Grade 7 and Grade 8

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Some students may have already become sexually active<eyh> (CDC 2017), and some students are developing and possibly changing their sense of sexuality both in terms of identity and activity. <byh>This is an opportune time for seventh and eighth graders to learn positive<eyh> sexual health and healthy relationship practices and behaviors. Given the prevalence of sexual and relationship violence among youth, it is important for students to learn more about healthy relationships, sexual abuse, and consent. Students this age generally enter into a vulnerable state of needing to feel a sense of belonging, love, and attractiveness. Students may also feel pressured to enter into romantic relationships or have sexual experiences. These factors increase risk for violence, abuse, and exploitation, including sex trafficking. Educators play a key role in preparing students for this stage of adolescence.

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Growth, Development, and Sexual Health (G)

The California Healthy Youth Act (CHYA) of 2016 (*EC* sections 51930–51939) took effect in January 2016. The law requires school districts to provide all students integrated, comprehensive, medically accurate, and unbiased comprehensive sexual health and human immunodeficiency virus (HIV) prevention education at least once in junior high or middle school and at least once in high school. Under the CHYA, comprehensive sexual health education is defined as education regarding human development and sexuality, including education on pregnancy, contraception, and sexually transmitted infections (STIs). The CHYA lists many required topics including information on the safety and effectiveness of all FDA-approved contraceptive methods, all legally available pregnancy options, HIV and other STIs, gender identity, sexual orientation, <byh>sexual harassment, sexual assault, sexual abuse, human trafficking, adolescent relationship abuse, intimate partner violence,<eyh> healthy relationships, local health resources, and pupils' rights to access sexual health and reproductive health care.

Comprehensive sexual health instruction must meet each of the required components of the CHYA. Instruction in all grades is required to be age-appropriate, medically accurate, and inclusive of students of all races, ethnicities, cultural backgrounds, genders, and sexual orientations, as well as students with physical and developmental disabilities and students who are English learners. Students must also receive sexual health and HIV prevention instruction from trained instructors. When planning lessons, check the CDE Sexual Health Web site for up-to-date information. Instruction and materials on sexual health content must affirmatively recognize diverse sexual orientations and include examples of same-sex relationships and couples. Comprehensive sexual health instruction must also include gender, gender expression, gender identity, and the harmful outcomes that may occur from negative gender stereotypes. Students should also learn skills that enable them to speak to a parent, guardian, or trusted adult regarding human sexuality–an additional requirement of the CHYA.

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The purposes of the CHYA law are to provide students with knowledge and skills to:

1. protect their sexual and reproductive health from HIV, other sexually transmitted infections, and unintended pregnancy;
2. develop healthy attitudes concerning adolescent growth and development, body image, gender, sexual orientation, relationships, marriage, and family;
3. promote understanding of sexuality as a normal part of human development;
4. ensure pupils receive integrated, comprehensive, accurate, and unbiased sexual health and HIV prevention instruction and provide educators with clear tools and guidance to accomplish that end; and
5. have healthy, positive, and safe relationships and behaviors.

This chapter is uniquely organized to provide standards-based Psexual health resources and instructional strategies consistent with the CHYA; however, this chapter does not address all of the content required under the CHYA. It is important for educators to know their district's specific policy regarding comprehensive sexual health and HIV prevention education and ensure that instruction fully meets the requirements of the CHYA and other state statutes. Use peer-reviewed medical journals or reliable Web sites such as the CDC, AAP, American Public Health Association, and American College of Obstetricians and Gynecologists (ACOG) as sources of information that is current and medically accurate. Additional collaboration with district-level curriculum specialists, the school nurse, the local public health department, or qualified community-based organizations and agencies can assist in providing medically accurate information that is objective, inclusive, and age-appropriate.

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Schools and districts must ensure their educators have the training, resources, and support to teach these subjects effectively—and that the school environment is welcoming, inclusive, and safe for LGBTQ+ students. When implementing instruction, students should not be separated or segregated by gender or other demographic characteristics.

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The usage of LGBTQ+ throughout this document is intended to represent an inclusive and ever-changing spectrum and understanding of identities. Historically, the acronym included lesbian, gay, bisexual, <bh>and transgender<eh> but has continued to expand to include queer, questioning, intersex, asexual, allies, and alternative identities (LGBTQQIAA), as well as expanding concepts that may fall under this umbrella term in the future.

Although less than four percent of California high school students reported being sexually active before the age of 13 (CDC 2015, National Center for Health Statistics 2012), setting a standards-based foundation of comprehensive sexual health knowledge such as anatomy and physiology, reproductive options, contraceptives and barrier methods, and diverse and healthy relationships is proven to have a

positive influence on academic performance and retention, unintended pregnancy prevention, STI and HIV prevention, and a reduction in sexual risk-taking behaviors once students do become sexually active (Davis and Niebes-Davis 2010). Although data confirms a low rate of sexual activity among California students age 13 and younger, healthy practices that are established during adolescence can have a lifetime of positive implications for one's sexual health and development. Understanding how barrier methods protect against STIs for future sexual encounters protects reproductive and sexual health; learning positive social and emotional coping skills when dealing with stress can serve as an asset for fostering healthy relationships. Teachers should normalize sexual feelings and explain to students these feelings do not mean that students should feel pressured to participate in sexual activities. If the topic of masturbation arises, teachers can take this opportunity to explain masturbation is not physically harmful.

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Integration with the <bbh>CA CCSS for ELA/Literacy and CA ELD Standards<ebh> occurs when students are reading, researching, and comprehending sexual health, growth and development topics. Students achieve further mastery by first researching valid, reliable, and medically accurate health content in support of health literacy and then presenting and listening to other students report on their research findings (W/WHST.6–8.9). Writing research papers and making presentations using digital sources and technology can be particularly beneficial in exploring the wide range of sexual health topics including STI/HIV prevention, growth and development, reproduction, and healthy relationships (W/WHST.6–8.6, 8).

Role-playing or brief skits using valid and reliable content in scripts can also be effective in applying Standard 4: Interpersonal Communication (7–8.4.1-5.G, Interpersonal Communication). These activities are an engaging way for students to apply learned content. As a variation to role-playing and skits, students work in pairs to practice behavioral skills such as assertiveness, negotiation, or refusal skills. Students are provided with short vignette dialogues and prompts for this activity or can create and write their own student-led scenarios. Teachers are encouraged to reference the CHYA for required sexual health and healthy relationship topics and their district's approved sexual health education curriculum for content ideas as available. Under CHYA, students should be encouraged to speak to parents, guardians, or other trusted adults regarding human sexuality and can role-play asking difficult questions.

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An instructional strategy that can be used with many of the standards covered under Standard 1: Essential Concepts and Standard 3: Accessing Valid Information is a question- and answer-format with an informed and vetted sexual health education panel. Students first research valid and reliable resources online or at the school's library on an area of growth, development, and sexual health. Resources, including those in students' home languages, can be Web sites, texts, novels, or stories that elicit questions. Students then anonymously submit their questions for their health education teachers, a sexual health educator, or panel of sexual health experts by using a secure box. Anonymous questions from students are written on index cards that are pre-screened and read aloud by the facilitator, often the students' teacher. The panel should be diverse and include individuals of different genders and sexual orientations and be representative of the range of races, ethnicities, and national origins of the students. Ideally, the panel also includes someone the students can relate to in more of a peer capacity such as a college-age health science student who is comfortable speaking about issues and is well versed

in sexual health. For assessment, students write a 3-2-1 (three things the student learned, two things the student found interesting, and one question the student has) following the panel presentation.

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By the seventh and eighth grade, students are often more willing and eager to engage with guest speakers around topics of sexual health. Students in seventh and eighth grade tend to appreciate and welcome the perspectives a guest speaker brings. <byh>Guest speakers from your local public health department sexual health clinic, or local nonprofit organizations, such as Planned Parenthood, may have well-informed sexual health educators and age-appropriate materials to support comprehensive sexual health education.<eyh> As noted earlier in this chapter, all guest speakers must be vetted and meet both statutory requirements and local educational agency policy.

Purpose of Lesson: In this activity, students explore vignettes that encourage them to consider various relationship outcomes by discovering their own solutions to scenarios posed using a theater- or performance-based format.

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Ms. G's students have a solid foundation of sexual health knowledge from previous standards-based activities implemented in her class as well as in prior grades. She would now like her students to discover key components of comprehensive sexual health by acting out various vignettes that are written and provided by Ms. G and her students. Students either discuss in small groups or dramatize their proposed dialogue and "ending" that offers the most ideal outcome to the scenario provided. Ms. G reminds students to rely on communication and decision-making skills presented earlier in the semester and sets ground-rules for respectful role-playing. Some of the scenarios Ms. G shares are:

- Two students are at a party. One asks the other for oral sex.
- Mother and daughter Scenario: Daughter asks mom if she will take her to get birth control. Mom replies, "Why do you want birth control? Are you having sex?"
- A couple is dating and one partner wants to have sexual intercourse. The other partner does not.
- Two people are kissing and one partner pulls out a condom. The other partner says "Let's not bother."
- Two people have been dating. One says to the other that they are having second thoughts about the relationship and they think they should take a break and maybe see other people. The other partner says, "If you break up with me, I don't want to live anymore."
- <byh>A student receives unwanted nude photos of the student sending the "sexts."<eyh>
- A young couple discovers they are pregnant and are not sure what to do.
- A partner shares that they might have an STI.

Scenarios that were dramatized by the students are discussed in small groups and then as an entire class. Ms. G then leads an objective discussion on the activity and commends the students for their bravery in exploring such sensitive issues given the content and context. Ms. G reemphasizes the point that if students find themselves in similar situations, they can rely on the communication and decision-

making skills such as the models learned throughout the semester and in this activity. Ms. G also reiterates that there is not one correct answer and often more than one answer as every situation is unique to each individual student. Lastly, Ms. G reminds students to contact a trusted adult or a campus resource person should they need support or assistance. Students share they enjoyed acting out possible positive outcomes to each scenario and the scenarios reflected situations they already or may someday encounter.

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As a follow-up activity, Ms. G distributes cards listing examples of relationship behaviors (e.g., talking on the phone, texting each other every day, hanging out during lunch, holding hands, hugging, kissing, flirting, cuddling, hanging out outside of school, touching your hair, oral sex, sexual intercourse, having an exclusive relationship, marriage, having children, and getting tested for STI/HIV together). Ms. G states that in this activity students will discuss examples of behaviors that might happen in some relationships. Mindful that some students may have experienced abuse and might be triggered by discussion about some of these behaviors, Ms. G also offers that students may take a break from this activity if they need to and discloses her mandated reporter duty. Working in groups of four or five, students place the cards in the order they feel they should go. Ms. G reemphasizes that they do not need to use all the cards as some people chose not to participate in certain life events such as marriage. As the students discuss and order the cards, Ms. G walks around to each group to check on student progress and to keep an eye out for any student who might be struggling with this activity. Students discuss, compare, contrast, and process their findings. Ms. G and the students engage in a conversation about how individuals have different ideas about relationships and expectations and the importance of open and healthy communication between partners. Ms. G provides a list of school and local agency resources for the students to reference in relation to this activity or future encounters.

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Essential Concepts: 7–8.1.5.G Explain the effectiveness of FDA-approved condoms and other contraceptives in preventing HIV, other STDs, and unintended pregnancy.

Essential Concepts: 7–8.1.7.G Identify ways to prevent or reduce the risk of contracting HIV, AIDS, and other STDs

Decision Making: 7–8.5.7.G Use a decision-making process to evaluate the value of using FDA-approved condoms for pregnancy and STD prevention.

Barrier Method Demonstration

A condom (internal/female and external/male condom) and dental dam demonstration is provided. After the demonstration, students individually practice the step-by-step process on a penis model or their fingers. Alternatively, students can place the steps, displayed on cards, in the correct order and show examples of internal/female and external/male. For teaching methods, health education teachers should reference current medically-accurate instructional resources online and show examples of male and female condoms and dental dams. In addition to skill demonstration, students also apply a decision-making model to evaluate the value of using condoms for STI and pregnancy prevention.

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Students understand from learning in earlier grade levels that gender is not strictly defined by biology and sexual anatomy. This understanding promotes an inclusive environment where students feel accepted and are accepting of others. To be inclusive of all students in terms of gender identity and sexual attraction, health education teachers and other educators must be mindful of personal biases and use gender neutral language when discussing peer and romantic relationships. It is important not to assume a student's identified gender pronoun based on sex assigned at birth or appearance. Some students may identify with the traditional masculine/feminine pronouns "he/she," "him/her," and "his/hers," while some may prefer pronouns such as "they," "them," and "theirs" as a singular pronoun. Using "they," "them," and "theirs" is considered gender neutral or non-binary and can also be used in an effort to be inclusive of various personal identities. In addition, the term "partner" should be used in place of or in addition to "boyfriend/girlfriend" or "husband/wife" to avoid assumptions about gender and sexual orientation. Some students may be non-monogamous and the term "partner(s)" may also be used to be more inclusive.

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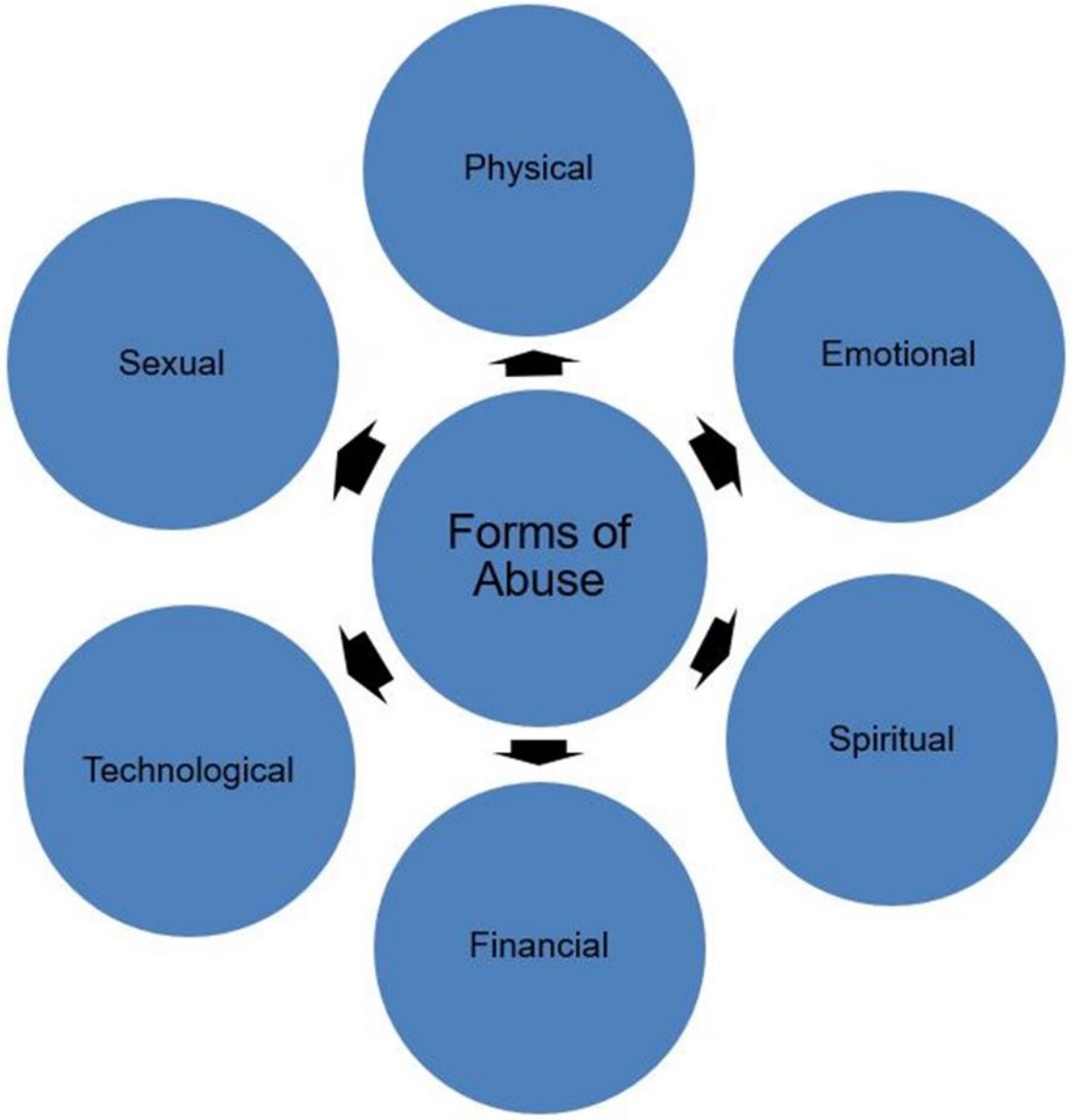

Long Description of Forms of Abuse is available at
https://www.cde.ca.gov/ci/he/cf/ch5longdescriptions.asp#chapter5link2

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Ms. L asks students what they know about teen dating violence or unhealthy relationships, including peer relationships. Students draw from previous learning to discuss unhealthy relationships, explaining that they have to do with one partner trying to maintain power and control over another.
<byh>Different forms of abuse are meant to control the person being targeted. Coercive control is a

pattern of behavior which seeks to take away the victim's liberty or freedom and to strip away their sense of self.<eyh> Ms. L makes the comparison that unhealthy peer relationships can have aspects similar to unhealthy romantic relationships. Ms. L asks students what the different forms of abuse could be in an unhealthy relationship. Students may come up with most or all of the six types of abuse, and Ms. L assists in naming forms of abuse students may not know. Ms. L writes the six forms of abuse (physical, emotional, sexual, financial, spiritual, and technological) on the whiteboard. After the six forms of abuse are identified, students break into small groups and are assigned one form of abuse per group. In the small groups, students discuss their assigned form of abuse and write down examples they have seen or heard. Ms. L walks around the room to check in with each group. The group assigned to discuss spiritual abuse expresses having difficulty coming up with examples. Ms. L explains that spiritual abuse can include abuse related to religion, culture, or an individual's sense of self. A student asks how someone can abuse another person's sense of self, and Ms. L explains that a person's sense of self could include how they feel about themselves, the language or languages they are most comfortable speaking, and also things they enjoy doing, such as listening to music, playing sports, painting, or spending time with friends. If someone doesn't allow their partner to do things they enjoy and that build their sense of self, the relationship is unhealthy and can be considered abusive in some cases. A student asks, "So, it can be spiritual abuse if my girlfriend doesn't let me hang out with my friends?" Ms. L nods her head in agreement and allows the group to continue brainstorming ideas.

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Examples for spiritual abuse include using religion to justify abuse, insisting on rigid gender roles, forcing boyfriend/girlfriend/partner(s) to do things against their beliefs, mocking beliefs or cultural practices, mocking or banning the language or dialect they speak, not allowing boyfriend/girlfriend/partner(s) to do things they enjoy or to better themselves, including interfering with their education.

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Sexual Violence: Consent, Sexual Assault, and Sex Trafficking

<byh>While facilitating discussion about sexual violence, educators must be careful to avoid victim-blaming and heteronormative language as these attitudes may increase a survivor's guilt and shame around their experience(s).<eyh> As students increase their learning about sexual health and relationships, it is also important to discuss consent and the right to refuse sexual contact (7-8.1.9.G, Essential Concepts). Consent is an affirmative, conscious, and voluntary agreement to engage in sexual activity (*EC* Section 67386[a][1]). Students are provided with the definitions of consent and sexual assault. Using these definitions, students discuss and are able to understand that sexual assault is any unwanted sexual contact and that everyone has the right to establish personal boundaries and refuse sexual contact at any time. Sexual contact is not limited to sex acts and can include touching and kissing. Students are guided in discussion about the connection between the right to refuse sexual contact and personal ownership of one's body. While exploring this concept, students examine their own set of personal boundaries. Some students may not have previously identified their own personal boundaries, and this activity can provide an opportunity for students to explore them. Encourage students to write

these ideas down or share some boundaries with the class. Putting personal boundaries into words can help students identify and enforce the limits they set for themselves. Students also discuss the importance of respecting the boundaries of others and the need to determine if consent is given prior to any sexual contact, including touching and kissing. Students learn that primary prevention begins with shifting the focus from preventing someone from becoming a victim of sexual assault to preventing someone from sexually assaulting another person. Students also understand that anyone can be sexually assaulted and anyone can commit sexual assault—and that sexual assault is not limited to heterosexual relationships. It can occur irrespective of one's gender or sexual orientation.

Students understand that because consent is an affirmative, conscious, and voluntary agreement to engage in sexual activity, an individual cannot consent to sexual acts if they are under the influence of alcohol or drugs (7-8.2.3.G, Analyzing Influences). Because alcohol and other drugs can lower inhibitions, they are commonly associated with committing sexual assault. Many students do not recognize their experience as sexual assault or identify as a victim if they were under the influence of substances, and, as a result, often do not report the assault. It is also important for students to understand consent and the influence of alcohol and other drugs to prevent a student from becoming a perpetrator of sexual assault. Instruction should emphasize that silence or a lack of protest or resistance is not consent.

Note: Health educators and all other school personnel should be mindful when using the word "victim" in the context of abuse, assault, and trafficking. Some individuals prefer "survivor" and others prefer more neutral phrasing, such as "person who has experienced abuse." This preference may be influenced by a number of different factors, including the individual's healing process. Honor the language of the individual.

Students are provided with information on the different forms of sexual assault and sexual harassment (see table below), and research support resources such as the local rape crisis center, local law enforcement, and national organizations such as the Rape, Abuse & Incest National Network, more commonly referred to as RAINN.

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Partnering with your community: Using valid and reliable Web resources, students create a resource guide of healthcare and health education agency providers including those who provide services to LGBTQ+ students for reproductive and sexual health services and how to locate accurate sources of information on reproductive, sexual, and mental health services in their community. The resource guide can be translated into the home languages of students to share with the other students and the community. It is important to ensure the accuracy of any translation. Resources must be vetted and approved for safety and medical accuracy before distribution or if being shared (7–8.3.2–3.G, Accessing Valid Information). This resource guide can also provide information about laws regarding minor access to reproductive health care, including confidential release from school to obtain sensitive services without parental notification and permission and confidentiality in insurance (including the Confidential Health Information Act). For resources, educators can reference the National Center for Youth Law for information on minor consent and confidentiality laws impacting adolescent health care access in California.

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The CHYA also supports the involvement of parents and guardians by requiring local districts to notify them their student will receive comprehensive sexual health education and HIV prevention education and to provide opportunities for parents and guardians to view the instructional materials prior to instruction. Schools should consider hosting a Family Preview Night to inform parents and guardians about topics that will be covered during comprehensive sexual health education and HIV prevention education and provide tools for facilitating conversations at home with their students. Parents and guardians may have their student excused from comprehensive sexual health education and HIV prevention education only by submitting a request in writing to the school. <byh>It is important to note that Education Code section 48205 requires schools officials to excuse students from school to attend confidential medical appointments. The school cannot require that the student have parent or guardian consent in order to attend the appointment and cannot notify parents or guardians. Confidential appointments are appointments to receive services that minors can obtain on their own consent under state or federal law (Cal. Ed. Code § 48205(a)(3); *see also* Cal. Ed. Code § 46010.1; 87 Ops. California Attorney Gen. 168 (2004).<eyh>

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Partnering with your school: No Name Calling Week occurs every January around the Martin Luther King, Jr., holiday and is inspired by the young adult novel ***The Misfits*** **by James Howe**. The story highlights the struggles of four students trying to survive seventh grade while being taunted for their height, weight, intelligence, sexual orientation, or gender identity. Consider hosting a student-led campus-wide No Name Calling week at your school to address bullying and harassment. Visit the No Name Calling week Web site for inspiration, lesson plans, and resources. The school teacher librarian or media center staff may create a book display on this topic with input from students on book selection (7–8.8.2.S, Health Promotion).

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Friend Card

Students create a small, wallet-sized card or electronic equivalent—or both—with contact information on who to call for assistance in case someone is feeling stressed, depressed, or seems to be at risk for hurting themselves or others. The card or electronic equivalent should include e-mail addresses, Web sites, phone numbers, or apps of mental health and suicide prevention resources and contact information. Students are provided with scenarios of when it would be appropriate to share the card or electronic information with others or use the card or electronic equivalent themselves.

Decision Making: 7–8.5.2.M Monitor personal stressors and assess techniques for managing them.

Lights Out

Students experience a five-minute meditation silence break with the classroom lights off. Students are encouraged to meditate, deep breathe, or just unwind before beginning class or anytime they feel stress or anxiety. Invite students to notice sounds, thoughts, physical sensations as a way of staying grounded in the present moment and notice how sounds and thoughts come and pass by. This activity works well if class follows lunch or on a hot day.

Partnering with your community: Students create a resource directory of mental health services in the community (7–8.3.1.M, Accessing Valid Information) including immigrant and refugee services or invite mental health speakers including age-group peers who have struggled with mental health issues. Some community-based organizations have memorandums of understanding or agreements with schools to provide anger management, stress management, or grief counseling services. Teachers are encouraged to check with their school or district regarding the availability of services.

Partnering with the family: Networking with parents, family members, guardians, caretakers, and friends of the students plays a role in developing an environment that fosters a student's resiliency and a teacher's bond with the student. Invite parents, guardians, and caretakers to a presentation on youth mental health issues, such as ***Walk in Our Shoes***, and provide information about community mental health resources to support parents (7–8.7.3.M, Practicing Health-Enhancing Behaviors; 7–8.8.1.M, Health Promotion).