

Recommended Updates to Our Whole Lives for Grades 10-12, 1st ed.

Our Whole Lives: Sexuality Education for Grades 10-12, 1st ed. is in the process of being revised. Much has changed since its publication regarding sexually transmitted infections, contraception, and language around gender, orientation, sexual science, and culture. We strongly recommend that you mark the following changes in your copy of the curriculum while the revision is pending. Please contact owl@uaa.org or owl@ucc.org for more information.

Universal Changes Throughout the Curriculum

- Gender identity: Change “biological sex” to “assigned sex at birth” and “born male or female at birth” to “assigned male or female sex at birth.” Change binary words and phrases like “girls/women,” “he and she,” and “mother and father” to gender-neutral terms such as “people,” “they,” and “parents.” Change “gender nonconforming” to “gender nonbinary.” Add “nonbinary” and “agender” to lists and discussions. Pronouns are real, not “preferred.”
- Anatomy: Change “biological sex” to “assigned sex at birth.” Change “Female anatomy” to “Typical Anatomy of a Person with a Vulva.” Make language gender neutral when possible, e.g., “When someone experiences puberty, their penis may become erect and ejaculate during sleep.” Refer to “menstrual products,” not “feminine hygiene products.”
- Sexual Orientation: Add “asexual” (no inherent sexual interest but may be in romantic or sexual relationships) and “pansexual” (attraction and behavior are not limited by gender, physical characteristics, or orientation) to lists and discussions.
- Sexual Health: Refer to “sexually transmitted infections,” not diseases. Remove gender associations between genitals, reproductive anatomy, conception, pregnancy, contraceptives, and barrier forms of protection, e.g., change “male and female condom” to “external and internal condom.” Use “An IUD is an option for people with uteruses” rather than “for women.”
- Change “people with disabilities” to “disabled people.” Change ableist language, e.g., “walked into a room” to inclusive language, e.g., “entered a room.”
- Incorporate updated video resources into workshops that include them. See suggestions in the Parent Orientation section below:

Parent Orientation

- Replace the Gay Rights Posters activity with a discussion of this video about coming out. “Denice Frohman - Dear Straight People” (3:19) <https://www.youtube.com/watch?v=5frn8TAlew0> Note: the story slam performer includes two uses of the F* word as a curse word.
- Explain that where videos are appropriate, you will be considering those on this updated list, which you will share with parents prior to use:
 - Body Image – [“Media’s Effects on Body Image”](#) (2:54 minutes), youtube.com and [“Is Facetune & Instagram Ruining Our Body Image?”](#) (13:42 minutes), youtube.com.
 - Gender Identity – [“‘Hir’ Poem about transgendered youth”](#) (2:44 minutes)*, youtube.com and [“5 Non-Binary People Explain What ‘Non-Binary’ Means To Them”](#) (7:33 minutes), youtube.com. *The colloquial title of the video for “Hir” includes the term *transgendered*, but the correct term is
 - *transgender*, used as an adjective modifying the noun that follows.
 - Gender Expression [“Break Free – Ruby Rose”](#) (5:17 minutes), youtube.com; [“Butch Women Talk About What It Means to Be Butch | them”](#) (5:04 minutes), youtube.com; and [“Gender Roles and Stereotypes”](#) (1:47 minutes), youtube.com.
 - Sexual Orientation – [“It Gets Better: Dan and Terry”](#) (8:31 minutes), youtube.com and [“5 Asexual People Explain What ‘Asexual’ Means to Them”](#) (4:55 minutes), youtube.com.
 - Sexuality and Disability – [“I’m Brianna Couture”](#) (4:17 minutes), youtube.com.
 - Sexually Transmitted Infections – Add [“STIs aren’t a consequence. They are inevitable”](#) (16:45 minutes), youtube.com and [“Condoms: How to Use Them Effectively”](#) (2:54 minutes), youtube.com.
 - Pregnancy, Parenting, and Teenage Parenthood – [“Conception to birth – visualized”](#) with Alexander Tsiasaras (9:37 minutes), youtube.com.

- Unintended Pregnancy Options – [“Medical Abortion”](#) (1:49 minutes), youtube.com and [“How does surgical abortion work?”](#) (3:02 minutes), youtube.com
- Contraception and Safer Sex – [“Birth Control: The Final Frontier”](#) (4:59), amaze.org and [“Pharmacist explains Plan B Contraceptive! Things you NEED to know!”](#) (8:05), youtube.com

Sessions and Workshops

Note: Not every workshop requires significant change, but all will require referencing the Universal Changes section.

Session 1, Workshop 1 Language: Language Brainstorm: During preparation, combine penis and vulva posters into one titled “Genitals”. Change breast poster to Breasts/Chest. Change sexual intercourse to “Sexual Intercourse (Vaginal or Anal).” Add a poster titled, “Other Sexual Activities.”

Session 1, Workshop 2 Body Image and Feelings: Replace existing activities with a general discussion about what body image is and how being satisfied with our body can inspire us to protect our sexual health. Invite discussion about where messages about our bodies come from. What have people heard from their families? Friends? School? Sports or other activities? Show these two videos and engage in discussion. [“Media’s Effects on Body Image”](#) (2:54 minutes), youtube.com and [“Is Facetune & Instagram Ruining Our Body Image?”](#) (13:42 minutes), youtube.com.

Session 1, Workshop 3: Anatomy and Physiology: See language tips in the Universal Changes section above. Avoid associating bodies with specific genders. Activity: Body Parts Smarts – randomly divide people, do not divide by gender. Adjust gendered language in the questions and answers. Change handout titles and your own language from “Male Sexual System” to “Sexual System Assigned Male at Birth” and “Female Sexual System” to “Sexual System Assigned Female at Birth.”

Session 2, Workshop 4: Mini-Lecture and Discussion – remove gender from descriptions of responses, e.g., “A person experiences erection...” rather than “A man experiences erection...” Adapt Sexual Dysfunction discussion similarly.

Session 2, Workshop 5: Reproductive and Sexual Healthcare: To the Sexual Health care discussion, include suggestions for accessing healthcare when someone lacks insurance, family support, or transportation. Remove gender from Virtual Field Trips scripts. Offer suggestions for talking to a provider about sexual orientation and the possible need for contraception, barrier protection, HPV vaccination, or PrEP (pre-exposure prophylaxis) taken to prevent getting HIV, and PEP (post-exposure prophylaxis) used after unprotected sex.

Session 2, Workshop 6: AIDS and Other STDs: Change STDs to STIs (infections, not diseases). How serious is the threat of an STI to Me? Add to steps 9 and 10 a note that statistically, more than half the people in the US will have an STI in their lifetime, so there is no need for embarrassment or stigma. Mini-Lecture – Explain that most STIs do not have obvious symptoms until they are advanced. Aside from abstaining from higher-risk behaviors, the best forms of protection are to consistently use barrier protection, to use preventive vaccine and medication if appropriate, and to have regular STI tests (between partners or at last every six months for those sexually active).

HIV/AIDS Quiz, Leader Resource 5: In Section A, revise the answer to Question 8: No, but antiretroviral treatment can reduce a person’s viral load (amount of HIV present) to undetectable levels, which means they cannot pass HIV to others. This also keeps their immune system healthy, reducing the health impacts of the virus. In Section B, revise the answer to Question 4 (a) to HIV can be transmitted through the mouth, but not through saliva. Tiny cuts in the mouth can be points of entry for many infections, including HIV, which could be transmitted to these cuts through blood, breast milk, pre-cum/semen, vaginal secretions, and feces. Condoms and dams during oral contact lower risk. In Section C, revise the answer to Question 11: If an HIV+ (positive) person has access to and can maintain antiretroviral treatment, the amount of HIV present drops so low HIV cannot be transmitted. If the person stops treatment, they will be able to transmit the virus again. Also, sometimes the treatment’s efficacy changes over time, or certain substances can interfere with how the treatment works. Revise answer to Question 14 to: People with access to healthcare and antiretroviral treatment are not

more likely to die of HIV. Untreated HIV can develop into AIDS, which means the immune system is too weak to fight even common colds. Intense infections are often the cause of death.

HIV/AIDS Facts, Leader Resource 6: The text only refers to Latex condoms, but now they are also made of polyurethane, polyisoprene, and nitrile (internal condoms only), and lambskin. Lambskin condoms prevent pregnancy, but they don't protect against all types of STIs. Remove gendered language and statistics (they are outdated). To the discussion of who is at risk (bottom of page 69), mention PrEP and PEP as ways to decrease risk (see Workshop 5 updates for details).

Session 3, Workshop 7: Remove associations among gender, pregnancy, and contraception. Replace Handout 9, Contraceptive Facts with updated information about contraceptives from <http://www.CDC.gov> <https://www.cdc.gov/reproductivehealth/contraception/index.htm> or from Planned Parenthood <https://www.plannedparenthood.org/>

Session 3, Workshop 8: Remove associations among gender, anatomy, or types of condoms. To Contraceptive Scenarios, include suggestions for how teens can access care near you if they lack parent support, insurance, or transportation. When discussing the internal condom (not "female condom") explain that these require a prescription from a healthcare provider but may also be available from health clinics for free.

Session 4, Workshop 11: These activities will require time to adapt so they include all genders and avoid either/or thinking about gender roles. Do not divide your group by gender.

Session 4, Workshop 12: See Universal Changes section above for language notes. Omit the story about X, which implies people grow into one gender or another

Session 4, Workshop 13: See Universal Changes section above for language notes. Either eliminate the Forced Choice activity or create new statements for Leader Resource 12, Statements for Forced Choice Exercise.

Session 5, Workshop 14: Remove associations among conception, pregnancy, and gender. Include information about assisted reproductive technologies <https://www.medicalnewstoday.com/articles/assisted-reproductive-technology>

Session 6, Workshop 17: Update language to avoid gender binaries.

Session 6, Workshop 18: Replace this workshop with either Workshop 11, Sexuality and Disability, in Our Whole Lives for Grades 7-9, 2nd ed. or by adapting Workshop 10, Reframing Sexuality, Disability, and Chronic Illness in Our Whole Lives for Older Adults.

Session 6, Workshop 19: Adapt Handout 11, How I Feel to include options to be asexual or aromantic. Add consensual non-monogamy and polyamory. Delete polygamy/polyandry. Change gay/lesbian "marriage" to same-sex marriage or unions.

Session 7, Workshop 21: Omit the Touch activity if participants indicate discomfort with touching hands.

Session 7, Workshop 22: Reframe the conversation to be about genders other than your own, as opposed to "the other," since there are many gender identities.

Session 8, Workshop 24: Omit the With Whom Would You Do It activity.

Session 8, Workshop 25: Before inviting people into the fishbowl discussion, explain what topics they will be discussing, and remind them they can pass on the opportunity to be inside the circle if they wish. Update gender language in Leader Resource 19, Myths and Facts About Sex and Masturbation.

Session 9, Workshop 28: For the Power Walk, divide your group randomly, not by gender.

Session 9, Workshop 29: For the Fishbowl, divide your group randomly, not by gender.

Session 10, Workshop 32: Consider inviting in a guest speaker from a health center offering a full range of reproductive health services. Choose carefully, since some anti-choice centers disguise themselves as full service. If using the workshop, remove gender, since anyone with a uterus may face unintended pregnancy. Change names in the role play to gender neutral. Replace the Abortion Mini-Lecture with these videos about two types of medical abortion: <https://www.plannedparenthood.org/learn/abortion/the-abortion-pill> ; “Medical Abortion” (1:49 minutes), youtube.com ; and “[How does surgical abortion work?](#)” (3:02 minutes), youtube.com. Prepare for the session by identifying how abortion pills can be accessed locally or via the internet.

Session 10, Workshop 33: Adapt the Forced Choice Case Studies in favor of reviewing information previously covered on assisted reproductive technologies <https://www.medicalnewstoday.com/articles/assisted-reproductive-technology> and discussing the ways ART can be useful or when it might create ethical dilemmas. Refer to the case studies to help you guide the discussion, but avoid direct use because they do not include all newer options and are gender binary.

Session 11, Workshop 35: Replace the Avoiding Date Rape activity with Two Sides to Every Story. Use the new processing questions provided with it. This new activity follows this list of Recommended Updates.

Session 12, Workshop 37: Replace the Gay Rights Posters activity with a discussion of this video about coming out. “Dear Straight People.” (3:19) <https://www.youtube.com/watch?v=5frn8TAlew0> Another option is this video about coming to understand one’s orientation “How Do You Know You’re a Lesbian?” (6:32)

<https://www.youtube.com/watch?v=CDBxEiuXEA8> A longer video option is “Being Gay in Tennessee Wasn’t Always Easy” (26:08) <https://www.youtube.com/watch?v=OGDZS2H-ssk>

If your group believes it’s easy to come out because everyone understands LGBTQIA issues, encourage them to think beyond their own personal experience or community. Include discussion of how homophobia remains a reality throughout the US and how it especially harms people with intersecting identities of race, orientation, etc.

Session 12 Workshop 38: Omit this workshop.

Two Sides of the Story (30 minutes)

(A replacement for the Avoiding Date Rape activity in Session 11, Workshop 35, OWL for Grades 10-12, 1st ed.)

Introduce the activity by saying, “Even when two people like, trust, and are attracted to each other, consent matters. This activity will allow us to discuss what it means to not only consent but also to be capable of giving consent in the moment. Remember to practice self-care if you become troubled by the stories you hear here. We’re available to support you.”

Distribute copies of the Ali’s Story Handout, invite volunteers to take turns reading the story aloud. After you have read the story, ask the participants the following questions:

- How do you think Ali feels about this encounter?
- What do you think Ali wanted to happen when they started out the evening?
- What were Ali’s boundaries in this situation?
- Was this a consensual encounter? Why or Why not?

Distribute copies of the Handout Kaden’s Story. Ask volunteers to take turns reading the story aloud. After you have read the story, ask participants the following questions:

- How do you think Kaden feels about this situation?
- What do you think Kaden wanted to happen when they were starting out the evening?
- What were Kaden’s boundaries in this situation?
- Does hearing Kaden’s side of the story change your opinion as to whether this was a consensual encounter? Why or why not?
- What do you think should have happened when Ali’s wants conflicted with Kaden’s boundaries?

If time allows, continue with some of the following questions:

- What are some things someone can do to make sure their partner is consenting?
- What are some reasons a person might not speak up or resist even though they don’t want to have sex?
- What is something you can do if you are feeling pressured in a sexual situation?
- What is something you can do if you are wondering if you might be pressuring someone else in a sexual situation?

HANDOUT: ALI'S STORY

When I first met Kaden, I couldn't believe someone who'd just started college could be so smart and together. Also? Super hot! All my friends thought Kaden was hot too. When they found out Kaden had agreed to go out with me, I knew they were impressed. After our first date, I kissed Kaden at the end. I totally wanted to do more, but I wanted to treat Kaden with respect, so I just left after that.

I wanted our second date to really be something. I suggested going to this really nice restaurant in town and Kaden was totally into it. I took two hours to get ready that night. Like, I really went all out. When I met Kaden, they looked incredible too! I was so proud to be out with someone that hot.

I wanted to impress Kaden, so I got a hold of a really expensive bottle of wine for us to share before we went to dinner. I think it worked! We totally lost track of time and ended up drinking the whole thing. Kaden was smiling and happy and relaxed. At the restaurant, I made sure to really listen and ask questions about what Kaden was saying. It worked like a charm. Soon we were kissing as much as we were talking. I really wanted to invite Kaden back to my place, but I didn't want to be offensive by making a move too soon. We finished dinner. Then I decided to go for it. "Do you want to come back to my apartment and hang out for a bit?" Kaden said yes!

When we arrived, my roommates were hanging out. We all had some drinks, but it really wasn't what I had in mind for the rest of the evening. I invited Kaden back to my room, and again they agreed. Was this going to happen?

I didn't just want quick and meaningless sex. I wanted it to be romantic. I put on a playlist I'd downloaded. I invited Kaden to dance. Just moving together with their body pressed against mine had me turned on. The wine and beer had me feeling good and loose. At one point, Kaden stopped and said they should leave. "Leave," I said, "Why? Did I do something wrong?"

No, no," Kaden told me, "I'm having an amazing night!" I could see from Kaden's eyes and smile they were telling the truth. "Stay," I pleaded. Kaden giggled and so did I.

"Okay," Kaden agreed eagerly. I knew they wanted me as much as I wanted them.

We danced a little more and then we really started making out. I was so turned on, I was dying to feel Kaden's body, to make them feel as good as I was feeling. I put my hands inside Kaden's pants. They pulled back, but they weren't mad. Okay, I could always try again in a little while. We went back to kissing some more. I laid us onto my bed. I wanted Kaden so, so badly and I could tell by the way Kaden was moving against me, that they wanted me just as badly.

It was time. I reached for Kaden's pants and pulled them down. Kaden didn't say no or pull away. I couldn't wait anymore. I closed my eyes and brought our bodies together.

HANDOUT: KADEN'S STORY

Ali and I were going on a second date. I was so excited! I'd only been at college for a month and I'd already met this amazing person! Ali was so hot, two years older, an honor student and captain of the soccer team. They were so sweet on our first date - really nice and thoughtful. Ali even walked me back to my dorm at the end. We kissed, and it was amazing!

I wanted to look great for our second date, so I really turned it out! Ali had brought over a really expensive bottle of wine for us to share before dinner. I don't usually drink much but it was so good, we finished the whole thing. We went to a fancy restaurant and Ali insisted on paying. Ali was so much fun to talk to - funny and insightful. We kissed several times over dinner, and I felt incredible. I didn't want to get carried away, but I started thinking Ali was someone I could really be with. I seriously never wanted the night to end! When Ali asked me if I wanted to come back to their place, I said yes right away.

Ali's roommates were there when we showed up. We hung out with them for a bit, had some beers and chatted. Ali and I couldn't stop looking at each other, flirting and touching one another in little ways. Ali asked me if I wanted to go their room to hang out. "Sure," I said.

Ali loaded up a cool, jazzy playlist. I'd never heard that music before, but it was sexy and soulful. Ali asked me if I wanted to dance. As we moved together, Ali started rubbing my back. I felt sexy and content. I wanted to stay like that forever. I wasn't ready for sex yet, but I was starting to feel pretty horny. I didn't want to lose control and do something I didn't really want. I pulled away and told Ali I should probably go home. Ali seemed hurt. "Why? Did I do something wrong?"

"No, no," I said quickly, "I'm having an amazing time!"

"Then, stay," Ali insisted, "Just a few minutes longer." Ali's words were a bit slurry and I couldn't help but smile.

"You're drunk," I giggled.

"So are you," they replied with a smile. "C'mon. Just a few more minutes." "Okay," I agreed.

We started dancing again. And then kissing. It felt really good. We started making out. I felt Ali's hands inside my pants, and I pulled away. Even though it felt good physically, things were happening a little too fast for me. "No," I whispered. Ali kissed me again and that was okay. Kissing was okay. After a couple more minutes, Ali laid me down and climbed on top of me. "No," I tried to say again, but another kiss came a muffled my words. Again, I could feel Ali's hands in and against my pants, trying to push them down. Suddenly, I felt dizzy. I tried to squirm away and couldn't. My pants were being yanked down. I could feel myself panicking. I tried to say stop but Ali's mouth was covering mine. Moments before I'd been happy and excited, but now my brain felt like it was detached from my body, spinning out of control. And all the while Ali was pushing against me.