not able to draw the line and have the line respected. When someone makes you do something sexually that you don't want to do, it's never your fault. There's help out there. Remind students of Facilitator resources (question box and office hours), and external resources (National Rape Crisis Hotline, Safe 2 Tell®, etc.).

Lesson 3: Handling Risky Situations

Page 37-39 — Activity 3.3: Warning Signs

This lesson consists of a more in-depth assessment of the "Tina and Marco" scenarios, and identifies the warning signs for sexual activity. It is imperative the students identify the inability of Tina and Marco to discuss consent as a warning sign. The first scenario (Teacher Activity Sheet 2.3) states:

They didn't really talk about having sex. It just happened.

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[24] Miller, A. K., Markman, K. D. & Handley, I. M. (2007). Self-blame among sexual assault victims prospectively predicts revictimization: A perceived sociolegal context model of risk. *Basic and Applied Social Psychology,* 29(2), 129-136.

The second scenario with the new ending (Teacher Activity Sheet 2.3) states:

> *Both Tina and Marco began feeling more uncomfortable. They both realized that they didn't want to have sex right now. So they stopped.*

TIC NOTE Neither scenario approaches the issue of obtaining, understanding, and respecting consent. This lesson can be enhanced to ensure that students understand how Tina and Marco can effectively communicate giving and obtaining consent. If helpful, the Facilitator may want to explore co-presenting this portion with an advocate or prevention educator from a community rape crisis center.

Page 39 – #7

> *Prompt students by explaining that often a person can sense a feeling inside that something doesn't feel or seem right. Point out that internal signs and feelings are very helpful when people are in situations that could lead to sex.*

TIC NOTE This discussion is another opportunity to add that these feelings can be signs of unsafe situations, as well; not just a sexually tempting situation. This portion then discusses that alcohol can make internal "warning" signs harder to read. Note that drugs and alcohol can make external warning signs harder to read as well. Students should know that if something doesn't feel right, then it probably isn't—and continue learning to trust themselves.

This conversation can also be a powerful springboard for a discussion on bystander intervention in party situations. Facilitators may begin this discussion by asking students questions such as:

Why don't we pick our nose in public? The answer? Social interactions and social norms taught us not to through reactions from others.

Sexual violence prevention is dependent on the commitment to educate, motivate, and inspire youth to create change in their peer groups and communities.

Bystander intervention is a philosophy and strategy for prevention of various types of violence, including bullying, sexual harassment, sexual assault, and intimate partner violence.[25] It is grounded in the fact

[25] PreventConnect.org AND Burn, S. M. (2009). A situational model of sexual assault prevention through bystander intervention. *Sex Roles,* 60(11-12), 779-792.

Banyard, V. L., Plante, E. G., & Moynihan, M. M. (2004). Bystander education: Bringing a broader community perspective to sexual violence prevention. *Journal of Community Psychology,* 32(1), 61-79.

Coker, A. L., Cook-Craig, P. G., Williams, C. M., Fisher, B. S., Clear, E. R., Garcia, L. S. & Hegge, L. M. (2011). Evaluation of green dot: An active bystander intervention to reduce sexual violence on college campuses. *Violence Against Women,* 17(6): 777-796.

that people make decisions and continue behaviors based on the reactions they receive from others. By this theory, if peers demonstrate a behavior is okay or acceptable by never speaking out against it, the behavior continues.[26] Ultimately, cultural change involves altering the view of acceptable behavior within that culture. Sexual violence prevention is dependent on the commitment to educate, motivate, and inspire youth to create change in their peer groups and communities. It may be helpful to frame for participants that sitting silently and watching people you know hurt each other, effectively makes hurting each other becomes normal and "okay." If integrating content on bystander intervention, the Facilitator may consider co-presenting this session with prevention educators skilled at addressing strategies for safe bystander intervention.

Page 40 & 41 — Activity 3.4: Risky Situations: Small-Group Activity

Page 41 – #7

> *Remind students that the more they think about warning signs and where they draw the line, the more control they will have over what happens to them.*

TIC NOTE This discussion provides the opportunity to tell students:

Unfortunately there may be a time that someone else CHOOSES to cross your line. If that happens, it is not your fault, and it is never okay for someone to not respect your line.

The Facilitator should then follow-up with the importance of respecting each other and not only protecting your line, but honoring the lines of others.

Page 42 & 43 — Activity 3.5: Closure and Family Activity

TIC NOTE Because this curriculum has a component promoting engagement with family or a trusted adult, efforts to minimize the potential for adult abuse of a minor should be integrated. Potential enhancements may include integrating a short discussion on what it means to be a "trusted adult."

Students should understand that a trusted adult should be somebody they feel comfortable with, who doesn't expect anything in return for helping with this project. Ask students the difference between a "secret" and a "surprise." The objective is for students to learn that a surprise is fun and makes someone feel good, but holding a secret can feel bad. A "surprise" could be a

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Langhinrichsen-Rohling, J., Foubert, J. D., Brasfield, H. M., Hill, B. & Shelley-Tremblay, S. (2011). The men's program: Does it impact college men's self-reported bystander efficacy and willingness to intervene? *Violence Against Women,* 17(6): 743-759.

[26] Langford, L. (Producer). (2012, May 31-June 1). Why and how teach/facilitate bystander intervention. *Bystander Intervention: From Its Roots to the Road Ahead.* Podcast retrieved June 2, 2014 from http://www.preventconnect.org/2012/07/mvp-bystander-intervention-linda-langford/.

birthday gift for someone else, having a fun trip planned, etc. An adult should never ask a minor to keep a secret that does not feel good.

Since students are told that they can ask another teacher, counselor, or school nurse to help with these activities, there should be instruction for school personnel that all one-on-one work (including activities from this curriculum) should happen in a public or observable location, such as the school library.

Lesson 4: Drawing the Line in Situations That Could Lead to Sex

Page 48 — Activity 4.2: Plan for the Day

Start the lesson by saying:
Today we will review ways to draw the line when you are pressured in a sexual situation.

TIC NOTE This lesson's Introduction can bring up traumatic memories for students who have experienced sexual violence or sexual abuse. It is important to acknowledge this reality and reiterate:
Nobody deserves to be hurt or forced to do something sexually that they don't want to do. If you haven't been able to draw the line in the past, it's not your fault. Sometimes it doesn't feel safe or possible to draw the line. Everyone should be able to decide what they want to do with their bodies, and those decisions should always be respected. It's never okay to be coerced or forced into sexual activity, and it's never okay to coerce or force someone else into sexual activity. It's also never okay for a family member or an adult to even be interested in doing something sexual with youth your age.

If you haven't been able to draw the line in the past, or if your line wasn't respected, these conversations can be hard. You shouldn't have to deal with feelings like anger, sadness, and confusion alone. Remind students they can reach out to the Facilitator with office hours or the question box.

Remind students that you are a mandated reporter; but if a mandatory report has to be made, you will explain every step and include them as much as possible. Also remind students about external resources (national and local hotlines, Safe 2 Tell®).

Page 49-51 — Activity 4.3: Draw the Line Review

Page 49 – #3

Explain that people can say NO in many different ways, but that some ways of saying no or drawing the line are the most effective. Be sure to emphasize the importance of telling the person directly where you draw the line rather than using excuses. Remind students that using excuses makes it easier for the other person to keep on pressuring.

TIC NOTE It is important to explain that while there are many ways to say NO, unless you receive a clear and enthusiastic YES, then the answer is NO. Emphasize that it is NEVER OKAY to pressure someone into sexual activity. The Facilitator should also emphasize the importance of respecting the lines of others, and that pressuring someone into saying YES is not okay.

Page 50 – #6

> *Remind students that they can use their bodies to reinforce where they draw the line. Ask students to watch your examples and tell you which one uses a body that says NO.*
> *Situation: A friend is pressuring me to go to his or her house because no one is home, but I don't want to.*
> *Example 1: "Well, I don't know. I'm not sure it's a good idea." (Say this while looking down, with your shoulders hunched. Use an uncertain tone of voice.)*

TIC NOTE Students who have been physically or emotionally abused may have learned that being non-assertive is the safest option.[27] It may be helpful to have a discussion with the students about why having assertive body language is hard in some situations. The Facilitator can acknowledge that there are times when having assertive body language doesn't feel physically or emotionally safe, and then reiterate the importance of seeking out help if you have been or are currently in that situation. The Facilitator can explain that this exercise is intended to apply to conversations with friends, and the importance of having friends who have respect for where the line is drawn.

It is important to note that "Freezing" is a common neurobiological response to trauma.[28] If the brain and body sense great danger, it often immobilizes and "shuts down," in an effort to keep as safe as possible. This is a reflexive acute stress response adapted by humans, animals and insects for survival purposes in evolutionary terms. The "freezing" trauma response may also translate to daily interactions with peers or intimate partners in situations where the mind and body experience stress or a "trigger" from previous physical or emotional abuse. It is important to normalize this physical reaction and acknowledge that there may have been times in students' lives where it wasn't safe or possible to fight back or be assertive, and that is never your fault. In dangerous situations, it is often the body's very intelligent way of keeping itself safe. [29]

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[27] Bracha, H. S. (2004). Freeze, flight, fight, fright, faint: Adaptationist perspectives on the acute stress response spectrum. *CNS Spectrums*, 9(9), 679-685.

[28] Ibid.

[29] Sherin, J. E. & Nemeroff, C. B. (2011). Post traumatic stress disorder: The neurobiological impact of psychological trauma. *Dialogues in Clinical Neuroscience,* 13(3), 263-278.

Page 52 & 53 —Activity 4:4: Samuel and Elena Role-Play

Page 52 – Procedure #2

> *Ask the other teacher, classroom aide, or prepared student volunteer to help you with the role-play.*

TIC NOTE It is NOT appropriate for a student volunteer to do this role-play with an adult. The roles of Samuel and Elena should be given to two adults due to the sexual nature of the script and scene.

This scenario effectively models respecting your date's boundaries and helps students learn to set and verbalize their limits with confidence. The Facilitator may consider expanding the discussion to restate what to do if your date does not respect your boundaries.

Page 57 — Activity 4:6: Closure

TIC NOTE All of these sessions have the potential to be difficult for students experiencing trauma. When reaching the *Closure* portion of the class, this re-occurring message can always be shared:
There may have been times in the past, or even currently, where you weren't able to draw the line, or your line wasn't respected. It's not your fault if someone has hurt you or not respected your line. There is help available, and you shouldn't have to deal with this alone.

Page 58 — Teacher Background 4.3: Steps for Drawing the Line

TIC NOTE Step 1 discusses the most effective ways to say NO, as well as the use of excuses. Facilitator should integrate a discussion about how these "Excuses" (I can't do it today, I have to go now, etc.) are STILL NO'S. Students should be aware that if it is not an enthusiastic YES, then it is a NO.

Students should understand that consent is a whole body experience. It requires that you pay attention to the verbal, physical, and emotional cues of your partner and not just listen for one particular word. Exclusively focusing on the word "no" negates the many other ways that youth say "no." For instance, someone might turn or pull away, close their eyes, not speak, stare, attempt to walk or run away, become teary, etc.

This also applies to the word, "yes." Obtaining a "yes" through coercive measures is still a NO and consent has not been reached.

An example scenario to help illustrate the concept: *Imagine that you are hanging out with a boy or a girl that you really like. Everything is going great. You are talking and laughing—the day is perfect. But then, the person you are with begins to initiate some sort of sexual interaction that*

makes you feel uncomfortable. You tell that person to stop. They do stop, but they also stop talking and laughing with you. They stop smiling at you. They may even stop looking at you. You ask what is wrong and maybe they say, "Nothing." Maybe they say, "This is stupid." Maybe they tell you that YOU are being stupid. Or maybe they tell you that if you really liked them then you would continue with the sexual interaction… You feel uncomfortable and sad, but say, "Yes" and allow the sexual interaction to happen. But does that sound like a "yes?" Does that feel like a "yes?" What does is feel like to freely consent/give a "yes"?

Consent is mutual and must be continuous. It is important to stress that consent is not simply the absence of a "no."

Additionally, it is important to stress that consent is not simply the absence of a "no." There are many situations in which an individual is unable to provide a verbal NO, such as when a person is sleeping or under the influence of drugs or alcohol.

Consent is also mutual and must be continuous. Saying "yes" to one thing does not mean saying yes to ALL things. Not emphasizing the fact that these passive NOs are still NOs can lead to victim blaming. For example, students should not walk away with the assumption that *s/he didn't really say NO*.

Lesson 5: STD Facts

Page 69 — Activity 5.5: Quiz Review

What can someone do to prevent an STD?
Answer: *The best way to prevent an STD is to choose not to have sex and to avoid genital contact. Using condoms can reduce the risk of some STD if people choose to have sex.*

TIC NOTE Many youth have not had the ability to choose whether or not to have sex. Although it may seem repetitive, for a student who has experienced sexual abuse, it can be normalizing and validating for the Facilitator to continuously acknowledge this fact and reiterate that help is available. It may take many times of repeating this statement and acknowledging sexual violence and abuse before a student tells someone what has happened to them.

Suggested language:
The best way to prevent an STD is to choose not to have sex and to avoid genital contact. Using condoms can reduce the risk of some STDs if people choose to have sex. Some people may be in a situation where they don't feel like they have a choice about whether or not to have sex or use protection. This situation can be scary and you may feel really alone. As we've discussed, there are folks who can help. You should have the right to safely draw the line.

The Facilitator can then pass around brochures from Safe2Tell® and/or the local rape crisis center with a hotline number, and ask that each student takes one. The Facilitator should

acknowledge that all students will not need the information, but it's good to keep in case they ever have a friend or family member who could use the information.

Teaching effective condom use through comprehensive sexual health education undoubtedly helps youth take steps to remain healthy, while reducing negative sexual health outcomes. However, it is important for Facilitators to know that condoms are used in approximately 10-15 percent of sexual assaults.[30] Furthermore, negotiating condom use is challenging for women and girls who have limited power in their relationship and may be experiencing intimate partner violence or sexual abuse by a family member or person of trust in the community.[31] Therefore, it is important for the Facilitator to consider that discussing and advising condom use may remind some students of abuse and/or trigger painful memories of not being safe or able to advocate for condom use.

If the Facilitator knows that a student is a survivor of sexual abuse (and it feels appropriate), s/he may want to check-in with the individual before, and prepare the student that the following day will include a discussion on types of contraceptives—including condoms. The Facilitator can also do a brief check-in with the participant after the activity. All participants may benefit from a brief grounding activity before and after the condom demonstration. The Facilitator can also normalize a trauma-response by reminding students: *Some things we discuss in this class may bring up difficult memories. If that happens for you, you don't have to deal with it alone.* Remind participants of options for reaching out: for example — Facilitator office hours, anonymous question box, the national rape crisis center hotline, the local rape crisis center hotline, and Safe2tell®.

Lesson 6: STD and Relationships

Page 73

> *Today, we will learn how to help a friend draw the line. Students will be able to give advice to friends on how to draw the line to delay sex.*

TIC NOTE This lesson is a great opportunity to continue integrating a youth empowerment framework, while re-emphasizing the core principles of bystander intervention (see pages 116-117).

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[30] O'Neal, E., Decker, S. H., Spohn, C., & Tellis, K. (2013). Condom use during sexual assault. *Journal of Forensic & Legal Medicine*, 20(6), 605-609.

[31] Teitelman, A., Davis-Vogel, A., & Lu, M. (2009). Adolescent Girls' Beliefs about Partner Abuse and Safer Sex. *Conference Papers -- American Society of Criminology*, 1.

Swan, H., & O'Connell, D. J. (2012). The Impact of Intimate Partner Violence on Women's Condom Negotiation Efficacy. *Journal of Interpersonal Violence*, 27(4), 775-792.

Page 77 & 78 — Activity 6.3: Draw the Line Talk Show

TIC NOTE This activity is a creative and fun way to promote critical thinking on how to actively protect and help one another. Students should know that these skills can be used if they witness coercive behavior as well. Students should be able to give Serena advice on rejecting the acceptability of her boyfriend's pressure to have sex. If students do not mention the inappropriate/harmful nature of pressuring someone into having sex, then the Facilitator should reiterate this fact. Ideally, students will be able to state: *A good boyfriend (or girlfriend) respects your decision to say 'No' and does not coerce you into having sex when you are not ready or do not want to do have sex.* The Hector and Carl role-play presents another opportunity to reinforce, if the students do not bring it up, that manhood is not dependent upon sexual engagement.

Page 79 & 80 — Activity 6.4: Student Role-plays

The Park Role-play (6.4b)

> *Your friend needs help. Her 17-year-old boyfriend asked her to go with him to the park. He said a few things that make her think he wants to have sex. Her other friends say she should go.*

TIC NOTE This scenario is more complex than giving advice on how to draw the line when friends are facing pressure in a sexual situation. It should be looked at through the lens of grooming a younger victim in order to perpetrate statutory rape. Because this curriculum is for 7th graders, there must be a thorough discussion about this role-play.

Under Colorado law (see chart on page 108), it is illegal for a 17 year old to have sex with an 11, 12, or 13 year old. It would not be a crime if the other party is 14 years of age, but most 7th graders will not be 14 years old. If Facilitators use this role-play, there should be a broader discussion about why all states have these types of laws, why a 17 year old having a sexual relationship with a 7th grader is not age or developmentally appropriate, and what to do if you know of a friend in this situation.

This conversation can be challenging with youth who may feel developmentally ready to have relationships with someone older. It is also challenging because older youth may not feel that it is predatory to have a relationship with younger youth. The purpose of a conversation regarding age of consent is not to silence youth and make them feel as if you are "out to get them" if they are in a relationship with an older partner. The intention is to open up the conversation so that youth can think critically about how age can affect who has power and control in a relationship, and how an older partner can change the dynamics for equality in decision-making.

Lesson 7: Making a Commitment

Page 86 — Activity 7.2

The Facilitator is instructed to ask students how having sex could change a person's destiny (pregnancy, HIV, STD, delayed goals).

TIC NOTE Statistically speaking, there are most likely students in the classroom who have already been subjected to forced sexual activity. Because sexual abuse victims so often internalize shame and self-blame, a simple adaption of this question may be helpful:
Ask students how choosing to have sex could change a person's destiny.

Page 87 — Activity 7:3: Draw the Line/Respect the Line Review

Ask students to tell you what they have learned so far. If students don't name the Steps for Drawing the Line, ask them to list the steps and give examples.

TIC NOTE The Facilitator may consider asking:

What if someone crosses your line?

What if you think you have crossed someone else's line?

Students should be able to state:

That is never okay!

Ask for help!

Tell someone you trust!

This curriculum is based on teaching youth four key steps to resisting sexual pressure. Those steps are as follows:

Say, "No I don't…."

Use a body that says NO.

Change the subject.

Walk away if you need to.

TIC NOTE These are very important skills that can be effective in many contexts. With sexual activity, they will only be effective if the person initiating sexual activity respects the line that has been drawn. It is important for Facilitators to consider:

- In some cases, it is not safe or possible to say "no." This is particularly true if the person pressuring sexual activity is a person in a position of trust, an older sibling or parent, or someone else that is known, loved, and trusted.
- An adult sex offender or a juvenile who has committed sex offenses often will not be deterred if the victim says no or uses a body that says no. The responsibility for the offense

occurring is the actions of the perpetrator, and does not stem from anything the victim said/didn't say.

- Even if the sexual activity is nonconsensual and abusive, the body can still respond to the physical stimulation and may not have been able to "say no." For example, male victims of child sexual abuse often harbor extensive guilt, shame, and self-blame for having an erection during the sexual abuse. This "betrayal of the body" can be very difficult for survivors and can exacerbate post-traumatic stress.[32]
- Walking away is not always safe or possible, especially if the person pressuring sexual activity is a person in a position of trust, an older sibling, or someone that is known, loved, and trusted.

Page 88 & 89 — Activity 7.4: How do you Draw the Line?

Worksheet 7.4

Situation 1: You are at a party with some friends. You go outside with someone you kind of like. That person starts to move toward you for a kiss. You aren't ready to kiss and you feel uneasy.
Situation 2: You are at the movies with someone you really like. You are by yourselves in the back row. During the movie, this person starts to put his/her hand under your clothes. You're feeling unsure and embarrassed. You don't want to be touched in that way.
Situation 3: You are at a boyfriend/girlfriend's house. Nobody else is home. You are watching TV together and start to kiss. Things start to go a little further. You are not comfortable and want to stop.

TIC NOTE Prior to completion of this worksheet, students may benefit from a review on understanding both consent and coercion. Students must be able to understand that sexual activity is only consensual if it is freely and enthusiastically given, without being pressured. Coercing or pressuring someone into sexual activity is unacceptable, and can also lead to criminal behavior.

[32] Levin, R. J. & Berlo W. (2004). Sexual arousal and orgasm in subjects who experience forced or non-consensual sexual stimulation – a review. *Journal of Clinical Forensic Medicine,* 11(2), 82-88.

Review and Analysis
Draw the Line, Respect the Line:
Setting Limits to Prevent HIV, STD and Pregnancy (Grade 8)

Throughout this guide, we have created Trauma-Informed Care (TIC) Notes, which contain additional information for Facilitators to consider when delivering this curriculum. This information is not intended to affect the fidelity of the curriculum, but to suggest slight adaptations to ensure that participants who have trauma histories feel safe and engaged in these sessions. It is important to note that providing trauma-informed services does not mean service providers must determine exactly what has happened to an individual. Rather, organizations and providers should examine the way in which they conduct sessions and make modifications based upon an understanding of how a trauma survivor might perceive what is happening.[1]

The content of the *Draw the Line, Respect the Line* Grade 8 Introduction mirrors the Grade 6 and Grade 7 content. Please refer to pages 101-111 of this report for that analysis. The same guidance on a trauma-informed approach to teaching consent, mandatory reporting, resources, and referrals (outlined in the Grade 6 & Grade 7 analysis) should be replicated for Grade 8. When briefly reviewing the Grade 7 curriculum with students, it may be important to explain that some of the core principles of the Grade 7 program included students learning how to identify their limits and threats to those limits. They also learned to respect the limits of others, while developing an understanding of what it means to both give and receive enthusiastic consent.

For students who have been experiencing sexual abuse, the Draw the Line, Respect the Line program may be the first time that they realized that they can draw the line and that their line should always be respected.

It is important that participants understand what it means to both give and receive consent. If participants cannot safely negotiate consent, they will not be able to safely negotiate condom use. The Facilitator may consider integrating these key concepts to help participants understand consent:

[1] Pregnant Survivors. (2013). *Trauma-Informed Services for Pregnant and Parenting Survivors* [Data file]. Retrieved April 25, 2014 from www.pregnantsurvivors.org.

- Consent is based on choice.
- Saying nothing at all is not the same as giving consent.
- Consent is active, not passive.
- Consent is possible only when there is equal power.
- Giving in because of fear is not consent.
- When there is consent, both parties must be equally free to act.
- Going along with something because of wanting to fit in, feeling bad, or being deceived is not consent.
- To consent to sexual activity, both parties must be fully conscious and have clearly communicated what they would like to do.
- If you can't say "NO" comfortably, then "YES" has no meaning.
- If you are unwilling to accept a "NO," then "YES" has no meaning.
- The absence of "NO" is not the same as giving consent.
- Having sex with someone without getting consent is against the law.
- If you've experienced sexual abuse, there's nothing wrong with you; what someone chose to do to you was wrong.
- A minor cannot legally consent to sexual activity with a person in a position of trust (teacher, counselor, corrections officer, etc) and depending on the ages of the parties—may not be able to legally consent to sexual activity with a person much older.
- Consenting previously to a sexual act does not mean that you've given or have consent for future acts.
- You should always be able to change your mind or stop a sexual activity, and that decision should be respected.

Lesson 1: HIV and Teens

Page 13 — Purpose Statement for Students

> *Today we will focus on how having HIV affects people, and how you can draw the line to stay safe from HIV, other STD and unplanned pregnancy.*

TIC NOTE Facilitators may consider explaining: *Everyone should be able to draw their own line and have that line respected. It is all of our jobs to respect the lines that our friends, family, boyfriends, and girlfriends draw. If you haven't been able to draw the line in the past, or are worried that your line won't be respected—there's help out there and you shouldn't have to deal with this alone.* [Have resources prominently displayed in the classroom; point those out to the students.]

Page 16 — Class Rules

Explain that it's important to have a class environment where it's comfortable for everyone to participate during the Draw the Line lessons. Discuss mandatory reporting as part of confidentiality.

TIC NOTE Key points of the mandatory reporting discussion should include—

If students tell you that someone is hurting them physically or sexually abusing them, you are required by law to report it to the proper officials (already included). ***These laws are in place because everyone deserves to be safe*** (suggested addition).

Additional content to share with students:

- *Nobody deserves to be hurt or forced to do something sexually that they don't want to do. If you haven't been able to draw the line, it's not your fault.*
- *The idea of a report to law enforcement or social services can be really scary. If a mandated report has to be made, I will explain every step and include you as much as possible.*
- *It's really brave to come forward about these things, and help and support are available.* Point out external support systems that are prominently displayed in the classroom (National Rape Crisis Hotline, Safe 2 Tell®, etc.).

See suggested script on pages 110-111.

Here are some simple ideas for what to say following an immediate disclosure:

- *I am so sorry that happened. You didn't deserve it.*
- *What would help you to feel safe right now?*
- *Thank you so much for talking to me about this. I'm really glad you came to me.*
- *I believe you and think you are really strong.*
- *You aren't alone. What you are telling me has happened to other people your age. There are resources to support you.*

Because I know this information, I am obligated by the law to advocate for your safety. I'm not sure exactly what will happen now, but I promise that I will be open and honest with you and explain what may happen, while providing you with as many options as possible, and supporting you as best as I can throughout this process.

Page 17 & 18 — Activity 1.2: Teens with HIV

Procedure 1: *Explain that you will start this year's lessons with a true story about HIV. Tell students they will have a chance to discuss the story in pairs and then as a whole class. Explain that the story was written by a real young woman named Antigone who has HIV. She explains how it has affected her life.*

TIC NOTE Discussing a true story of HIV transmission and infection can trigger anxiety and a trauma-response from some students, especially students who may fear they have been exposed to the infection, or who have family members with the disease. This high-level stress negatively affects cognitive capabilities and academic performance.[2] It is also important to note that students who have experienced sexual and relationship violence are at the highest risk of unplanned pregnancy and HIV/STD transmission.[3] Therefore, it is imperative to create a safe space, give students tools for self-regulation, and minimize the potential for re-traumatization. The Facilitator can acknowledge the potential trauma response and provide tools to help students stay present with the conversation. For example: Explain that you will start this year's lessons with a true story about HIV. Acknowledge to the students:

Discussing real-life stories about HIV can be really hard. It may bring up fears that you have about your own health. You may also have family members or loved ones who have HIV or even died from AIDS. Talking about these things is difficult for a lot of people. That's why we are going to start and end today's activity with a little exercise. These exercises are designed to help with stress.[4] You can use them at any time, too. We are going to do some deep breathing through our nose. Participation is voluntary and you can choose to stop at any time.

Students who have experienced sexual and relationship violence are at the highest risk of unplanned pregnancy and HIV/STD transmission.

Take a big breath in [inhale], and while you breathe in, make your whole belly get big—like you are pushing out your stomach so it's round like a beach ball. When you breathe out [exhale], pull your stomach back in, like you are bringing your belly to your back. You can put your hand on your stomach if it makes it easier to feel the inhales and exhales. So we are just going to do this a few times together, but we are going to try to count to four while breathing in, and count to four when breathing out. We'll do this together four times. Be sure to tell the students that they can use this exercise anytime they start feeling stressed, angry, and anxious.

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[2] Rossen, H., & Hull, R. (2013). *Supporting and Educating Traumatized Students: A Guide for School-Based Professionals*. New York, NY: Oxford University Press.

[3] Elliot, D., Bjelajac, P., Fallot, R., Markoff, L., Reed, B. (2005). Trauma-Informed or Trauma-Denied: principles and Implementation of Trauma-Informed Services for Women. *Journal of Community Psychology*, Vol. 33, No. 4, 461-477.

[4] Metz, S. M., Frank, J. L., Reibel, D., Cantrell, T., Sanders, R., & Broderick, P. C. (2013). The effectiveness of the Learning to BREATHE program on adolescent emotion regulation. *Research In Human Development*, 10(3), 252-272.

Arch, J. J., & Craske, M. G. (2006). Mechanisms of mindfulness: Emotion regulation following a focused breathing induction. *Behaviour Research And Therapy*, 44(12), 1849-1858.

Teper, R., Segal, Z. V., & Inzlicht, M. (2013). Inside the mindful mind: How mindfulness enhances emotion regulation through improvements in executive control. *Current Directions in Psychological Science*, 22(6), 449-454.

Facilitators may consider implementing a similar, short grounding exercise at the beginning and end of every class.[5] It is important to note that routines and rituals create predictability, which helps establish safety and trust in the classroom. Because trauma is often associated with unpredictability, trauma-exposed youth learn to be vigilant to potential danger. Environments and situations that are familiar, predictable, and consistent allow youth to "let down their guard" and focus on learning.[6]

If you choose to routinely integrate short grounding activities, be sure to thank everyone for participating and also allow them to opt-out or stop participation at any time. Students can also do a short assessment as to whether or not an activity helps them feel more relaxed. For example, prior to a grounding activity, the Facilitator can ask students to privately think about how they are feeling. A "one" indicates no stress, anger, or anxiety; while a "five" indicates a lot of stress, anger, or anxiety. After the grounding activity, the Facilitator can have students do an internal "check-in," to see if their number changed. The Facilitator can explain that if a student notices a particular activity really helps lower stress, they should keep it in their "toolbox," and can use it anywhere—at home, on the bus, in class, etc.

Page 18—Procedure #5

> *Emphasize that one of the most important parts of the Draw the Line/Respect the Line program is helping students avoid HIV, other STD and unplanned pregnancy, so they don't have to go through what the young woman in the story went through. Explain that in the next activity they will have a chance to make a personal promise about how they will avoid HIV, other STD and unplanned pregnancy at this time in their lives.*

TIC NOTE Consider integrating a slight adaptation to address the needs of students who have already been sexually active. It is important to note that the experiences of those students may vary; sexual activity may have been chosen, but it may also have been forced or coerced.

Emphasize that one of the most important parts of the Draw the Line/Respect the Line program is helping students avoid HIV, other STD and unplanned pregnancy, so they don't have to go through what the young woman in the story went through. *For some students, a part of avoiding HIV, STD and unplanned pregnancy may be getting help and support if you have had experiences in the past where you didn't know that you could draw the line, you were afraid to draw the line, or someone chose not to respect the line. If that has happened, it's never your fault and nobody should have to deal with that alone.* Explain that in the next activity they will have a chance to make a personal promise about how they will avoid HIV, other STD and unplanned

[5] Additional grounding exercises can be found here: http://hprc-online.org/blog/family-relationships/families/managing-emotions/focus-calming-grounding-activities-pdf.

[6] Ibid.

pregnancy during consensual interactions. *Even if you feel like you haven't been able to control these things in the past, there are options for support and increasing your safety in the future.*

Page 19-21 —Activity 1.3: What's in it for You?

Procedure #5 & #6: *Tell students you want to focus on HIV, other STD, and pregnancy. Have students write "HIV," "STD" and "pregnancy" in the bottom half of the plate. Explain that there are only certain ways these things can enter their lives. Ask students what these ways are (unprotected sex, contact with infected blood [for HIV], sharing needles [for HIV and some STDs]). Write students' responses on the board.*

TIC NOTE It is important to always provide the students with a reminder of coercion and consent. The Facilitator can explain: *Although we will be focusing on HIV, STD, and pregnancy, I want to remind students that unprotected sex is not always consensual. Here are four things to know about consent*[7]*—1) When it comes to sexual activity, only a person saying yes (without being pressured) means yes. 2) It's YOUR responsibility to know if you have consent. 3) Nothing you've already done gives you permission to do the next thing or to do it again. 4) If you are incapacitated due to being drunk or on drugs, or you are asleep—you can't give or receive consent.*

Students can protect themselves by drawing their own lines and boundaries. However, if someone chooses not to respect that line then it is never your fault, and support is available. [Remind students of options for resources].

Procedure #7, #8, #9: Draw the Line Promises

What are you going to do now to prevent HIV, other STD and unintended pregnancy in your life?

Will you choose to kiss, but not go any further?

Will you decide it's OK to touch above the waist but not below?

Will you choose not to have sex until you are older or married?

Will you choose to use condoms every time if you decide to have sex?

TIC NOTE Because a primary focus of this training is teaching students to both draw their own line AND respect the lines of others, the Facilitator may expand on these questions:

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[7] Kaufman, M. (2013). Education after Steubenville: the four rules of sexual consent. Retrieved June 16, 2014 from http://www.michaelkaufman.com/2013/education-after-steubenville-the-4-rules-of-sexual-consent/.

- *Will you choose to kiss, but not go any further? Will you respect your boyfriend or girlfriend's choice to kiss, but not go any further?*
- *Will you decide it's OK to touch above the waist but not below? Will you respect your boyfriend or girlfriend's decision to touch above the waist but not below?*
- *Will you choose not to have sex until you are older or married? Will you respect your boyfriend or girlfriend's decision to not have sex until s/he is older or married?*
- *Will you choose to use condoms every time if you decide to have sex? Will you respect your boyfriend or girlfriend's choice to use condoms every time if you both decide to have sex?*

Lesson 2: Draw the Line Challenge

Page 25 & 26—Before the Lesson

Worksheet 1.4: HIV Fact Sheet (pages 115-118) & Worksheet 2.3L STD Fact Sheet (pages 127-130) state: *If people think they might have HIV or an STD, they can have an HIV test. In many states, teens can get the HIV test on their own/can get medical care for STD on their own, often for free. They don't need to tell their parents unless they want to.*
Teens can go to:
A health clinic
A teen or school clinic
A special STD or HIV clinic
Their regular doctor or health care provider

TIC NOTE Before the lesson, the Facilitator should be sure to know their state laws around minors accessing HIV testing/STD treatment without parental consent. The Facilitator should also have the addresses/numbers of clinic options (and prices) on chart paper or the board. The Facilitator should normalize that making the decision to have an HIV/STD test can be scary, but that it's a smart and brave thing to do. Youth can also have a trusted friend go with them, if that is helpful.

Page 34—Activity 2.5: Asking Questions

TIC NOTE Providing an anonymous method for students to ask questions is an excellent engagement strategy. Everyone is instructed to write something and put it in the box, even if it is just "hello." This way, students don't get silently singled out for writing down a question. Writing the question can promote anxiety and students need to feel fully comfortable with the opportunity. Students who don't have a question could be given a small prompt so that they are required to write a little longer along with those that do have a question. For example: Students that do not have a question at this time, please explain (in a few sentences) your favorite season and why.

Because the question box may be an avenue for students to disclose sensitive or traumatic information, it is recommended that the Facilitator informs students that all questions will be read and addressed. However, due to time constraints and privacy, some questions will be read out loud (if appropriate), and other questions will be addressed through subsequent lessons. This strategy helps ensure students' privacy and safety.

When explaining office hours to the students, please refer to best practices for office hours on pages 108-109 as well as suggested language to communicate a trauma-informed approach to mandatory reporting.

Page 36—Activity 2.6: Closure

> *Ask students to name the best ways to prevent HIV and other STD (choosing not to have sex; using condoms). Emphasize that choosing not to have sex (even if a person has had sex before) is the best and safest way to prevent HIV and other STD. Remind students that not having sex prevents pregnancy too.*

TIC NOTE Consider an adaption to ensure that all students feel the conversation is applicable to their experiences:
Ask students to name the best ways to prevent HIV and other STD (choosing not to have sex; using condoms). Acknowledge that it is never your fault if someone made you do something sexually that you didn't want to do. Explain that even if you wanted to engage in sexual activity, it is never okay for an adult, somebody a lot older than you, or a family member to have sexual activity with someone in the 8th grade. Emphasize that choosing not to have sex and respecting your boyfriend/girlfriend's decision not to have sex (even if a person has had sex before) is the best and safest way to prevent HIV and other STD. Remind students that not having sex prevents pregnancy too. Remind students that if they haven't been able to make a decision around sex in the past, it's not their fault and there is help/support available.

Page 37—Procedure #5

> *Post the hotline numbers in the classroom. Tell students they can call the hotline if they have specific questions about HIV. Remind students that calls to the hotline are free and will not show up on the phone bill.*

TIC NOTE In addition to the HIV-specific hotline, also post the number of the National Sexual Assault Hotline, local rape crisis center, and Safe2Tell®. Remind students that the hotlines are run by people who are there to help, but that if they share their name/age and that someone has been hurting them—the hotline worker may need to report to law enforcement or social services. The purpose of this obligation is not to get the caller in trouble, but to make sure that they are safe. Remind students that they can call and get information and learn more about options without giving their name/age, or they can call about a friend. The most important thing for

students to know is that these issues can be difficult, nobody has to deal with them alone, there's help out there, and it is being strong and brave to make a call. Participants should know that while the hotline calls are free, they will show up on the call history of a cell phone.

Lesson 3: Difficult Moments

Page 41—Activity 3.1: Lesson 2 Review

Procedure #2: *Point out that even though students may know a lot about HIV and other STD, sometimes they may still find it difficult to stick with their lines.*

TIC NOTE This content normalizes the experiences of youth who have not been able to effectively draw the line.

Page 43-45—Activity 3.3: Trina and Kashid

Procedure #3:

TIC NOTE This discussion enables the Facilitator to emphasize the importance of communicating limits. It also stresses that when two people have different limits, the person who "does not want to go so far" must have his/her limit respected. It is great to emphasize that this person's limit trumps the other person's limit. The Facilitator may consider reminding students that not respecting the other person's limit is sexual assault.

This discussion is an opportunity to reiterate how important it is to respect the lines of others, and that it is never your fault if someone hasn't respected your line or didn't give you the choice to draw your line.

Procedure #5:

Students are asked to share why it may be hard to draw the line. The list includes:
Guy is older
Partner pressure

TIC NOTE These two areas may warrant additional discussion. In the Trina and Kashid scenario, Trina is thirteen years old and Kashid is sixteen years old. Under current Colorado law,[8] Trina consenting to sexual activity with Kashid is not illegal. However, if Kashid was seventeen years old or older, it would be illegal and considered statutory rape. The Facilitator may consider explaining and discussing Colorado's age of consent laws with the participants (see page 108).

This conversation can be challenging with youth who may feel developmentally ready to have relationships with someone older. It is also challenging because older youth may not feel that it is

[8] Colo. Rev. Stat. § 18-3-402

predatory to have a relationship with younger youth. The purpose of a conversation regarding age of consent is not to silence youth and make them feel as if you are "out to get them" if they are in a relationship with an older partner. The intention is to open up the conversation so that youth can think critically about how age can impact who has power and control in a relationship, and how an older partner can change the dynamics for equality in decision-making.

The Draw the Line/Respect the Line *Introduction* states the results from the evaluation study (page xiii):

> *The curriculum was effective in delaying sexual initiation for boys, but not girls. There were no significant differences for girls except regarding peer norms. The surveys indicated that almost 30% of girls in grade 8 in the study had a boyfriend 2 or more years older, and that these girls were more likely to report having had sex. It's possible that more instruction on the influence of older boyfriends on sexual behaviors, and more skill practice in handling potential power differentials and possible coercion may help improve the results for girls.*

TIC NOTE In measuring efficacy of a curriculum, gender parity should prioritized. In addition to the recommendations in the *Introduction*, discussions with students should also address how low self-esteem may be related to having a sexual relationship with an older partner. Adolescents with low self-esteem are more likely to do poorly in school, to become pregnant, or to impregnate a partner.[9]

Helping adolescents increase their self-esteem is of course more complicated than simply making individuals feel good about themselves. Some research-based suggestions include:

- Identify the core factors that cause low self-esteem and simultaneously identify the domains of competence that are important to the adolescent.
- Focus on sources of emotional support and social approval that exist in the adolescent's world.
- Increase self-esteem though emphasizing achievement of specific skills and goals, and by encouraging initiative.
- Support coping with difficult situations and trying to overcome them, rather than avoiding them.[10]

[9] ACT for Youth Upstate Center of Excellence, Research Facts and Findings: A Collaboration of Cornell University, University of Rochester, and the New York State Center for School Safety. (2003). Adolescent self-esteem. Retrieved June 17, 2014 from http://www.actforyouth.net/resources/rf/rf_slfestm_0603.pdf.

[10] Larson, R.W. (2000). Toward a psychology of positive youth development. American Psychologist, 55 (1), 170-183.

Page 46 & 47—Activity 3.4: Voting: Difficult Moments

TIC NOTE It is important for the Facilitator to acknowledge that another reason why it may be hard to draw the line is the fear that your line will not be respected, or that it is unsafe to try and draw the line. The Facilitator should continuously reiterate that it is never your fault if someone else made the choice not to respect your line, you shouldn't have to deal with it alone, there is help available, and there are different options for seeking support.

Lesson 4: Sticking to Your Limit

Page 52—Before the Lesson:

> *Make any modifications needed to help ensure student success.*

TIC NOTE This directive helps ensure the success of students who may have had (or are currently experiencing) trauma. Because this lesson involves role-play activities, it may be important to consider whether or not role-play modifications can be helpful. While not uniformly true, role-plays can be difficult for some students with active trauma. Traumatized students typically respond favorably to environments and situations that are familiar, predictable, and consistent.[11] Role-plays can feel unpredictable and that unpredictability can be exacerbated by enacting the role-play in front of an audience. While role-plays are a great way to promote efficacy in understanding and applying a newly-learned concept, it may be helpful for the Facilitator to share the role-plays ahead of time, ask for volunteers (instead of assigning students to the roles), or allowing the role-plays to be enacted in small, self-selected groups.

Page 56—Procedure:

> *Point out that the solutions students identified on the homework may not work in all situations, so they should be sure to discuss their ideas as a group and decide which ones fit best for the given situation.*

TIC NOTE This comment may be important and validating for students who have a trauma history. For example, sexual abuse victims often harbor guilt and self-blame for not being able to stop the abuse. This simple comment helps alleviate that internalized guilt by acknowledging that all situations are not the same.

Page 56—Procedure #6

> Steps for Drawing the Line—Post the chart paper with the Steps for Drawing the Line: *Say, "NO, I don't…"*

[11] Rossen, H., & Hull, R. (2013). *Supporting and Educating Traumatized Students: A Guide for School-Based Professionals*. New York, NY: Oxford University Press.

Use a body that says NO.
Change the subject.
Walk away if you need to.
Briefly review the steps and their purpose, demonstrating each step as you review it.

TIC NOTE Reviewing the Steps for Drawing the Line provides a great opportunity to discuss the power and importance of a "NO." This can be taken a step further to explain that a person's body language does not have to say "no" in order for that person's "NO" to be respected and adhered. There is an opportunity to remind students that it is not always easy to interpret other people's non-verbal cues, but if someone says "no" you must immediately stop.

This content could also lead into a discussion about how the absence of a "NO" is not giving consent. Someone has not consented to sexual activity if an enthusiastic "YES" has not been both given and received.

The discussion may include situations where a person's non-verbal cues may indicate a "NO" even when a verbal "NO" is not present (drunk, on drugs, asleep, etc.). There are also times where a person does not feel safe or able to give a verbal "NO." The Facilitator should emphasize that part of being in a relationship means being able to both talk *and* listen in order to be able to understand one another's lines.

"Walking away" is not always safe or possible, especially if the person pressuring sexual activity is a person in a position of trust, an older sibling, or someone that is known, loved, and trusted.

The four steps for drawing the line are important skills that can be effective in many contexts. With sexual activity, they will only be effective if the person initiating sexual activity respects the line that has been drawn. It is important for Facilitators to consider:

- In some cases, it is not safe or possible to say "NO." This is particularly true if the person pressuring sexual activity is a person in a position of trust, an older sibling or parent, or someone else that is known, loved, and trusted.
- An adult sex offender or a juvenile who has committed sex offenses often will not be deterred if the victim says no or uses a body that says no. The responsibility for the offense is the actions of the perpetrator, and does not stem from anything the victim said or did not say.
- Even if the sexual activity is nonconsensual and abusive, the body can still respond to the physical stimulation and may not have been able to "say no." For example, male victims of child sexual abuse often harbor extensive guilt, shame, and self-blame for having an

erection during the sexual abuse. This "betrayal of the body" can be very difficult for survivors and can exacerbate post-traumatic stress.[12]

- Walking away is not always safe or possible, especially if the person pressuring sexual activity is a person in a position of trust, an older sibling, or someone that is known, loved, and trusted.
- Because sexual abuse victims so often internalize self-blame, guilt, and shame, it may be helpful for the Facilitator to reiterate: *If there have been times that it didn't feel safe or you didn't know that you were able to say, "NO, I don't…," Use a body that says NO, Change the subject or Walk away—it's not your fault. You didn't do anything wrong.*

Page 60-61—Activity 4.5: Closure

TIC NOTE The Closure Activities are beneficial for all the students, but may be particularly useful for students who have experienced (or are currently experiencing) trauma and are having a hard time with the content. This closure activity provides many opportunities to validate student's feelings. It is also helpful that students are ready for the next activity and have time to prepare themselves mentally and emotionally for talking with someone who is HIV positive. The Facilitator may consider also integrating a grounding activity at the end of the class, while also reminding students of the anonymous question box and office hours.

Lesson 5: Talking with a Person Who Has HIV

Page 71— Activity 5.4: Homework: Re-thinking My Feelings

This worksheet provides the opportunity for students to process the speaker's presentation. They are asked to reflect and record on the worksheet:
After hearing the presentation by the person living with HIV, have your attitudes and feelings about people living with HIV or AIDS changed? If so, how?
Describe your thoughts about the speaker and his/her presentation. Note: You can write a paragraph, draw, write a song or poem, or cut out pictures from a magazine.

TIC NOTE Providing the option to communicate feelings through art or poetry is an excellent approach to helping students decompress what they learned. Facilitators may consider asking a general question: How are you feeling about being a part of the Draw the Line/Respect the Line class? Students should again be encouraged to write a paragraph, draw, write a song or poem, or cut out pictures from a magazine.

[12] Levin, R. J. & Berlo W. (2004). Sexual arousal and orgasm in subjects who experience forced or non-consensual sexual stimulation – a review. *Journal of Clinical Forensic Medicine,* 11(2), 82-88.

Page 72— Activity 5.5: Closure

Procedure #1: *Acknowledge that hearing from someone who has been affected by HIV can be difficult. Have students complete the sentence: When I think about people with HIV I feel____ because ____.*

TIC NOTE Creating a space to share reactions, while normalizing difficult reactions, can be a powerful tool for ensuring student engagement. A grounding exercise, as described in the *Introduction* of this report, can also be integrated to close the class.

Lesson 6: Reduce Your Risk

Page 75

Objectives: Students will be able to:
Categorize methods of protection according to their effectiveness in reducing risk for HIV, other STD and pregnancy.
Describe "dos and don'ts" of condom use.
Describe the steps for proper use of condoms.
Recognize that choosing not to have sex is the best way to prevent HIV, other STD and pregnancy.

TIC NOTE In presenting this section, it is important for the Facilitator to consider how to integrate inclusive messaging for students who are not able to safely navigate condom use with their partner due to sexual violence or abuse, as well as students that have not had the choice to remain abstinent. Modifications may be needed to help ensure the success of these students.

Everyone should be able to draw their own line and have that line respected.

It would be useful to reiterate here that there may be a time when someone does not respect your request to use a condom or where it does not feel safe to request that the other person uses a condom. You may choose to include the following reminder: *Everyone should be able to draw their own line and have that line respected. It is all of our jobs to respect the lines that our friends, family, boyfriends, and girlfriends draw. If you haven't been able to draw the line in the past, or are worried that your line won't be respected—it's not your fault, there's help out there, and you shouldn't have to deal with this alone.* [Have resources prominently displayed in the classroom, point those out to the students.]

Page 77— Activity 6.1: Lesson 5 and Homework Review, Procedure #2:

What do you remember from the presentation?
Did you talk with your friends or family about the presentation? What did you share with them?
What feelings did you experience as you listened to the speaker?
How have your attitudes and/or feelings about people living with HIV or AIDS changed since hearing the presentation?
What questions about HIV or AIDS came up for you during or after the presentation that you would like clarified?

TIC NOTE These reflection questions provide an excellent opportunity to assess students' reactions, validate feelings, and answer any unresolved questions. A slight adaption of the second question may be helpful:
Did you want to talk with your friends or family about the presentation? Why/why not? Were you able to have the conversation? Why/why not? What were you able/not able to share with them?

Page 79— Activity 6.2: Plan for the Day

Procedure #1: Pass out the Commercial Break Cards to 3 students (accessed on page 155)

Commercial Break Card 1
You may not need this information now, but it might be useful in the future.
Commercial Break Card 2
If you have a friend who needs this information, pass it along.
Commercial Break Card 3
If you are having sex, use condoms every time.

TIC NOTE The cards are an excellent tool at demonstrating that each student is going to have different needs and varying ways that they engage with this work. Consider *adapting Commercial Break Card 3* to read: *If you are choosing to have sex, use condoms every time. If you aren't able to make that choice, talk to someone you trust or reach out for help.*

Page 81— Procedure #3:

Students should work in their same-gender groups as assigned at the beginning of the lesson.

TIC NOTE An adaptation that will allow students to feel more comfortable while talking about a difficult subject would be to acknowledge that same-gender groups are designed to be helpful for initiating discussion among students, but that not all students may feel like they fit within the gender identity of male or female/man or woman. A Facilitator may opt to not have gender-

specific groups, to have students create a third group that is not specific to gender, or to allow students to self-select the group they are comfortable with, keeping in mind that this still may not allow all students to feel comfortable and safe, because the norm is still being based around two gender groups.

In referencing the Protection Card (page 157 of the curriculum) which reads: *Not having sex*, the Facilitator may consider an adaption that states: *Being able to make the decision to not have sex.* This language is more inclusive of students who never had the choice to remain abstinent.

Page 81— Procedure #8

> *Close by emphasizing that only 2 methods protect against HIV, other STD and pregnancy: choosing not to have sex (the safest method for protecting themselves) and using latex condoms (for people who are having sex).*

TIC NOTE Because abstinence and condom use are not accessible options for students who have experienced sexual abuse and/or violence, consider adapting: *Close by emphasizing that only 2 methods protect against HIV, other STD and pregnancy: having the ability to choose not to have sex and making that choice (the safest method for protecting themselves) and being able to use latex condoms (for people who are choosing to have sex).*

Page 82— Activity 6.4: Condom Demonstration

> *Use your best judgment about whether the following activities are appropriate for your school or for particular classes. Throughout the discussion, remind students that this information about condoms can be used when they decide they are ready to have sex, which may not be for a long time.*

TIC NOTE Condoms are used in approximately 10-15 percent of sexual assaults.[13] Furthermore, negotiating condom use is challenging for women and girls who have limited power in their relationship and may be experiencing intimate partner violence or sexual abuse by a family member or person of trust in the community.[14] Therefore, it is important for the Facilitator to consider that condom use may remind students of abuse and/or trigger painful memories of not being safe and able to advocate for condom use.

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[13] O'Neal, E., Decker, S. H., Spohn, C., & Tellis, K. (2013). Condom use during sexual assault. *Journal of Forensic & Legal Medicine*, 20(6), 605-609.

[14] Teitelman, A., Davis-Vogel, A., & Lu, M. (2009). Adolescent Girls' Beliefs about Partner Abuse and Safer Sex. *Conference Papers -- American Society of Criminology*, 1.

Swan, H., & O'Connell, D. J. (2012). The Impact of Intimate Partner Violence on Women's Condom Negotiation Efficacy. *Journal of Interpersonal Violence*, 27(4), 775-792.

If the Facilitator knows that a student is a survivor of sexual abuse, and it feels appropriate, s/he may want to check-in with the individual before and after the activity. All students may benefit from a grounding activity before and after the condom demonstration. In addition to reminding students that the information about condoms can be used when they decide they are ready to have sex, which maybe a long time from now, the Facilitator can also remind students: *Some things we discuss in this class may bring up difficult memories and scary feelings. If that happens for you, you don't have to deal with it alone.* Remind students of options for reaching out: office hours, anonymous question box, the national rape crisis center hotline, the local rape crisis center hotline, and Safe2tell®.

Page 83— Procedure #2: Read and demonstrate Part 1 of the Herman Uses a condom story using Teacher Activity Sheet 6.4a (page 161).

> The story states: *By this time, Kiva wasn't very excited anymore. Herman suggested using some Vaseline or baby oil to lubricate the condom.*

TIC NOTE The story could include a simple adaption that states: *By this time, Kiva wasn't very excited anymore. Herman decided they should talk about how they were both feeling and if they wanted to continue trying to have sex. Kiva told Herman she really wanted to continue. Herman suggested using some Vaseline or baby oil to lubricate the condom.*

This addition provides an opportunity to reinforce the importance of continually talking about and obtaining consent. The Facilitator can also discuss what should happen if in that moment, Kiva decides she doesn't want to continue trying to have sex at that time.

Page 83— Procedure #10: Return to Part 2 of the Herman Uses a Condom story (Teacher Activity Sheet 6.4b).

> The story states: Part 2
> *Herman took the last condom out of the package carefully.*
> *He checked to make sure it was right side out.*
> *He put the condom on his erect penis and rolled it all the way down to the base.*
> *He put Astroglide on the condom.*
> *Then he was ready. When Kiva and Herman finished having sex, Herman held the condom around the base of his penis, so that semen wouldn't spill as he pulled out.*

TIC NOTE This story can be adapted to reinforce Herman and Kiva as equal partners, and the importance of discussing consent. A simple adaptation can state:

> *Herman took the last condom out of the package carefully.*
> *He checked to make sure it was right side out.*
> *He put the condom on his erect penis and rolled it all the way down to the base.*

He put Astroglide on the condom.
Then he was ready.
Kiva told him that she was ready too, and they were both glad that they felt the same way.
When Kiva and Herman finished having sex, Herman held the condom around the base of his penis, so that semen wouldn't spill as he pulled out.

Page 85— Procedure #1

Tell students to imagine that they have an older brother or sister who wants to have sex. Ask: "What are the most important things about condoms that you would tell your brother or sister?"

TIC NOTE The majority of students will most likely not find this question to be triggering. However, because of the prevalence of sibling incest,[15] it will not harm any of the students to re-word with a simple adaption: *Tell students to imagine that they have an older brother or sister or friend who wants to have sex with their boyfriend or girlfriend. What are the most important things about condoms that you would tell your brother, sister, or friend who is considering becoming sexually active?*

Page 86— Transition and Closure #4

Emphasize that, while condoms can help protect people from HIV, other STD and pregnancy, not having sex is the only 100% sure way to protect yourself.

TIC NOTE Because abstinence is not a choice for students who have been sexually abused, consider emphasizing: *While condoms can help protect people from HIV, other STD and pregnancy, being able to choose not to have sex is the only 100 percent sure way to protect yourself. If you weren't able to make this choice in the past or if someone chooses not to respect your line, it is absolutely not your fault and you did nothing wrong. You should not have to deal with this alone, and there's help out there.*

Page 89— Steps for Proper Use of Condoms

TIC NOTE In the *Before You Have Sex* section, consider adding a new step #1: *Establish enthusiastic consent by talking with your partner, and making sure both of you feel 100 percent ready and excited.*

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[15] Sibling sexual abuse is the most common form of familial sexual abuse, based on 8 years of National Incident Based-Reporting System data (2000-2007) and is estimated at 5 times more common than father/stepfather perpetrated offenses. 15 percent of female participants and 10 percent of male participants disclosed sexual abuse by a sibling.

Lesson 7: Staying Safe

Page 91— Introduction

Internal control underpins both a person's ability to draw the line—stop even when really turned on—and respect someone else's line.

TIC NOTE For students who have been experiencing sexual abuse, the Draw the Line, Respect the Line program may be the first time that they realized that they can draw the line and that their line should always be respected. The importance of respecting the lines of others can be emphasized throughout this lesson.

Page 94— Activity 7.2: Plan for the Day

Procedure #1: *Say: "Today you will re-think your limits and create a picture to help you stick to your line."*

TIC NOTE It may be helpful to also reiterate—*If you are in a situation where drawing your line and having your line respected feels impossible, you don't have to deal with it alone. It's never your fault if someone makes the choice not to respect your line, and there's ways to get help.*

Page 97 & 98— Activity 7.4: Cold Shower

Procedure #2: *Encourage students to consider 3 things when thinking about their pictures:*
What could happen if they cross their line?
Who could be hurt by their actions?
How might their future change if they cross their line?

TIC NOTE By offering students the option to draw pictures, write a letter or diary entry, this activity is accessible for students with different learning styles. The Teacher Note states: *If you post student drawings, be sure students volunteer to show their work*. Respecting that privacy is an important component of being a trusted adult. However, it may be important to consider that for students who have never had their lines respected or couldn't safely draw the line, this activity may be challenging and can even exacerbate self-blame for the abuse.

The Facilitator can also reiterate: *If you haven't been able to draw the line in the past, or your line wasn't respected in the past—it's never your fault and you've done nothing wrong. You always should have the right to draw the line about what happens with your body, and no matter what has happened in the past—you can start drawing that line now.*

This activity can also be reversed to encourage students to consider three things when thinking about respecting the lines of others:

- *What could happen if you don't respect the lines of others?*
- *Who could be hurt by your choice to not respect someone's line?*
- *How might your future change if you cross someone's line?*

Re-framing this issue and putting the responsibility on respecting the lines of others may help mitigate some of the self-blame that sexual abuse victims often experience.

Page 99 & 100— Activity 7.5: Good-bye

> *Procedure #2: Emphasize that they have everything they need, including the confidence, inside to keep themselves safe from unplanned pregnancy, HIV and other STD.*

TIC NOTE The Facilitator can additionally state: *Emphasize that they have everything they need, including the confidence inside to keep themselves safe from unplanned pregnancy, HIV and other STD.* ***If situations come up where you are worried about your safety, there are adults you can trust to help you figure out the next steps for taking care of yourself.***

Procedure #5: *Remind students that the fact sheet they received on HIV contains hotline numbers they can call to get information if they need it.* The Facilitator can also remind students of other helpful hotlines and resources. [Include the rape crisis hotline and Safe2Tell® numbers].

Review and Analysis
Street Smart Facilitator Guide

Throughout this guide, we have created Trauma-Informed Care (TIC) Notes which contain additional information for Facilitators to consider when delivering this curriculum. This information is not intended to affect the fidelity of the curriculum, but to suggest slight adaptations to ensure that participants who have trauma histories feel safe and engaged in the sessions. It is important to note that providing trauma-informed services does not mean service providers must determine exactly what has happened to an individual. Rather, organizations and providers should examine the way in which they conduct sessions and make modifications based upon an understanding of how a trauma survivor might perceive what is happening.[1]

Physical and sexual abuse in the home is the most common endangerment component of runaway, homeless, and expelled youth.

The Personal Responsibility Education Program (PREP) targets youth ages 10-19 who are homeless, in foster care, live in rural areas, or in geographic areas with high teen birth rates, or come from racial or ethnic minority groups.[2] Because homeless youth and youth residing in foster care are prioritized participants in this program, it is important to note that physical and sexual abuse in the home is the most common endangerment component of runaway, homeless, and expelled youth. Studies conducted on causal factors of runaway youth have indicated that 47 percent were being sexually abused, with females reporting significantly higher rates than males.[3] Furthermore, 17 percent of runaway and homeless youth report being sexually exploited with rates of sexual violence in their lifetime

[1] Trauma-Informed Services for Pregnant and Parenting Survivors. (2013). Retrieved April 25, 2014 from www.pregnantsurvivors.org.

[2] Youth and Family Services Bureau. (2013). Personal Responsibility Education Program Fact Sheet. Retrieved April 25, 2014 from http://www.acf.hhs.gov/programs/fysb/resource/prep-fact-sheet.

[3] Rew, L., Taylor-Seehafer, M., Thomas, NY., Yockey, RD. (2001). Correlates of Resilience in Homeless Adolescents. School of Nursing, University of Texas at Austin. Retrieved April 25, 2014 from http://www.ncbi.nlm.nih.gov/pubmed/11253578.

[3] National Network for Youth. Unaccompanied Youth Fast Facts. Retrieved April 25, 2014 from http://www.nn4youth.org/system/files/FactSheet_Unacompanied_Youth_0.pdfhttp://www.ncbi.nlm.nih.gov/pubmed/11253578.

reaching as high as 70 percent in some studies. This abuse is compounded by survival sex and other forms of victimization experienced once on the streets.[4]

This population may also have increased vulnerability for relationship violence.[5] It is important to note that interventions to prevent relationship violence will likely also reduce rates of unintended pregnancies, HIV, and sexually transmitted infections (STIs) among adolescents.[6] Relationship violence occurs among all groups of adolescents with common and unique risk factors found across adolescents grouped by race/ethnicity, sex, and prior victimization. Efforts to decrease relationship violence should (1) increase the use of screening tools that measure victimization as well as attitudes and contextual parameters that promote relationship violence; (2) increase self-efficacy to negotiate safer sex; and (3) eliminate the influence of negative peer behavior.[7]

Failed Mandated Reporting of Child Abuse and Neglect

Failure to fulfill mandated reporter requirements has become the norm, not the exception.[8] Only 26 percent of teachers said they would report a situation where a child told them that their stepfather had touched their genitals and only 11 percent said they would report a situation where a teacher had touched a child's genitals. Mandated reporters fail to report for a number of reasons. These include but are not limited to: insufficient evidence, uncertainty, worries about causing additional harm, and maintaining good relationships.[9]

All Facilitators should be familiar with Colorado Revised Statute 19-3-304, as well as the agency's policies regarding mandatory reporting of child abuse and neglect. Prior to providing this instruction, Facilitators should clearly understand if they are mandated reporters under the law and/or the mandatory reporting obligations of the agency. Facilitators must be able to effectively determine what constitutes a mandatory report, who the report needs to be made to, when the report should be made, how to make a report, how to involve the person making the disclosure in the mandatory report (if applicable), and who to consult regarding questions about

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[4] Ibid.

[5] Runaway and Homeless Youth and Relationship Violence Toolkit: Guidance and Materials for Practitioners. (2013). Retrieved May 8, 2014 from http://www.nrcdv.org/rhydvtoolkit/.

[6] Rickert, V. I., Vaughan, R. D. & Wiemann, C. M. (2002). Adolescent dating violence and date rape [Abstract]. *Current Opinion in Obstetrics and Gynecology,* 14(5), 495-500.

[7] Ibid.

[8] Vieth, V.I. (2011). Lessons from Penn State: A Call to Implement a New Patter of Training for Mandated Reporters and Child Protection Professionals. Retrieved May 8, 2014 from http://www.isbe.state.il.us/reports/erins-law-final0512.pdf.

[9] Kenny, M. C. (2001). Child Abuse Reporting: Teachers Perceived Deterrents. Child Abuse and Neglect, 81,88. Retrieved May 8, 2014 from http://www.isbe.state.il.us/reports/erins-law-final0512.pdf.

this process. In addition, the Facilitator should be committed to a trauma-informed approach to mandated reporting. This may include providing on-going support to the person making a disclosure, as well as assisting with safety planning and providing relevant community referrals.

Recommendations for Addressing Mandated Reporting:

1. Be up front, honest, and clear about your reporting obligations with the program participants. This curriculum is about sexual health and sexual decision-making. In young people's lives, these issues often intersect with sexual and/or relationship violence.
2. Share information about mandatory reporting as soon as possible.

Suggested script:
As the Facilitator, my goal is to be able to get to know all of you and support you as you go through this program. I want us to be able to have open, honest conversations. Since we are going to be talking a lot about sexuality and decision-making, I want to recognize that sexual activity isn't always a positive part of people's lives. Sexual violence or sexual abuse is unfortunately really common. Painful memories can come up. Sometimes it really helps to be able to talk to someone who has a lot of experience understanding sexual violence and sexual abuse. [Facilitator should have either the local rape crisis hotline number or the national rape crisis hotline number written on the board, as well as brochures available. Explain that it is a 24/7 confidential resource.]

Sexual abuse and sexual violence is often really hard to cope with and you shouldn't have to deal with it all alone. For most people it's not something you can just "get over" or forget about, but healing is possible. You can contact a hotline, or if you would like to talk to me about what you've been through or what is going on, my goal is to listen, provide support, and help. In thinking about your options, it's important for you to know that every state, including Colorado, has laws around protecting minors from abuse and holding offenders accountable.

If you share information that you've been sexually abused or in some cases—if you are in a sexual relationship with someone much older than you, I may be obligated by law to share that information with law enforcement or the Department of Human Services (DHS). If that has to happen, you and I will discuss the best way to make the report, and how to best make sure you are safe and have the support you need. Law enforcement and DHS may investigate further; they may not. It depends on the case. If you aren't comfortable with that and you aren't sure if you want to talk about what you've been through, you can call the hotline and stay anonymous. You can also talk to me about a friend or use generalities, to learn more about options. You don't have to share what you've been through, but a lot of people report that if they do, they feel much better in the long run. Let me know if you have any questions.

Facilitator and Participant Interactions

Establishing positive relationships with trusted adults is an important protective factor for reducing teen pregnancy and sexually transmitted infections.[10] However, it is important to note that more than 80 percent of sexual abuse cases occur in isolated, one-on-one situations—often with adults who have gained trust.[11] Because this curriculum integrates a private conversation between the Facilitator and a participant (who is a minor), it is important that criminal background checks, personal interviews, and professional recommendations were conducted for each Facilitator prior to working in this capacity. In order to mitigate risk, one-on-one conversations can be private, but they should be observable. Participants should also have the option of bringing along a peer or another trusted adult, such as a caseworker or a teacher. Facilitators should also have well-defined rules regarding interactions with participants. For example: texting or cell phone conversations with participants are not allowed; Facilitators are not allowed to give participants rides in their cars; Facilitators are not allowed to give personal gifts to participants. Accountability and supervision regarding enforcement of the rules are integral.

Establishing positive relationships with trusted adults is an important protective factor for reducing teen pregnancy and sexually transmitted infections.

Session 1: Getting the Language of HIV and STDs

Exercise 1:1: Introductions

TIC NOTE Because of the challenging nature of the conversations and curriculum, the Facilitator must work to establish rapport. S/he should acknowledge it takes time to build trust, and that the Facilitator is there to be a resource. Do not expect instant trust, but do everything in your power to be trustworthy.

Page 123 – *You are drunk and meet someone really hot who wants to have sex. You don't want to be alone tonight and the attention feels good. You go ahead and have unprotected sex.*

TIC NOTE Equating drinking with risk (without a discussion of consent) can be problematic, especially if a participant has experienced sexual violence or even contracted a sexually

[10] Kirby, D. (2007). Emerging Answers 2007: New Research Findings on Programs to Reduce Teen Pregnancy —Full Report. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy. Retrieved April 7, 2014 from http://thenationalcampaign.org/resource/emerging-answers-2007%E2%80%94full-report.

[11] Snyder, H. N. (2000). Sexual assault of young children as reported to law enforcement: Victim, incident, and offender characteristics. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved April 7, 2014 from http://www.d2l.org.

transmitted infection from a drug or alcohol facilitated sexual assault. See page 152 for more information on discussing the key concepts of consent.

Page 123 – Goals of Street Smart:

1. *Practice safer sex.*
2. *Get in touch with your feelings.*
3. *Get rid of thoughts that are self-defeating.*
4. *Take control of your life.*
5. *Feel confident about your ability to act safe.*
6. *Know where to go when you are in trouble and need help.*
7. *Know your own patterns of risk.*
8. *Make friends who can help you to stay safer.*
9. *Have fun while changing behaviors.*

TIC Note The Facilitator can acknowledge that sometimes people do not have a choice about being in harmful situations. That is why it is a goal of the program to know about resources for further assistance.

Page 125 – Feeling Thermometer Poster

TIC Note This activity is a great tool to help participants understand their own responses and emotions. It also has effective strategies to ensure privacy while completing it. When asking participants to *think of a situation where you would feel 100 – the most discomfort or intensity*, the Facilitator has an opportunity to offer "feeling pressured or forced to engage in sexual activity" as an option. Because of the prevalence of the crime and the value in normalizing its painful effects, introducing it to the discussion can help validate the experience for participants who have survived this form of victimization. This normalization reduces the stigma associated with being a victim and further creates an educational environment that is safe for participants of all sexual histories.

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> *The idea is to incorporate all of the different experiences that can put you at risk for HIV/AIDS, other STDs, or unintended pregnancy, such as unprotected sex, using and abusing drugs, exchanging sex for drugs or money, and many others.*

TIC Note Sexual abuse and sexual violence can be acknowledged as experiences that can lead to HIV/STD contraction and unintended pregnancy. This inclusion is medically accurate information. When discussing victimization, it is important to always reiterate:

1. Support services are available;
2. These crimes unfortunately happen to many people; and

3. It is never the victim's fault.

Page 127 – *If you are going to be in the group, be involved.*

TIC NOTE The topics discussed in this curriculum can be difficult for participants and even "trigger" memories of past abuse. The Facilitator should acknowledge that involvement in this program can be challenging at times and explain that the curriculum can bring up painful memories and feelings. The Facilitator should stress that these responses are normal, and explain that participants can always check-in with the Facilitator. The Facilitator may want to consider helping participants create a "self-care" plan if the content becomes difficult. The Facilitator should explore alternatives for engagement that allow participants to provide feedback, ask questions, or reflect on the day privately in order to address participant needs without forcing them to discuss their feelings with the group.

Exercise 1:2: What are the Facts About HIV/AIDS and STDs?

TIC NOTE This section shares statistics about the prevalence of homeless youth, HIV, and STD transmission. It is recommended to also include statistics from the *National Intimate Partner and Sexual Violence* (NISVS) study about sexual violence prevalence in this age range. It is important to acknowledge that sometimes sex is not consensual. Sharing information about the prevalence normalizes the experience, which may make it easier for a participant to acknowledge what happened to them and/or seek assistance. It is important to consider that some participants may not identify with the term *sexual violence*. For that reason, the Facilitator may choose to use the term *unwanted sexual experiences*.

- 1 in 4 women and 1 in 6 men in the United States are sexually abused before the age of 18.[12]
- Nearly 70 percent of all *reported* sexual assaults occur to children ages 17 and under.[13]
- It has also been found that between 17 percent and 45 percent of high school students report experiencing some form of sexual assault or coercion by a friend, acquaintance, or intimate partner.
- Additionally, up to 40 percent of male teens have admitted to using violence in a past relationship.[14]

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[12] Centers for Disease Control and Prevention. (2010). *National intimate partner and sexual violence survey: 2010 Summary report.*

[13] Bureau of Justice Statistics, Special Report. (2003). *Reporting Crime to the Police, 1992-2000.*

[14] Rickert, V. I., Vaughan, R. D. & Wiemann, C. M. (2002). Adolescent dating violence and date rape. *Current Opinion in Obstetrics and Gynecology,* 14(5), 495-500.

Page 134 – Rosa and Ricky Role-Play

This activity may be adapted to include a second role-play, so that participants understand and can identify what it means to freely give consent, as well as how to understand coercion. Ideally, a subsequent role-play on these topics would be acted out by two Facilitators. It is important for participants to note body language. Participants should understand that pressuring one person into having sex is never okay, as well as what it means to freely give consent. Participants should understand the following concepts on consent:

- To consent means to give approval and to agree by free will.
- Consent is based on choice.
- Saying nothing at all is not the same as giving consent.
- Consent is active, not passive.
- Consent is possible only when there is equal power.
- Giving in because of fear is not consent.
- In consent, both parties must be equally free to act.
- Going along with something because of wanting to fit in, feeling bad, or being deceived is not consent.
- In consent, both parties must be fully conscious and have clearly communicated their consent.
- If you can't say "NO" comfortably, then "YES" has no meaning.
- If you are unwilling to accept a "NO," then "YES" has no meaning.
- The absence of "no" is not the same as giving consent.
- Having sex with someone without getting consent is against the law.
- If you've experienced sexual abuse, there's nothing wrong with you; what someone chose to do to you was wrong.
- A minor cannot legally consent to sexual activity with a person in a position of trust (teacher, foster parent, counselor, corrections officer, etc.) and depending on the ages of the parties—may not be able to legally consent to sexual activity with a person much older.
- Consenting previously to a sexual act does not mean that you've given or have consent for future acts.
- You should always be able to change your mind or stop a sexual activity, and that decision should be respected.

These concepts may be new and challenging for some participants and should be re-visited regularly throughout the curriculum. In implementing these key concepts about consent, your local rape crisis center can be a resource for educational materials and activities.

Page 138 - Exercise 1:4: Feeling Situations

- *If I am feeling pressured to have unsafe sex when I don't want to, but am unable to recognize my discomfort, then it will be difficult for me to remove myself from the situation.*

The Facilitator should also explain the converse of this statement is also true:
If I am pressuring someone to have unsafe sex when s/he doesn't want to, then I have to learn to pay attention to their discomfort, respect it, and stop the coercive activity.

TIC NOTE As noted above, it is recommended to facilitate a discussion on what it means to freely consent to sexual activity, and also integrate a discussion on healthy relationships, and how power and control dynamics in a relationship can alter sexual decision-making. Participants should understand that it is never okay to be pressured to have sex at all, and that in healthy relationships, your partner should respect your feelings on unsafe sex.

Page 138 – Feeling Situations

What are some difficult situations that may raise our Feeling Thermometers?
Here are some situations that might create a feeling of discomfort:

1. *Asking someone out.*
2. *Dealing with a sex partner who wants to have unsafe sex.*
3. *Refusing to get high with a friend whose respect you want to keep.*

TIC NOTE Consider adding coercion and sexual abuse as a fourth potentially uncomfortable situation: *Dealing with unwanted sexual experiences*. If this content is integrated, it is important to discuss how normal it is to experience high levels of discomfort on the thermometer when even *mentioning* sexual abuse and coercion, and how it is okay to feel that way. Specify that participants do not have to personally experience sexual violence to use it as an example on the thermometer list.

Page 141 – Exercise 1.5: You Can Never Tell

TIC NOTE It is important to consider that some participants in the room will be deemed unattractive or unpopular, and not get spoken to during the activity. The Facilitator should join in or encourage participants to alternate their conversations, so that everyone is involved.

Session #2 – Personalized Risk

Objectives are:

1. *Describe the risk of different sexual behaviors.*
2. *Identify their own sexual risks.*
3. *Identify strategies to lessen personal sexual risk.*

TIC NOTE Victim-blaming is a common response to sexual violence. This reaction is especially common in instances of acquaintance, date, or intimate partner rape. The tendency to ask victims to explain and defend their personal choices before, during, and after an assault most often

results in the victim internalizing that blame and not reporting the assault to law enforcement or otherwise seeking help. Offenders are not held accountable when risk reduction is the focus of sexual violence prevention. In fact, in the United States, only 3 percent of sex offenders spend even a day in prison.[15] When directing participants to examine personalized risk, Facilitators should take great care to emphasize that no matter the circumstances, sexual violence is never the victim's fault.

The rationale for Session 2 discusses "triggers" for unsafe sex. However, this curriculum only associates triggers with events that lead to unsafe [consensual] sexual behaviors.

TIC NOTE It is important to also discuss triggers as they relate to sexual trauma, victimization, or trauma of any kind. Given the topics in this curriculum, Facilitators should prioritize a discussion on the ways in which participants in the classroom may be triggered by discussions of sexual violence, abuse, drug use and addiction, HIV, etc. Anyone in the room may have personal experiences with these issues or identify as secondary survivors. Facilitators should acknowledge that knowing a friend or family member that is addicted to drugs or has HIV can be difficult to cope with and also traumatizing.

Page 170 – Procedures & Exercise 2:1: Introductions

1. *Have participants introduce themselves and tell the group how old they were when they had their first serious relationship.*

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> *Let's go around and introduce ourselves. Tell your name and at what age you remember having your first serious relationship. Not sex necessarily, but a real love.*
> *Just say, "I'm Sam, and I was 12 years old." I'll start. I'm _____ and I was _____ when I had my first serious relationship.*

TIC NOTE This activity is valuable because it encourages participants to reflect on their own personal experiences with love and intimacy. A suggested adaptation could be: *Tell us your name and at what age you remember having your first serious, consensual relationship with a partner in your same age range.* By re-framing and expanding this question, the Facilitator has the opportunity to reiterate the key principles of consent.

It is important to consider how difficult and potentially painful this exercise can be for some participants. There may be participants who have never had a serious relationship, and feel marginalized by the activity. There may be participants struggling with their sexual orientation,

[15] National Center for Policy Analysis. (1999). *Crime and punishment in America.* Retrieved April 7, 2014 from http://www.ncpa.org/pub/st229.

and do not feel comfortable, ready, or safe to share about a LGBTQ relationship. Being asked to publically reflect on their own relationship histories can be particularly painful for participants with abuse histories. Participants who were sexually abused by a sibling or person in a position of trust may have conflicting emotions regarding their loving feelings for the perpetrator, and the confusion and/or pain about the abuse. This dynamic is also true for participants who have experienced sexual violence within an intimate relationship. Participants may also be in current dating relationships with one another. If these relationships are unhealthy and exhibit power and control issues, extreme jealousy, etc., it might not feel safe for one participant to share about her/his first serious relationship in the presence of the abuser.

Page 172

As you may already know, we are trying to become more capable of keeping ourselves from getting HIV and leading the kind of life that we want for ourselves.

TIC NOTE It is important to consider how simple phrasing may impact participants with fears about exposure to HIV due to sexual abuse. The Facilitator may explore a simple re-phrasing: *We are learning what you need to know about HIV transmission and supportive services available, so that you are able to lead the kind of live you want for yourself.*

Page 180

So, you can see that people are effective in practicing safer sex when:

- *They know what's in their best interest.*
- *They have the skills to cope with tough situations.*
- *They have chances to learn skills and see others using them.*
- *They believe in themselves and their friends.*
- *Their community encourages safe behavior.*

TIC NOTE It may be helpful to add to this list: *They have safety in their relationships and are therefore able to set boundaries that are respected*. This discussion is another opportunity to acknowledge what it means to give/receive active consent and the importance of not engaging in coercive behaviors.

On the other hand, there are also many obstacles to practicing safer sex. People may find it difficult to practice safer sex when:

- *They don't know what safer sex is.*
- *They don't know how to get out of risky situations.*
- *They use drugs.*
- *They don't know how to keep their cool.*
- *They are surrounded by people who don't practice safer sex or who use injection drugs.*

TIC NOTE The Facilitator should clarify that sexual violence and abuse are **not** engaging in risky behavior. Although equating sexual violence with "risky situations" is not explicitly stated or

implied, students with trauma histories often internalize significant self-blame. No one asks to be raped and no one deserves to be raped. As it is phrased, the onus is solely placed on one person, who must know how to "get out" of risky situations. There is an opportunity to discuss the importance of healthy peer relationships and healthy intimate relationships free of coercion, which can assist in mitigating "risky situations."

Page 182 & Page 201-202 – *How Safe Am I? (Check Yourself Out Worksheet)*

TIC NOTE It is important for Facilitators to recognize that filling out this questionnaire can be difficult for participants with current or prior sexual trauma. The Facilitator can clearly state that these exercises are designed to reflect on consensual sexual activity, however, participants may also have unfortunately been exposed to health risks from unwanted sexual experiences.

Suggested adaptation:
If, when filling this out, you reflect on unwanted sexual experiences, we want you to know that what happened to you was not your fault and there are resources and support for you. It is also important to recognize that your health can be impacted by unwanted sexual experiences, and that there may be options to help decrease physical harm that you may experience. For example, if you are in a relationship where your partner refuses to wear a condom and you are worried about pregnancy, there are types of birth control you can use that your partner doesn't have to know about.

The Facilitator can then explain that this activity may still cause participants to remember or reflect upon painful, nonconsensual sexual activities. The Facilitator has an opportunity to normalize the reaction, and provide a supportive response.

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> *If you are going to have sex, it is a matter of knowing which acts are most risky. If you are going to practice any sexual acts, it is important always to protect yourself and your partner.*

TIC NOTE Consider adding: *If the sexual activity is not consensual* [remind participants what this means]*, it is important for you to know it's not your fault, and you deserve to be supported and learn about your options for getting help.*

Page 185-187 – Exercise 2.4: What are My Triggers?

TIC NOTE The Facilitator should explain that this activity is a helpful opportunity to think about what causes us to make choices that lead to unprotected consensual sex. However, participants may reflect on nonconsensual unsafe sex. This is another opportunity to reinforce the key principles of consent. When brainstorming potential triggers with participants, consider discussing

another possible trigger: *being with someone who pressures you or doesn't give you choices*. Participants should understand that when sexual violence has occurred, one person, the perpetrator, has made a choice that the other person cannot control. Only perpetrators can stop sexual violence, and only a perpetrator can control his/her actions. The Facilitator should clarify: *no matter the circumstances, even if you chose to drink or do drugs or hang out with certain people, nobody chooses to be sexually abused or sexually violated and it's never your fault.* Remind participants of the national or local rape crisis hotline number.

Only perpetrators can stop sexual violence, and only a perpetrator can control his/her actions.

In this exercise, the students are asked to identify people, places, situations, and feelings that may be "triggers" that lead to unsafe sex. For survivors of sexual abuse perpetrated by a sibling, other family member, or a person in a position of trust, it is likely that they had specific places and situations where the sexual abuse frequently occurred. Facilitators should recognize that reflecting on nonconsensual, unsafe sex can be difficult, especially as the participant thinks of the patterns of the abuse with the people, places, situations, and feelings.

Through identification of risky situations for unsafe sex, participants may disclose being pressured or abused. Rape crisis centers have specific expertise in safety planning for those types of situations. For example, if a participant identifies that dad comes home drunk each Friday night and sexually abuses her then, the rape crisis advocate can talk to her about options for staying with a safe friend those nights. Keep in mind that sometimes participants may be navigating safety within an unsafe situation. Remind participants of mandatory reporting obligations at this time.

Some participants' only sexual experiences may be abusive, which may result in negative emotional triggers from these exercises. It is recommended to engage in a brief discussion about these factors and routinely integrate grounding exercises (see pages 20 & 163).

Page 188-192 – Exercise 2.5: How to Set Your Own Limits

TIC NOTE In these role-plays, it is imperative to discuss:

- The importance of setting your own limits;
- Respecting the limits of others; and
- Helping friends set and respect limits.

Session 3: How to Use Condoms

TIC NOTE Teaching effective condom use through comprehensive sexual education undoubtedly helps youth take steps to remain healthy, while reducing negative sexual health outcomes. However, it is important for Facilitators to know that condoms are used in

approximately 10-15 percent of sexual assaults.[16] Furthermore, negotiating condom use is challenging for women and girls who have limited power in their relationship and may be experiencing intimate partner violence in their relationship or sexual abuse by a family member or person of trust in the community.[17] Therefore, it is important for the Facilitator to consider how discussing and advising condom use may remind some participants of abuse and/or trigger painful memories of not being safe and able to advocate for condom use.

If the Facilitator knows that a participant is a survivor of sexual abuse (and it feels appropriate), s/he may want to check-in with the individual before, and prepare the participant that the following day will include a discussion on types of contraceptives—including condoms. The Facilitator can also do a brief check-in with the participant after the activity. All participants may benefit from a brief grounding activity before and after the condom demonstration. The Facilitator can also normalize a trauma-response by reminding participants: *some things we discuss in this class may bring up difficult memories. If that happens for you, you don't have to deal with it alone.* Remind participants of options for reaching out: for example — Facilitator office hours, the national rape crisis center hotline, or the local rape crisis center hotline.

Page 214—Pre-Session Preparation

Facilitators must determine whether participants will practice putting male condoms on a penis model or on zucchini and/or bananas. Seeing and feeling a penis model may be challenging for participants with trauma histories, therefore zucchini or bananas are preferable.

TIC NOTE At the beginning and end of this session, the Facilitator should acknowledge that for some participants, the practice sessions may bring up uncomfortable or painful memories. The Facilitator should give general information: *This activity could bring up a memory of a time when you wanted your partner to use a condom, but s/he refused, or a time where you didn't consent to the sexual activity. Unfortunately many teens have had these experiences. Nobody should ever have sex when they don't want to, and in a healthy relationship—your desire to use a condom should always be respected by your partner. There's a lot of pain that comes from sexual abuse or sexual violence and it's not something that people can just easily "get over." If you've experienced unwanted sexual experiences in the past, think about contacting the rape crisis hotline number. You can also talk to me or another trusted adult about what you've gone through. Just remember that I am a mandated reporter, and may have to notify law enforcement*

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[16] O'Neal, E., Decker, S. H., Spohn, C., & Tellis, K. (2013). Condom use during sexual assault. *Journal of Forensic & Legal Medicine*, 20(6), 605-609.

[17] Teitelman, A., Davis-Vogel, A., & Lu, M. (2009). Adolescent Girls' Beliefs about Partner Abuse and Safer Sex. *Conference Papers -- American Society of Criminology*, 1.

Swan, H., & O'Connell, D. J. (2012). The Impact of Intimate Partner Violence on Women's Condom Negotiation Efficacy. *Journal Of Interpersonal Violence*, 27(4), 775-792.

or social services if you have been hurt or abused. If that's the case, my main goals will be to listen to what you want, involve you in the process, provide you support, and address your safety concerns.

Page 220—Exercise 3:2: Getting the Feel of Condoms

> *Unless you use a condom every time you have vaginal, anal, or oral sex then you can't be 100% safe. So the message is: you must use a condom every time you have sex to be safe.*

TIC NOTE Students who have survived sexual violence or abuse may have internalized significant shame and guilt. Messages like this, while medically accurate and well-intentioned, have the potential to re-enforce that shame and guilt. It is important to consider:

- Self-blame is one of the most common short- and long-term psychological effects of sexual assault and has been linked to substance use, earlier sexual activity, and less safe sexual activity in youth.[18]
- Self-blame is an avoidance coping skill that often manifests in internalized self-destructive behaviors and externalized "risky" behaviors. Shame and self-blame increases trauma in the aftermath of sexual violence.

A slight re-phrasing of this content may mitigate trauma for a survivor of sexual violence or abuse: *To stay STI-free and to prevent unintended pregnancy, a condom needs to be used every time you have vaginal, anal, or oral sex. Even if you weren't able to use a condom 100 percent of the time in the past, this program will teach you skills and give you resources to help you achieve that goal in the future. You may have had a STI or an unplanned pregnancy in the past, or you may not have felt safe enough in your relationship to ask about condom use. If that happened, we are really sorry, it wasn't your fault, and we know how hard that can be.*

Page 223

> *Some men will lose their erections during the middle of sex sometime in their life. There is nothing wrong with them – it just happens. So what could a couple do if the condom is on, sex hasn't happened, and the erection goes down?*

TIC NOTE The Facilitator may also explore the normalcy for all genders of losing arousal. If that occurs during sexual activity, participants should learn to "check-in" with their partner and discuss whether both partners want the sexual activity to continue. The discussion on losing arousal is an opportunity to reinforce how obtaining consent for sexual activity must be ongoing. If during sex, one person decides they no longer want to continue, the partner must respect that

[18] Tangney, J. P & Dearing, R. L. (2002). Shame and Guilt. The Guilford Press.

choice. This discussion on the importance of continuously "checking-in" regarding consent can include the following analogy:

You and a friend go to McDonalds and your friend says s/he forgot her/his wallet and asks if you can pay for the food. S/he promises to pay you back. You pay for her/his fries and a drink. A week later s/he pays you back.

A month later your same friend asks to borrow $20 for something and promises to pay you back.

You lend her/him the $20 and she/he pays you back a few days later.

Another couple of weeks go by and s/he asks to borrow $10. You lend it to her/him, and s/he pays you back.

Another couple weeks go by and s/he asks to borrow $20. This time you're getting annoyed with all the requests to borrow money so you say you can't this time.

Unintentionally, you leave your wallet out. You have $30 cash in it. Later that evening you go into your wallet only to find no cash.

Participants should consider: Just because you have consented to lending your friend money in the past, does it make it okay for her/him to take it without your consent this time? The intention of the analogy is for participants to understand that just because your partner initially consented to sex or consented in the past, it does not extend to all future sexual activity—and individuals have the right to change their mind.

Page 231 & 232— Exercise 3:5: Practicing Putting on Male and Female Condoms

> This activity involves partners being assigned, and students each take turns putting a condom on a model penis. The Facilitator is then instructed: *Turn the lights off making sure it is fairly dark. Make sure youth are not holding the models between their legs. Have the second partner put the condom on.*

TIC NOTE If possible, allow participants to determine the group structure: self-select their activity partner, complete the activity as a class, or each participant has a model to independently complete the activity. Although it is an important skill for participants to know how to put a condom on in the dark, this can be a triggering activity and may not feel safe. The Facilitator may consider adapting so that the first time the activity is completed, the lights are on—but the second time, participants must try to put the condom on the model with their eyes closed or looking in the other direction.

Page 233

Select two volunteers. Assign one the role of Barbara and the other Martha. Barbara, touching a female condom seems "yucky" to you, although you have never tried one. Martha, try to convince Barbara that using female condoms is a good way to go. Martha, take a few moments and see if you can help Barbara feel more comfortable about touching the female condom. While you two role-play the scene, the rest of us will observe.

TIC NOTE Normalize and acknowledge that for many people, touching one's own vagina can be challenging. Encouraging a child to masturbate in the presence of an adult is a common form of child sexual abuse. The Facilitator can explain that if, for whatever reason, you don't feel comfortable touching your vagina, then the female condom may not be the best form of protection for you at this time. It is important to note that Barbara may have personal reasons why she doesn't feel comfortable touching her vagina, and it may not be appropriate for Martha to "convince her," but instead explain how the female condom works, while being open to discussing other alternatives for prophylaxis that may work better for Barbara.

Session 4 – Drugs and Alcohol

TIC NOTE It is recommended to supplement this section with content addressing the use of drugs and alcohol in sexual assault. This portion of the training could be co-facilitated with a rape crisis center advocate. Be careful of language that can imply blame and also be perceived to excuse perpetrators of their behaviors. This section should include the following key concepts:

- Drugs and alcohol do not cause or excuse violent behavior or perpetration.
- If assaulted while under the influence, it is NOT the victim's fault. Consenting to use drugs/alcohol is not the same as consenting to sexual activity.
- Under Colorado law, it is sexual assault if the victim is incapable of appraising the nature of her/his conduct or has been impaired involuntary. Reference Colorado Revised Statute 18-3-402. Sexual assault: (1) Any actor who knowingly inflicts sexual intrusion or sexual penetration on a victim commits sexual assault if: (a) The actor causes submission of the victim by means of sufficient consequence reasonably calculated to cause submission against the victim's will; or (b) The actor knows that the victim is incapable of appraising the nature of the victim's conduct. (4) Sexual assault is a class 3 felony if (d) The actor has substantially impaired the victim's power to appraise or control the victim's conduct by employing, without the victim's consent, any drug, intoxicant, or other means for the purpose of causing submission.
- Consent means that you know FOR SURE, that the person is 100 percent okay with the sexual activity.
- Bystander Intervention is: A philosophy and strategy for prevention of various types of violence, including bullying, sexual harassment, sexual assault, and intimate

partner violence.[19] It is grounded in the fact that people make decisions and continue those behaviors based on the reactions they receive from others. By this theory, if peers demonstrate a behavior is okay or acceptable by never speaking out against it, the behavior continues.[20] Ultimately, cultural change involves altering the view of acceptable behavior within that culture. Sexual violence prevention is dependent on the commitment to educate, motivate, and inspire youth to create change in their peer groups and communities. Facilitators can discuss how bystander intervention can be a helpful tool in situations involving drugs and alcohol.

Page 259—Procedures

Facilitators are directed to ask students to introduce themselves by telling their names and the weirdest tasting drink they've ever had.

TIC NOTE The Facilitator may consider adapting this ice-breaker. It may give participants the opportunity to "brag" about alcohol consumption, and can be triggering in relation to drug and/or alcohol facilitated sexual assault.

Page 266 – Exercise 4:2: How Do Drugs and Alcohol Affect Your Ability to Practice Safer Sex

Alcohol and other drugs affect your mind and ability to make informed choices. Your ability to make healthy and smart decisions decreases significantly when you are high or drunk.

TIC NOTE In order to avoid victim-blaming, the key concepts of understanding drugs, alcohol, and sexual violence can be reiterated here (see page 161).

Page 273 & 274—Exercise 4:4: What are the Pros and Cons of Substance Use?

A "Con" of not using drugs and/or alcohol is: *Have to face things.*

TIC NOTE For many survivors of sexual violence, "having to face things" is an enormous component of why they may use/abuse substances. To truly address this issue and have

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[19] Burn, S. M. (2009). A situational model of sexual assault prevention through bystander intervention. *Sex Roles,* 60(11-12), 779-792; www.preventconnect.org.

[20] Langford, L. (Producer). (2012, May 31-June 1). Why and how teach/facilitate bystander intervention. *Bystander Intervention: From Its Roots to the Road Ahead.* Podcast retrieved June 2, 2014 from http://www.preventconnect.org/2012/07/mvp-bystander-intervention-linda-langford/.

participants get to the root causes of why they are using, the Facilitator may want to consider a more in-depth conversation about this topic. This portion of the training can also be co-facilitated with a rape crisis center advocate. It may be helpful to integrate sensory grounding skills for students who share that they use substances so they "don't have to face things." They may in actuality be describing a means to cope with trauma triggers, nightmares, post-traumatic stress disorder (PTSD), or flashbacks. Giving voice to this experience can be very powerful and normalizing for participants.

The Facilitator can explain that a possible reaction to trauma is to experience intense memories or to "re-live" what happened. This reaction is related to how our bodies and minds process traumatic events. If you are "re-living" the traumatic memories, the *5 Senses*[21] activity may be a helpful way to come back to the present time.
Look around the room and find:

- 5 things you can see;
- 4 things you can touch;
- 3 things you can hear;
- 2 things you can smell; and
- 1 thing you can taste.

Deep breathing may be a helpful coping skill. For example:

1. Breathe in through your nose and expand your belly for a count of four.
2. Hold your breath for a count of four.
3. Breathe out through your mouth and retract your belly for a count of four.
4. Hold your breath out for a count of four.
5. Repeat until your heart slows to normal and the feeling of panic eases.

A suggested activity may be asking participants to create a Self-Care Chart,[22] to help identify healthy coping mechanisms when experiencing painful memories.

	Alone	With Others
Daytime		
Nighttime		

Additional examples of grounding exercises can be found here: http://hprc-online.org/blog/family-relationships/families/managing-emotions/focus-calming-grounding-activities-pdf. The *Living Well* smartphone "app" may also be a helpful tool to share with

[21] Used by permission, Stephanie Covington, Ph.D., Healing Trauma: Strategies for Abused Women, 2011.

[22] Used by permission, Stephanie Covington, Ph.D., Healing Trauma: Strategies for Abused Women, 2011.

participants. While it was designed specifically for male survivors of sexual abuse, it can be used as a healing tool for survivors of all genders. It includes:

1. Guided meditations and breathing exercises that can be especially helpful if participants are feeling triggered, having a flashback, experiencing a panic attack, etc.
2. Tools for managing all types of feelings or effects of trauma: difficult memories, avoiding triggers, feeling isolated/disconnected, sad/depressed, anxious/worrying, anger, and sleeping difficulties.
3. Learning tools to become more informed and aware of what you are experiencing.
4. A well-being assessment.

If you choose to routinely integrate short grounding activities, be sure to thank everyone for participating and also allow them to opt-out or stop participation at any time. Additionally, participants can do a short assessment to decide whether an activity helps them feel more relaxed. For example, prior to a grounding activity, the Facilitator can ask participants to privately think about how they are feeling. A "one" indicates no stress, anger, or anxiety; while a "five" indicates a lot of stress, anger, or anxiety. After the grounding activity, the Facilitator can have participants do an internal "check-in," to see if their number changed. The Facilitator can explain that if a participant notices a particular activity really helps lower stress, they should keep it in their "toolbox," and can use it anywhere—at home, on the bus, in class, etc. Grounding exercises can be helpful for all of the participants, regardless of whether or not individuals have trauma histories.

Grounding exercises can be helpful for all of the participants, regardless of whether or not individuals have trauma histories.

It is advisable for the Facilitator to explain that when someone lives through trauma (for example, sexual violence or physical abuse in the home), it may feel like the best thing to do is to just "forget about it" and "get over it." Unfortunately because of the way our brains and bodies store memories, it is not always possible. Participants should be informed that rape crisis centers have counselors who work specifically in this area. Many rape crisis centers offer counseling, therapy, and support groups at little or no cost. The Facilitator should share the contact information again.

Drug and/or alcohol addiction and dependency cannot just be "stopped" by wanting it to stop. The habit-forming actions of drug and alcohol dependency localize in a variety of brain regions, particularly those that activate "reward" pathways in the brain. These are understood as a chemical trigger zones.[23]

[23] Wise, R. A. (1996). Neurobiology of addiction. *Current Opinion in Neurobiology,* 6(2), 243-251.

It would be helpful for the Facilitator to explain that dealing with both trauma and addiction is "too big" for one person to have to do on their own, and that there are supportive resources that can help.

Exercise 4:5: How do Drugs and Alcohol Affect Me Personally?

Page 277 – Sharon and Monica Role-Play

Sharon: I am upset.
Monica: How come?
Sharon: I hate to tell you. I had sex with this guy last night, and I really didn't want to. He's about twenty-five. Smooth – but too slick for me. He deals drugs and the whole scene. I think he's got lots of women.
Monica: Great choice. I am assuming that it wasn't with a condom.
Sharon: I don't think so.
Monica: Girl! What do you mean, "I don't think so?" Weren't you there?
Sharon: I think I had too much to drink.
Monica: This isn't the first time.
Sharon: No, and it makes me sick. All these guys I don't really like, doing it with me. No condoms – nothing. But you know me. I can't live without love. Do you think I should cut down on the drinking?
Monica: It sure couldn't hurt.
Sharon: I don't think it really bothers me that much.
Monica: Why not find out?

TIC Note The "Sharon and Monica" role play must be addressed through a sexual assault lens. It is important to note that what Sharon described could meet the definition of sexual assault:

1. Sharon states that "she really didn't want to."
2. Sharon doesn't remember everything that happened. This response may be due to the impaired memories that occur as a result of the neurobiological response to trauma and/or drug & alcohol impairment to the extent that she was incapable of appraising the nature of her conduct. Having sex with someone impaired to this extent is a crime under Colorado law.
3. Sharon states, "All these guys I don't really like doing it with me. No condoms – nothing." Sharon could be conveying that she has been sexually assaulted more than once. At a minimum, Sharon is describing unhealthy relationships in which she is not able to convey her desire to use condoms, or her partners do not respect her wishes.
4. We do not know how old Sharon is, but under Colorado law, this case may be statutory rape as well.

Many sexual assault survivors will not immediately (if ever) identify with the terms "rape" or "sexual assault." It is common for survivors to "test the water" when disclosing sexual assault, and

slowly gauge the other person's reaction. Self-blame and denial of what happened is also very common. In this role-play, Sharon does not explicitly state that she was sexually assaulted, but what she is describing is potentially sexual assault. A helpful analogy is that sexual assault disclosures are often like peeling an onion. Due to the impairments of traumatic memory and the need to determine if the person receiving the disclosure will be safe and supportive, what someone first hears is not always indicative of the extent of what has happened. There are often layers upon layers of the experience.

Page 278 – *Use the following questions to guide a discussion:*

- *Do you think Sharon behaves differently when she's sober than when she's high?*
- *Do you think Sharon is happy with her behavior?*
- *What do you think is important to get out of this role-play?*

Tell the group the "main point" of the role-play only if they have not come up with it on their own. The point of this role-play is to demonstrate that drugs and alcohol have a powerful influence on your thinking and the choices that you make.

TIC NOTE The discussion questions and the "main point" language can be perceived as victim-blaming. If this role-play is used, a discussion about sexual assault should occur. The main points of a subsequent sexual assault discussion need to be:

1. It is the responsibility of both participants to determine whether your partner is too intoxicated or does not want to engage in the sex.
2. Nobody has the right to unilaterally decide whether or not condoms will be used.
3. Even if Sharon was drinking and/or doing drugs, she does not have to have sex, or unprotected sex, if she does not want to engage in sexual activity.
4. Nobody choses to be sexually assaulted, but perpetrators make the choice to sexually assault. Perpetrators often use drugs and alcohol to create or exploit vulnerabilities caused by the substances. Perpetrators target individuals who they perceive to be vulnerable due to drug and/or alcohol use.
5. Drugs and alcohol do not cause victimization or perpetration. Although drugs/alcohol may be used as a tool in creating vulnerability, it is the presence and actions of a perpetrator that cause sexual assault.
6. In this scenario, there is an opportunity to discuss the actions of Sharon's sexual partner. The Facilitator may ask: what actions did her sexual partner take that may have been abusive or coercive? Did he seek her consent in this sexual act?
7. Monica's role of being a supportive friend should also be discussed. Victims who experience a supportive and compassionate response following disclosure have lower rates of post-traumatic stress.[24] In the original role-play, Sharon is potentially disclosing victimization, and Monica responds by blaming Sharon's

[24] Campbell, et al. (1999). Community Services for Rape Survivors: Enhancing Psychological Well-Being or Increasing Trauma.

choices and overlooking the actions of Sharon's sexual partner. This response has the potential to exacerbate self-blame and trauma.

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> *Emergency measures also can be taken to protect her from HIV. If Sharon thinks she has been exposed, a doctor can prescribe medications, but Sharon will have to begin treatment within 72 hours after unprotected sex and then continue to take the drugs for another 28 days. Even with the medication, she should get an HIV test six months later to make sure she's HIV negative and free from other STDs.*

A broader conversation about post-exposure prophylaxis may be helpful. While offering HIV prophylaxis is becoming more standard, a key phrase to discuss is: *If Sharon thinks she has been exposed.* There are many reasons why someone may think she or he has been exposed:

- They know the partner or perpetrator is HIV positive;
- The partner or perpetrator told them they were positive;
- The partner or perpetrator is a known IV drug user;
- The partner or perpetrator is a man who has sex with other men; and
- The partner or perpetrator comes from a community with a high HIV incidence.

All of these factors would be either high suspicion or reasonable suspicion to offer, and if the patient consents, to initiate HIV prophylaxis. Other factors should be considered by the health care provider, weighing risks verses benefits. While the risks are that the medications can be difficult to take, the benefit is that if the patient was exposed to HIV, these medications will prevent the patient from acquiring HIV. The most important concept to convey is the 72 hour time frame. It can only be initiated within 72 hours of exposure and the sooner it is initiated the better the chances of success.

Most of the drug companies will offer free 28 days of therapy for sexual assault patients. The instructions are easily accessible on the drug websites. Health insurance typically pays for the treatment as well. However, there are often considerable costs for patients who are not seeking the prophylaxis due to sexual assault and do not have health insurance.

Exercise 4:6: How Does Substance Use Work?

Page 285 & 286—This section discusses triggers for substance use/abuse.

> *Two main strategies are: 1) avoiding triggers, and 2) stopping substance use thoughts before they get started.*

TIC NOTE It is important to acknowledge to the participants that triggers cannot always be avoided. For example, if seeing one's perpetrator (i.e. dad, brother, ex-girlfriend) is a trigger for substance abuse, a survivor may not always be able to avoid that trigger. In the context of trauma, the goal is not to eradicate all triggers (that would be impossible), but to validate the "realness" of triggers and to support survivors as they develop the skills to identify and manage trauma responses that may be triggering substance abuse.

Sexual violence and trauma can increase a person's risk for substance abuse.[25] Some survivors may use alcohol or drugs to relieve the pain caused by violence.[26] If the pain continues, and the "self-medicating" continues, conditions are perfect for addiction to develop.[27] The *Introduction* of this paper has additional information on trauma and triggers (page 17).

Suggested Facilitator language regarding trauma triggers:

Sometimes something happens, or you see/feel/smell/taste something that reminds you of bad or hurtful experiences from your past. When that happens, your brain is "triggered" and it feels like you are re-experiencing the feelings that came with that bad thing that happened in the past. Triggers can be something obvious, like walking into your childhood home and your body tenses up and your heart starts beating fast. It can also be something that seems small, like smelling cologne that an abuser used to wear, or even a faint smell of alcohol that makes you remember the breath of someone who hurt you. The sound of a slamming door, a wallpaper pattern, or hearing a song on the radio can all be triggers. Even though they seem small, they can have a big and sometimes scary affect.

Triggers are always real, and they often make people feel the same way they felt back when the abuse occurred. You may feel like you were transported back to that time and place. Sometimes it's easy to figure out what caused the trigger, but other times it's really hard. You may just know that you got anxious or enraged in a conversation, but be unable to figure out what in particular made you feel that way. When you are triggered, your brain goes into a fight, flight, or freeze mode. That can be scary, and it's easy to understand why using drugs and/or alcohol seem like a good way to make triggers go away or to adapt to them.

The hard part is that we can never 100 percent make triggers go away. The good news is that you can change how you respond to triggers. An important first step is just learning about triggers, and acknowledging when they come up. The activities we learned earlier (deep

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[25] Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment. Substance Abuse Treatment and Domestic Violence, Treatment Improvement Protocol Series 25. Rockville, MD: U.S. Department of Health and Human Services, 1997.

[26] Ibid.

[27] Alaska Network on Domestic Violence and Sexual Assault. (2005). Getting Safe and Sober: Real Tools You Can Use. An Advocacy Teaching Kit for Working with Women Coping with Substance Abuse and Interpersonal Violence.

breathing, 5 senses, self-care chart) may be helpful to use, if possible. Learning how to feel and control what comes up when you are triggered takes time and patience. It is possible! If you like to read, there are lots of books on how to manage triggers that you can get at the library. If your triggers stem from sexual abuse or sexual violence, working with a counselor can be a huge help. Remind students of the free and low-cost resources at the local rape crisis center.

Page 287 — Exercise 4:7: How to Get Back in Control Again

TIC NOTE This activity is based on determining "triggers" for using drugs and alcohol and having unsafe sex. This content is different than "trauma triggers," but there may be an important connection in participants' lives. The trauma trigger may lead to drug and/or alcohol use, which then leads to unsafe sex. If a participant is experiencing trauma triggers, than this activity may be difficult and could even instill a sense of hopelessness. For example:

Page 288 & 289

-Who should you avoid seeing? You don't have to say names, just types of people.
-Brainstorm places to avoid. Look for dealers, where drug-using friends are, places where you used to take drugs.
-Another important way to reduce triggers is to keep a busy schedule.
-You do have control over stopping certain thoughts.

TIC NOTE The "Triggers Questionnaire" is focused on geographic places and people, and not the feelings and emotions from trauma triggering that may be at the root cause of the substance use/abuse and/or unsafe sex. Writing a list of people to avoid seeing can be very complicated, not realistic (and potentially impossible) for many survivors of family or intimate partner violence. If home or a shelter is a trigger, then simply avoiding it is not always realistic. Keeping a busy schedule is not an effective way for survivors to avoid the underlying trauma triggers. According to neurobiological studies, a brain that is currently experiencing trauma or chemical dependency, or has experienced childhood trauma, is incapable of simply "stopping" certain physiological, emotional and behavioral reactions to internal and external stimuli, such as triggers.[28] These triggers create a chemical reaction in the brain and body that contribute to the maladaptive thought processes that induce "risky" behaviors.[29] Unfortunately, "staying busy" and "talking to yourself" may not be effective interventions for traumatized youth, without additional forms of cognitive behavioral therapy or dialectical behavior therapy.

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[28] Kolk, B. A. (2003). The neurobiology of childhood trauma and abuse. *Child & Adolescent Psychiatric Clinics of North America,* 12, 293-317.

[29] Sherin, J. E. & Nemeroff, C. B. (2011). Post traumatic stress disorder: The neurobiological impact of psychological trauma. *Dialogues in Clinical Neuroscience,* 13(3), 263-278.

Consequently, participants who are experiencing the co-occurrence of trauma, post-traumatic stress disorder, and addiction may experience hopelessness and self-blame at not being able to "control" their thoughts.

Page 295–298 — Exercise 4:8: Dealing with Risky Situations

You are at a party.
Mindy comes up to you.
She is obviously high and wants you to sleep with her.
Your goal is to not take advantage of her and to help her avoid having unsafe sex with someone else at the party.
The main point is that drugs and alcohol can have a powerful influence on the choices that you make.

TIC NOTE This lesson may provide an opportunity to integrate the concepts of bystander intervention. Bystander intervention programs teach potential witnesses safe and positive ways to prevent or intervene when there is a risk for sexual violence. A bystander intervention approach with sexual violence prevention moves away from identifying participants as potential victims or perpetrators, and instead identifies everyone as a potential bystander. As empowered bystanders, everyone has a role in stopping sexual violence. Participants hopefully will never see a rape occur, but they may have the opportunity to identify and safely intervene in problematic situations. Noticing situations where a friend needs help is not limited to sexual violence. For example, campaigns to stop drinking and driving have often relied upon bystander intervention (i.e., taking a friend's car keys away, calling a cab for someone too drunk to drive, etc.). It is recommended to adapt this exercise to include more in-depth training on effective bystander intervention.

Session 5 – Recognizing and Coping with Feelings

Page 334—Introductions

I'd like each person to tell us your name and one thing about yourself, such as a quality you have or an action you do, that makes you feel really proud. I'll start. My name is _____ and I am really proud of _____.

TIC NOTE This is a positive, affirming activity, but it can be difficult for participants who have very low self-esteem. The Facilitator should be ready to adapt, and to include input or ask other participants for input, if this question seems to be causing anxiety or the participant responding to the question cannot think of anything to say.

Page 339—Exercise 5:2: Feeling Situations

First, I want you to think of a situation that has happened recently that might have placed you at risk for acquiring HIV or an STD, and when your Feeling Thermometer was very high—close to 100.
Try to elicit a bodily reaction. If the participant has difficulty coming up with a bodily reaction, probe by asking questions about specific body parts. For example: What were you feeling in your stomach? Did you notice any changes in your neck or shoulders? What about in your throat?
Have them identify the trigger. Probe if necessary.

TIC NOTE For participants who may fear HIV or STD exposure due to nonconsensual sexual activity, this exercise may exacerbate active trauma and trauma triggers. Survivors typically need to feel safe in their environment to disclosure sexual violence, and this exercise in a class environment may not be a safe place to disclose or even reflect on this situation. Any time there is a discussion of triggers, it is important for Facilitators to remember that taking part in this curriculum and engaging in these conversations can potentially be either a drug use trigger or a trauma trigger for some participants. These portions of the curriculum can start essential dialogue, but it is important to acknowledge that substance abuse and dependency requires more in-depth and specialized resources. Addressing trauma also requires a comprehensive approach and more specialized resources. The Facilitator should stress to participants that most people need help with substance abuse and/or trauma, and that resources are available. Be sure to share those resources again. Remind students that triggers may result from drug use, witnessed drug use by a loved one, physical, sexual, or psychological trauma experienced by you or a loved one.

Page 343- 347—Exercise 5:3: Coping Styles and "Ways of Coping" handout (5-B)

The main ways of coping are:

1) *Stand Your Ground*
2) *Keep Distance*
3) *Control Yourself*
4) *Seek Support*
5) *Solve the Problem*
6) *Correct Yourself*
7) *Escape the Scene*
8) *Give It a Different Meaning*

Stand Your Ground
Standing your ground is when you fight back. Let your feelings out. State your case. Keep at it. What if your partner says to you: "Tonight we are not using a condom when we have

sex." What would you say to stand your ground? Encourage responses such as:"Oh, yes we are."

Solve the Problem

What if your friend said to you: "I haven't got a place to live. What am I going to do?" What would you say to him/her to help him/her solve the problem? Encourage responses such as "Do you know of a place to go for tonight until you can figure out something for the long term?"

TIC NOTE Standing Your Ground

It is important to acknowledge that there are some situations, such as sexual or family violence, when these coping mechanisms are not always feasible. For example, "standing your ground" may not be possible if participants are in an abusive relationship involving physical violence perpetrated by an intimate partner or if they are experiencing sexual abuse perpetrated by a family member. The Facilitator should explore expanding the "Stand Your Ground" discussion, to include conversations on what to do if you are in a relationship where it is not safe to "stand your ground" around contraceptive use. This portion of the class may be co-facilitated with an advocate from a domestic violence program or rape crisis center with expertise in working with youth. The Facilitator may also explore offering a separate workshop (in collaboration with a domestic violence program and reproductive health center) on safety planning, reproductive coercion, and birth control methods that cannot be tampered with by an abusive partner.

The Facilitator may also explore how "standing your ground" can be a sign of an unhealthy, abusive relationship. It is important for participants to understand that in a healthy relationship, one person should not have all the power and control. The "Ways of Coping" (5-B) worksheet states as examples of "Stand Your Ground"—*Fight back. Let your feelings out. Pressure people. State your case. Keep at it.* The participants could benefit from a discussion on positive versus negative applications of "Stand Your Ground."

Perpetrators of sexual violence most commonly use instrumental violence—using just enough force necessary to complete the assault.

Because this handout discusses fighting back, it may be helpful to explain that "freezing" is a common neurobiological response to trauma.[30] If the brain and body sense great danger, it often immobilizes and "shuts down," in an effort to keep as safe as possible; a reflexive acute stress response adapted by humans, animals, and insects for survival purposes in evolutionary terms.[31] It is important to normalize this physical reaction and acknowledge that there may have been times in participants' lives where it was not safe or possible to fight back. In fact, perpetrators of

[30] Bracha, H. S. (2004). Freeze, flight, fight, fright, faint: Adaptationist perspectives on the acute stress response spectrum. *CNS Spectrums*, 9(9), 679-685.

[31] Sherin, J. E. & Nemeroff, C. B. (2011). Post traumatic stress disorder: The neurobiological impact of psychological trauma. *Dialogues in Clinical Neuroscience,* 13(3), 263-278.

sexual violence most commonly use instrumental violence—using just enough force necessary to complete the assault. Because of the use of instrumental violence, resistance from victims often leads to increased violence from perpetrators.

TIC NOTE Keeping Your Distance

"Keeping your distance" may be challenging if, for example, a participant was abused by her/his brother, but they are now residing in the same foster care placement. "Escaping the scene" may not have been possible during a rape because the participant may have felt, for example, that her/his body "froze" and she/he felt numb and unable to move during the rape. The "Ways of Coping" (5-B) worksheet states as examples of "Keep Distance"—*Push the pressure away from you by forgetting it, playing it down, or getting involved with something else.* It is important for the Facilitator to explain: *there may be situations in which it is difficult to physically "keep your distance," or harmful to "keep your distance" emotionally. Sometimes the things we go through are so big, that it's just not possible or helpful to forget about it or play it down. "Keeping the distance" may sometimes be a helpful strategy for a limited amount of time.*

TIC NOTE Solving the Problem

Because of the high risk of sexual violence co-occurring with homelessness, the "Solve the Problem" example can be adapted to: *Do you know of a place* ***that feels safe*** *to go for tonight until you can figure out something for the long term?* Any discussion on homelessness should explore conversations around safety concerns and safety planning, using a harm reduction approach.

In discussing "Correct Yourself" on worksheet 5-B, it is important to talk with participants about the difference between holding yourself accountable for decisions you made, versus blaming yourself for decisions others made.

The Facilitator should stress that no matter the circumstances, "seeking support" is **always** an option, and once again review community-based resources.

Page 348—Lee Ann and Roberto

Roberto: I told you, I'm not using a rubber.
Lee Ann: And I told you, I never take a chance on getting HIV. You need to put one on.
Roberto: Baby, I'm clean! Don't you trust me?
Lee Ann: Roberto, if you care about me, you'll use a condom. Please.
Roberto: No way!
Lee Ann: Then no sex! I like you and I want to sleep with you, but I don't risk my life for anyone. You call me when you change your mind about condoms.
THE END.

TIC NOTE It may be beneficial to consider facilitating a dialogue about what may happen after *The End.* Does it seem like a realistic resolution to participants? What is Roberto likely to do next? What is Lee Ann likely to do next?

Page 352-356—Joe's Background Information (5-D)

> *Last week you went drinking with some of your buddies. You finished a six-pack of beer in a vacant lot where you guys often hang out. Then you met your girlfriend in the park. You felt pretty happy and horny. You tried to kiss her, and she pushed you away. You were surprised and hurt. That pissed you off. She accused you of being drunk. She had no right to say you were drunk because you weren't. You thought that she's always picking on you. You pulled her to you, and she screamed, "Get your hands off me!" You suddenly felt really angry and slapped her hard. She ran way. You wonder how you are going to keep her as a girlfriend.*

TIC NOTE This scenario is generally framed as evidence that Joe has a drinking problem. See page 356, *State the Problem: Joe drinks too much* and the goal of *Reduce drinking*. However, it is important to acknowledge that Joe's drinking did not cause the intimate partner violence he chose to perpetrate. This scenario involves:

- A violent depiction that gets discussed simply as Joe with a drinking problem;
- Intimate partner violence;
- Sexual entitlement; and
- Anger in sexual situations resulting in abuse.

Participants must understand that while Joe may need to reduce his drinking, solely addressing the drinking will not address the concerns about his relationship. The problem not discussed here is intimate partner violence, sexual entitlement, and his anger response to sexual rejection. The Facilitator may consider bringing in an expert on the treatment and management of domestic violence offenders, to more clearly discuss what the potential resources for Joe would be, as well as the relationship between domestic violence and alcohol. It is not causal, and Joe's decision (to *drink slowly and only have a maximum of four beers at a time*) will not prevent him from hurting and abusing his girlfriend.

It is common for an abusive partner to blame the violence on drugs and/or alcohol and not accept responsibility for his/her behavior and actions. For example:

- *It wasn't me, it was the liquor talking!*
- *I would never do that if I was sober.*
- *I'm not really that person. That's only who I am when I'm high.*

The Facilitator can ask participants if these are familiar comments. It is important to acknowledge that because substances like alcohol and drugs affect people's judgment and the way they act, it

can be tempting to accept what they say and move on without addressing the real underlying issue of abuse. However, those excuses are not valid, and the drug of choice is not the reason for violent or unhealthy behavior.[32]

Facilitators may consider a reverse of this scenario, framed from Joe's girlfriend's point of view. It is important to discuss her safety in this relationship.

Advantages and Disadvantages of Getting Tested for HIV (5-F)

Consider adding to the list of disadvantages: *Getting tested may bring up some painful and uncomfortable traumatic memories.* The Facilitator can then review techniques for managing those feelings and emotions—while still advocating for the importance of testing—as well as providing a review of community-based rape crisis services available to provide assistance.

Session 6 – Negotiating Effectively

Page 396 – Rationale; Sexual Values

TIC NOTE Facilitators may consider a more inclusive adaptation of the sexual values language. For example:

> *Sexual values also play a part in partner selection. For example, a person who values getting what they want at any cost may be less concerned about the health of their partners and at increased risk for engaging in unsafe sex or perpetrating a sexual assault* (suggested addition).

This section may also reference the risk of harming others. The person described as *getting what they want at any cost* is not just at risk of having unsafe sex; they are at risk for committing a sexual assault or other forms of intimate partner violence.[33] This section has the opportunity to reinforce two components of comprehensive sexual health education:

1. Teach youth to understand and be assertive about their values; and
2. Teach youth about sexual violence and bystander intervention.

It is important to note that negotiating sex is not just about negotiating safe sex, it is about giving and receiving consent for all aspects of the sexual activity.

Page 397– Procedures

TIC NOTE The Facilitator may consider administering an anonymous rape-supportive attitudes/values questionnaire. For examples and technical assistance on using this tool, please

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[32] The Impact of Substance Abuse on Unhealthy Relationships, Retrieved April 7, 2014 from http://www.breakthecycle.org/blog/impact-substance-abuse-unhealthy-relationships.

[33] Rickert, V. I., Vaughan, R. D. & Wiemann, C. M. (2002). Adolescent dating violence and date rape. *Current Opinion in Obstetrics and Gynecology,* 14(5), 495-500.

contact the Colorado Department of Public Health and the Environment, Sexual Violence Prevention Program. This tool, although anonymous, can provide more information on participants' beliefs and understandings on sex, consent, and sexual violence. If utilized, this activity should be completed before Exercise 6:2.

In addition, Facilitators should consider how sexual values may differ for participants with sexual trauma histories. Please see the *Potential Impacts of Trauma on Sexual Beliefs* chart on page 18.

Page 405—Chris and Maria Role-Play

Chris: What's up Maria? You look depressed.
Maria: I am just thinking about Federico, this really fine guy I have been seeing.
Chris: If he's so fine, why do you look so bummed?
Maria: I don't know. It's so hard. When I look at him, I just get so horny and can't think about anything else but… I don't know… I'm confused.
Chris: Now I'm confused! Everything you told me sounds like things are good. I wish I were in your position.
Maria: No you don't. Federico doesn't want to use condoms – any type of condoms – and after we have sex, I start getting all worried and can't stop thinking about it.
Chris: I think you need to make a decision – sex with fine-ass Federico is not going to feel good at all when you catch a disease!
Maria: Yeah, I know.

TIC NOTE The Facilitator may consider creating a dialogue about the power dynamics in Maria and Federico's relationship. Sexual and reproductive coercion are defined as coercive behavior that interferes with a person's ability to control his/her reproductive life such as:

- Intentionally exposing a partner to a sexually transmitted infections (STIs);
- Attempting to impregnate a woman against her will;
- Intentionally interfering with the couple's birth control; or
- Threatening or acting violent if a partner does not comply with the perpetrator's wishes regarding contraception or the decision whether to terminate or continue a pregnancy.

The role-play does not give the participants enough information to determine whether reproductive coercion is present in Maria and Federico's relationship. However, participants may benefit from a discussion on the importance of equity in decision-making in the relationship, identifying power and control dynamics, harm reduction birth control methods Maria can learn more about, and supportive resources if participants are in an unhealthy relationship. The dialogue can also explore Chris's role as Maria's friend and an empowered bystander.

Participants may enjoy and benefit from taking an online Healthy Relationships quiz at www.loveisrespect.org.

Page 406

> *The main point of the role-play is that it is important to be able to stand up for your own personal values.*

TIC NOTE By expanding the discussion and including the content on healthy relationships, the main point can be expanded: *The main point is that it is important to value your partner's feelings and be in a relationship where you feel safe and able to stand up for your own personal values, while knowing they will be respected.*

Page 406

> *There are times when what you believe about sex influences who you choose as a partner. For example, if you are a guy and believe that girls are things to use for your own sexual pleasure, it might not matter with whom you choose to have sex.*

TIC NOTE This language provides the opportunity to have a broader conversation about the objectification of women and those links to sexual violence. When discussing gender norms, the Facilitator may consider integrating content such as the *Gender Box* activity.

Gender Box Activity

There are many messages we receive from society about what it means "to be a man" or " to be a woman." What does it mean to you "to be a man" or "to be a woman?" Take a moment to think about the different messages that, over the course of your life, have shaped your idea about what is a "real man" or "real woman." The messages we receive in life come from a variety of different sources: parents, siblings, other family members, friends, teachers, religious leaders, media (movies, magazines, T.V. shows, video games, websites, music, etc.), and many more.

It is important to recognize that we are influenced by everything that surrounds us – even when we don't realize it. This is the concept of socialization. Socialization refers to how every one of us learns about others and ourselves in the context of our society. We gain an understanding of ourselves by our perception of everyone else. For example: when we think of the colors pink and blue for children, what do we automatically think is being marketed? Socialization happens all around us every day, but being aware of its effects is one way we can change to what degree we are influenced by it.

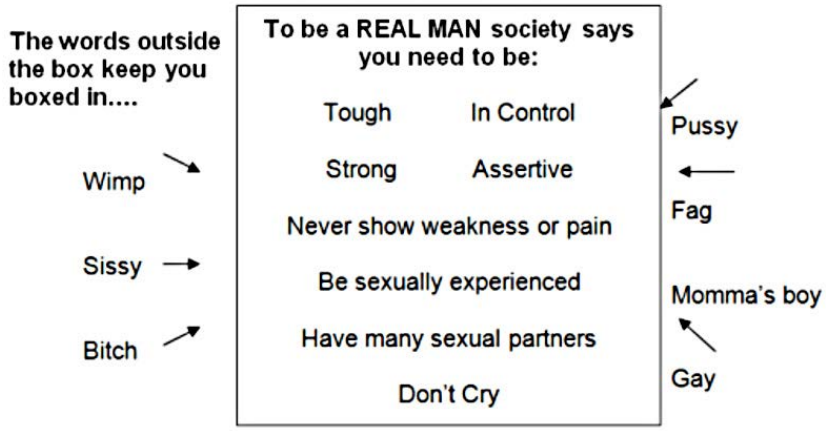
This *Gender Box* activity looks at some pressures many individuals experience daily, keeping in mind there are people who don't identify within the dichotomy of man/woman and whose experience is further complicated by society's gender roles.

First, let's look at what it means to "act like a man." What comes to mind when you think of the phrase: *Act like a man?* Have participants brainstorm what goes both inside and outside of the box. There are social "walls" and "boundaries" around us that impact how men behave. These

walls make sure that men act according to the gender roles society has prescribed for them. Inside the box represents what society says is okay for men to be like or how to behave. Outside the box are terms men are called when they step outside the box and act differently than society's behavior code allows. These terms are used to pressure men, to keep them "boxed" in rigid gender roles.

Name-calling is one tactic individuals use to send the message to others that what they are doing or how they are acting is wrong. This is one way that people influence each other about who they are and how they "should" behave. Name-calling can be really damaging to people. Many males feel limited by the person they are allowed to be in our society. We can help stop this issue by supporting one another, especially when other men are taking a step outside the box.
For example: Support other guys when they share their feelings with you. Pave the way for other guys by sharing your feelings in a thoughtful, caring way. A lot of males are waiting for other men to show it is okay to open up and be more than just the stereotypical "guy in the box."

Sample Gender Box for Males

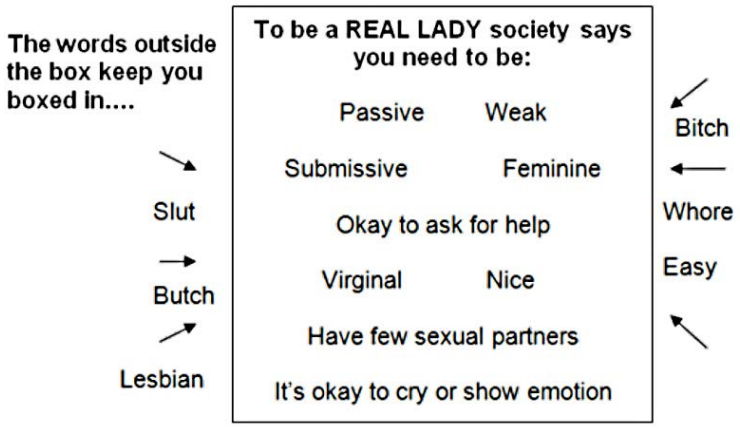


Female Gender Box

Female socialization is just as confining as that of males. Let's see what happens when we do the same activity with females. Inside the box represents what society says is okay for women to be like or how to behave. Outside the box are terms women are called when they step outside the box and act differently than society's behavior code allows. These terms are used to pressure women, to keep women "boxed" in rigid gender roles.

What comes to mind when you think of the phrase: *Act like a lady?*

Have participants brainstorm what goes both inside and outside of the box.



Every day we are all shaping and influencing the world around us. Discuss what messages participants receive about gender, how this affects all participants negatively, and how participants can "break out of the box."

Page 406 — My Sexual Values Worksheet (6-B)

Participants are asked to independently fill out the following value statements:

1. *Be responsible when you have sex by not bringing grief or hardship to your partner, such as creating an unintended pregnancy or giving him/her HIV. Agree ___ Disagree ____*
2. *Do not force your partner to have sex. Agree ____ Disagree _____*
3. *Do not manipulate your partner into having sex through drugs, alcohol, or deception. Agree___ Disagree_____*
4. *Respect your partner's wishes and pleasures. Agree ____ Disagree _____*
5. *Only have sex when it will make you feel good about yourself. Agree ____ Disagree ____*
6. *Only have sex when it will make your partner feel good about you. Agree _____ Disagree _____*
7. *Only have sex when it will make your partner feel good about her or himself. Agree ___ Disagree ____*
8. *Only have sex when you are in love with your partner. Agree ____ Disagree _____*
9. *Only have sex with someone you respect. Agree _____ Disagree _____*
10. *Do not have sex just because you can. Agree _____ Disagree _____*

The accompanying Facilitator's note for this activity states:

> *The goal of this exercise is for the group members to struggle with the issues raised and become aware of their sexual values (this may be the first time youth have the opportunity to explore or think about their personal values). Accordingly, look for and solicit answers to this effect. For example, a youth might say that they feel one way about their sexual values, but behave in another.* ***The point is not to set absolute standards or to come up with a right or wrong answer.***

TIC NOTE This Facilitator's note is concerning because #2 and #3 do represent the violation of an absolute standard, as well as a violation of Colorado criminal statues on sexual assault. This violation needs to be clearly explained to participants. These value statements can also be warning signs for relationships that involve intimate partner violence. This activity requires a discussion about healthy sexuality, healthy relationships, and understanding consent.

Understanding what it means to "force" your partner to have sex requires a discussion. Juveniles who have committed sex offenses may not acknowledge that they forced a partner to have sex. Instead, they may tell themselves that it was not forced because "she or he really wanted it" or that it was not forced because the partner had dressed a certain way or acted a certain way—therefore she or he must have consented. These cognitive distortions are common with sexual offending behavior.[34]

In an effort to self-protect, survivors may have told themselves that what occurred was not rape.

In an effort to self-protect, survivors may also have told themselves that what occurred was not rape. For many survivors, in order for the healing process to occur, it is helpful to correctly identify the victimization and the perpetrator's responsibility for the act. This can only occur when survivors are safe, ready, and able. It is integral that all participants (survivors, perpetrators, and empowered bystanders) understand what it means to have sex by force and/or coercion and manipulation and that participants know how to access support.

Page 413 – Exercise 6.4: How to Communicate with Confidence

> *Today we want to work on how you communicate with your friends and the people around you. In order to be able to take care of yourself in situations that could lead to unsafe sex, you need to be able to communicate with confidence.* ***That means you need to be comfortable in telling someone what your needs are – what you will do and what you won't do.***

TIC NOTE Consider expanding this discussion point to include: *This also means that you are engaging in consensual sex and are committed to being the type of partner who listens, learns, and respects your partner's needs and boundaries.* This section discusses the ramifications of being too aggressive or too passive when expressing sexual needs. It presents another opportunity to discuss sexual aggression, as well as passivity regarding sex. The Facilitator should acknowledge and normalize that in some situations, individuals may choose "passivity regarding

[34] Lonsway, K. A., & Fitzgerald, L. F. (1994). Rape myths: In review. *Psychology of Women Quarterly.* 18, 133-164.

Drieschner, K. (1999). A review of cognitive factors in the etiology of rape: Theories, empirical studies, and implications. *Clinical Psychology Review,* 19(1), 55-77.

sex" because it is not physically or emotionally safe to do otherwise. In those situations, it is important to know about ways to receive help when dealing with these circumstances. It is also important to reiterate that it is never okay to coerce someone into having sex, and what it means to both give and receive enthusiastic consent.

Page 414 & 415—"I Statement" Cards (6-F)

TIC NOTE This exercise is intended to help participants learn how to state honestly and clearly what they want and need, by using "I Statements." After reading the scenario, participants are instructed to respond with an "I Statement" that could help them stay safe. It is important to reiterate to participants: *Some of these statements may remind you of something that happened to you. Maybe you blame yourself for how you responded in that moment and keep thinking about what you said/what you didn't say/what you wish you had said/what you wished you had done. It can be really common to analyze the past and be really critical of ourselves. If these scenarios make you think about sexual violence, relationship violence, or family violence you have experienced, please know that whatever decisions you made in those moments were the right decisions. You didn't make a choice to be hurt or violated, only the perpetrator made the choice. Whatever you said or did in that moment was the right thing at the time. It kept you safe. Using "I Statements" are very helpful with communicating, but if you are being hurt or abused, they may not be enough. Some situations needs outside help from experts, who are focused on your safety.* (Remind participants of community resources.)

Scenario 1

> *Tom is an older man you have known for years. Several times in the past he has helped you out of trouble. He has never asked for anything from you. Tom: "This will surprise you, but I really want to have sex with you. I've been dreaming about it for years."*

TIC NOTE With this scenario, there is an opportunity to discuss coercion, as well as Colorado's statutory rape laws, and laws around sexual activity with someone in a position of trust.[35] It is important for participants to understand why we have these laws, their intended purpose, and what to do if they are in a potentially coercive situation that feels uncomfortable.

Scenario 3

> *Your partner believes that using a condom cuts down on the feeling of sex. But you have an agreement to use one. Often when your partner gets drunk, your partner tries to sneak in getting laid without a condom. You and your partner have been drinking. PARTNER: I can tell you are feeling pretty mellow. One more drink and you'll be ripe. I'm way ahead of you, but you're catching up. Then, we can get between the sheets.*

[35] Colo. Rev. Stat. § 18-3-405; Colo. Rev. Stat. § 18-3-405.3

TIC NOTE This scenario provides an additional opportunity to reiterate the core concepts of consent. Consenting is being 100 percent sure and happy about what you are doing. A partner "tricking" you to have unprotected sex is not giving consent, and it is a sign of an unhealthy relationship that can be detrimental and damaging to one's health. Using drugs and alcohol to "get your way" with your partner needs to be identified as problematic behavior.

Scenario 5

> *Lola is very sexy, but you think she is a virgin. You believe that if Lola lost her virginity, she would kill herself. You like her and she likes you. You have done some kissing and feeling, but never sex. You and Lola have been drinking a lot of rum. She becomes very affectionate. LOLA: I know you want to have sex with me. I want it too, but I'm a virgin because of my religion. I want you so much. Go ahead and do it. No, I didn't mean that. Oh, yes, please do it, but be easy.*

TIC NOTE It's important to discuss consent, and ask participants*: What in the scenario tells us that Lola may not be able to consent due to intoxication? She has also demonstrated that she is uncertain about consent with verbally going back and forth between "yes" and "no."*

Scenario 6

> *You have no money and haven't eaten for several days. You decide to go to school to see if you can get some food or borrow some money. So far, you have not been very successful in getting anything at school. You see the gym teacher and ask him to loan you two dollars. The gym teacher looks you over and says, TEACHER: I'm not giving you money. But you can earn it. Come out to my car. It's very comfortable and safe.*

TIC NOTE It is important for participants to understand that being sexually exploited by a teacher or another person in a position of trust is illegal.[36] Participants need to discuss the difficulty of this scenario. Being hungry is a frightening and stressful situation. A teacher exploiting that vulnerability for sexual gain can increase feelings of helplessness and desperation. It may be helpful to discuss ways to seek help, and the potential outcomes of each of those options. If the student decides to tell a principal or another teacher what happened, s/he may not be believed or there could be retaliation from the teacher. Legally, there is a requirement for a mandatory report to law enforcement, which may take the situation out of the student's control. It is also important to discuss what may happen next, if the student begins trading sexual favors for food with this teacher. Participants should be able to discuss resources for hunger, as well as resources for seeking safety.

[36] Colo. Rev. Stat. § 18-3-405.3

Scenario 9

Your partner wants you to get high because your partner thinks you are freer sexually when you have some drinks in you. Sometimes you wonder if you can really trust your partner. Once, your partner put something in your drink. You go to your partner's place. The drinking has started already. There is a drink poured for you. PARTNER: I've been waiting for you. Thinking about that nice body of yours. Here's a drink to get you started. Just a lot of orange juice and a drop of vodka. Drink it down.

TIC NOTE Because this scenario is describing drug/alcohol-facilitated sexual assault, it requires a more in-depth conversation than simply constructing an "I Statement." Participants should be informed of the laws around drug-facilitated sexual assault,[37] medical care if there is suspected drug-facilitated sexual assault, and ways to get support. The Facilitator must be clear that this behavior is not acceptable, healthy, or legal.

For all of the scenarios listed above, promoting healthy sexuality necessitates the identification and discussion of how these scenarios may intersect with sexual assault. It is important that scenarios involving sexual assault are identified and addressed appropriately. Not addressing the potential sexual violence gives the impression that sexual violence is not serious and also leads to it being misidentified by victims/survivors. It is also important to strongly reinforce that perpetration and/or coercive sexual activity is unacceptable. Another tool for promoting healthy sexuality it to reiterate the key concepts of consent listed on page 152.

Section 7 – Self Talk

Page 451—Rationale

Blaming oneself for events over which one has no control reduces thoughts of self-competence.

TIC NOTE Some participants may be accustomed to negative self-talk, which can stem from past or present trauma. This section can create an opportunity to develop a safe space to acknowledge the difficulties of shifting from negative self-talk and self-blame to positive self-talk. The rationale statement (above) can be very powerful for participants who have trauma histories. Self-blame is common for survivors of sexual violence, and it is important to continually reference the importance of letting go of self-blame by acknowledging that the perpetrator chose to commit a criminal act and nobody "asks for" or "deserves" victimization.

Exercise 7:1: Introductions

Tell us your name and what you say to yourself to make yourself feel good.

[37] Colo. Rev. Stat. § 18-3-402

TIC NOTE It is important to note that this activity can be challenging for some participants. There may be participants who have never used positive self-talk and literally cannot think of anything. This activity can be re-framed very simply: *Tell us your name and what you could say to yourself that would make you feel good.* Be prepared to have ideas for participants who cannot think of anything. For some participants, learning how to essentially compliment yourself (and publically share those compliments) can be a process. Some participants may only focus on physical attributes at first, which is fine. As rapport builds, the Facilitators (and peers) can also point out other important internal traits.

Exercise 7:3: Switching from Harmful to Helpful Thoughts

This activity teaches participants to 1) Identify harmful thoughts, 2) Stop the harmful thought, and 3) Substitute with a helpful thought.

TIC NOTE Positive self-talk is an important skill. Facilitators may acknowledge that it is a process to learn how to switch from harmful to helpful thoughts. Participants who have had trauma and abuse histories may not believe: *I deserve someone who will respect that I want to use a condom and protect myself.* Therefore it is difficult to stop the harmful thought (which has become a reality) and substitute it with a helpful thought they do not believe. For example, a participant who was verbally and physically abused as a child may have been told they were worthless and ugly. As a teen, that person is now in an abusive intimate partnership, where s/he is also being told that they are worthless and ugly.

It is important for the Facilitator to acknowledge: *When someone has been told harmful words, it's easy to believe them and start having harmful thoughts about yourself. Switching to helpful thoughts may take time and a lot of patience with yourself. There are therapists who are really skilled at helping people practice and learn this technique. I can help connect you with resources like that, which can be low-cost or even free (through a rape crisis center). Wanting harmful thoughts to STOP is sometimes a process and takes time. For some people, it's important to understand the root cause of where those thoughts came from. A lot of people go see experts for help with this, and it can make a big difference.*

Examples of Self-Talk (7-B)

During the situation:
Don't let him/her rattle me.
I can handle it.
It won't last much longer.

After the situation has occurred:
I'll do better next time.
Thinking about it only keeps it alive.

Forget about it.

TIC NOTE It is important to discuss when these examples of self-talk are appropriate, versus when they can be harmful. For example: *it won't last much longer* can be a common thought for a survivor of sexual violence, and seeing it on this list without context may be triggering. However, *It won't last much longer* in reference to a math class is an appropriate example of self-talk. Remind participants that non-consensual sexual activity is never their fault and that resources are available. Self-talk can be a helpful tool in the moment, but support is available to help with longer-term healing and preventing future victimization.

Section 8 – Safer Sex

Page 507

This section prepares participants for a "personal counseling session," as well as a visit to a community resource center. Because youth are often concerned with confidentiality, it may be helpful to clarify the language of "personal counseling session" as Facilitators may not be clinicians able to provide counseling services. The term "one-on-one session" provides an accurate description of the session and the relationship between the Facilitator and participant. Prior to the personal counseling session (and in Step 9.1: Orienting the Youth), please reiterate the suggested script on mandatory reporting. Remind participants that nobody should have to deal with sexual violence alone, and that if they aren't ready to talk about what happened to them, they can speak in generalities or about a friend.

While the individual session should be private, the conversation should happen in an observable setting. It may also be helpful to allow participants the option of inviting a friend or another trusted adult to the session. Participants should have a mechanism to provide feedback on the individual session to the Facilitator's supervisor. If a survey is used, it should inquire about comfort level with the Facilitator, appropriate boundaries, etc.

Facilitators should consider a visit to a community-based rape crisis center, as well as a visit to a program providing teen dating violence advocacy and assistance.

Session 9 – Individual Session/Safer Sex

Page 527 – Rationale

> *It is useful to have them recall their last unprotected sexual encounter and ask them detailed questions about it. These can include questions such as: with whom it took place, what their relationship was like with that person, where did it take place, when did it happen, and whether drugs or alcohol were involved.*

Page 532—Step 9:3: Identifying Triggers

> *Have you been sexually active in the last year? Think about the last time you had unprotected sex. What was going on? Were you using drugs? What didn't you like about having unsafe sex?*

TIC NOTE It is important for the Facilitator to understand that pressing for details about the last unprotected sexual encounter can be challenging for some participants, especially if the last encounter was not been consensual. The Facilitator should openly acknowledge the difficulties of having this conversation and explain the goals of the conversation. The Facilitator should reiterate: *sexual violence is not the same as consensual unprotected sex. Nobody deserves sexual violence, regardless of the circumstance. It is never your fault, you deserve to be safe and respected in your relationships, and there are supportive resources available.* The Facilitator should be aware of sensory grounding skills if the conversation invokes trauma triggers.[38] The Facilitator should re-familiarize her/himself with how to discuss mandatory reporting with participants and also know how to contact a sexual assault or teen dating violence advocate, if that expertise is needed during the conversation.

Here are some simple ideas for what to say following an immediate disclosure:

- *I am so sorry that happened. You didn't deserve it.*
- *What would help you to feel safe right now?*
- *Thank you so much for talking to me about this. I'm really glad you came to me.*
- *I believe you and think you are really strong.*
- *You aren't alone. What you are telling me has happened to other people your age. There are resources to support you.*
- *Because I know this information, I am obligated by the law to advocate for your safety. I'm not sure exactly what will happen now, but I promise that I will be open and honest with you and explain what may happen, while providing you with as many options as possible, and supporting you as best as I can throughout this process.*

After receiving a disclosure, the Facilitator may consider exploring safety planning with the participant, although an advocate from a local community-based domestic violence or sexual assault response organization has specific expertise in this area. A fill-in the blank version of a safety plan can be accessed here: http://www.loveisrespect.org/pdf/Teen-Safety-Plan.pdf. While this resource was created for victims of teen dating violence, it may also be a helpful tool for victims of sexual violence and/or family violence as well. When providing a safety plan as a resource, remember that it may not be safe for the participant to keep a hard copy of the plan.

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[38] Kolk, B. A. (2003). The neurobiology of childhood trauma and abuse. *Child & Adolescent Psychiatric Clinics of North America,* 12, 293-317.

It is recommended to have a pre-determined referral procedure for the local community-based domestic violence or sexual assault response organization. The advocate can be invited into the program for a private conversation with the participant. Advocates are well-trained and educated in the nuances and application of the child protection system, and other systems with which the participant may come into contact. The advocate should be well-equipped to provide education and resources to the participant and her/his family. These services are available even if there is no case opened and no offender accountability.

Session 10 – Visiting a Community Resource

Page 539

Rape crisis centers and teen dating violence advocacy programs should be added to the *resources* list. Brochures from these agencies should always be available to the participants. Some participants may not be comfortable disclosing trauma, or visiting a site. However, it may be useful to have access to the information that can be used at a later date.

Additional Resources

The following books may be helpful resources for teens who have experienced sexual violence:

Carter, Lee (2002). *It Happened To Me: A Teen's Guide to Overcoming Sexual Abuse* (workbook). New Harbinger Publications; ISBN: 9781572242791.

Dougherty, Lynn (2007). *Why Me? Help for Victims of Child Sexual Assault* (even if they are adults now). Cleanan Press; ISBN: 9780977161430.

Feuereisen, Patti (2009). *Invisible Girls: The Truth About Sexual Abuse—A Book for Teen Girls, Young Women, and Everyone Who Cares About Them*. Seal Press; ISBN: 1580053017.

Hanson, Anna Nettie (2011). *For Now: Words of the Girl Who Fought Back*. NEARI Press; ISBN: 9781929657599.

Lehman, Carolyn (2005). *Strong at the Heart: How It Feels to Heal From Sexual Abuse*. Farrar, Straus and Giroux; ISBN: 0374372829.

Mather, Cynthia L. (2004). *How Long Does It Hurt: A Guide to Recovering from Incest and Sexual Abuse for Teenagers, Their Friends, and Their Families*. Jossey-Bass; ISBN: 0787975699. *Recommended for both teenagers and adults

Young Adult Fiction about sexual violence that can be shared with teens:

Anderson, Laurie Halse (2011). *Speak.* Square Fish; ISBN: 0312674392.

Chobosky, Stephen (2012). *The Perks of Being a Wallflower.* MTV Books; ISBN: 1451696191.

Grant, Cynthia D (1993). *Uncle Vampire.* Atheneum; ISBN: 9780689318528.

Scott, Mindi (2012). *Live Through This.* Simon Pulse; ISBN: 1442440600.

The following materials may be helpful for Facilitators of Comprehensive Sexual Health Education:

Brown, S. & Taverner, B. (2001). *Streetwise to Sex-Wise: Sexuality Education for High-Risk Youth*. Center for Family Life Education; ASIN: B0006S2K5E.

Covington, Stephanie (2004). *Voices: A Program of Self-Discovery and Empowerment for Girls* (Facilitator Guide & Participant Journal). Change Companies; ASIN: B002OU1KEY.

Herman, Judith (1997). *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror*. Basic Books; ISBN: 10-0-465-08730-2.

Rossen, Eric & Hull, Robert. (2013). *Supporting and Educating Traumatized Students: A Guide For School-Based Professionals*. Oxford University Press; ISBN: 978-0-19-976652-9.

Schladale, Joann. (2010). The TOP Workbook for Sexual Health. NEARI Press;
ISBN: 0972140115.

Simkin, Penny & Klaus, Phyllis. (2004). *When Survivors Give Birth: Understanding and Healing the Effects of Early Sexual Abuse on Childbearing Women*. Classic Day Publishing:
ISBN: 978-1-59404-022-1.
*This book is particularly helpful if working with pregnant and/or parenting adolescent females.