

Recommended Updates to Our Whole Lives for Young Adults, 1st ed.

Our Whole Lives: Sexuality Education for Young Adults, 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@uua.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.”

Video Recommendations

Videos can be used throughout the curriculum to update content. The following are general topics and online options:

- 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. “Denice Frohman - Dear Straight People” (3:19) <https://www.youtube.com/watch?v=5frn8TAlew0>
- 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 Tsiaras (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, and many will benefit from including new videos and online resources.

Workshop 1, Young Adults and Sexuality: Add pronouns to the nametag activity. To the discussion of OWL Assumptions, note that “All persons are sexual” does not mean all persons are sexually active or interested; rather, we all have bodies to care for, decisions to make about sex and relationships, an understanding of our gender or agender identity, we are all affected by societal messages and the potential for sexual harassment and more.

Workshop 2, Mind and Body: 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.” For Body Image and Feelings, explain that the writing of feeling cards and hearing them read may trigger painful memories, so self-care should be practiced.

Workshop 3, Sexual Pleasure: For updated resources, see https://www.uua.org/files/2021-08/at_home_sex_%20ed_resources_%20grades_7-%20adults.pdf Access vulva puppets at <https://vulvapuppet.com> Remove gender from descriptions and handouts related to sexual anatomy. In the About Masturbation activity, add “lack of interest” and “medical challenges” to the list of reasons people may not want to masturbate. Reword “reasons for not masturbating” to “reasons some people may not want to masturbate.”

Workshop 4, Keeping Your Body Healthy: Use the updated Continuum of Risk activity provided at the end of these Recommended Updates. Introduce the term “risk aware sex” as a way of making decisions based on one’s awareness of potential risks and degree to which they are comfortable with their own and a partner’s level of risk. Refer to the Centers for Disease Control for updated contraceptive information <https://www.cdc.gov/reproductivehealth/contraception/index.htm> and for updated sexually transmitted

infections information

<https://search.cdc.gov/search/index.html?query=sexually%20transmitted%20diseases&dpage=1> Change STDs to STIs (infections, not diseases). 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. 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). If using Handout 4, discuss the fact that medical exams are needed based on anatomy, not gender. Handout 7 should be updated to note that lubes unsafe for Latex condoms are also not advised for polyisoprene condoms. Oils may be used with polyurethane condoms. Include suggestions for accessing healthcare when someone lacks insurance or transportation. 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.

Workshop 5, Exploring Gender: Your group will likely include people with a range of understandings of their own and other's gender. They may be best served by screening and discussing the videos listed in the Resources section above. Do not use the Stories from People Who Are Transgender, as they are outdated.

Workshop 6, Sexual Orientation: Do not use the card activity in What Wouldn't We Know? To Being a Supportive Ally, include discussion of intersectionality and the fact that people who are Black, Indigenous and people of color hold multiple identities that increase the potential for discrimination and harm due to homophobia, biphobia, and transphobia. Read background material here: <https://pages.stolaf.edu/doingfeminismtoday/intersectionality-basics/>

Workshop 7, Communication: In the Identity and Communication Styles activity, omit the first step related to gender- and orientation-related communication styles.

Workshop 11, Family Matters: Include information about assisted reproductive technologies <https://www.medicalnewstoday.com/articles/assisted-reproductive-technology> 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. Consider these videos on 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.

Continuum of Risk

(Use this to replace outdated material in *Our Whole Lives for Young Adults*, 1st ed.)

Studies show that one of the best ways to reduce risk-taking behavior in terms of HIV and other STIs is to educate people about the real risk, or lack thereof, involved in different sexual acts. The approach of saying “it’s all dangerous” can inadvertently result in more risk taking. This exercise is designed to get participants talking about the relative risk of contracting STIs from various sexual behaviors and to give people knowledge about risk levels in order to make informed decisions about what sexual activities they will and will not engage in.

This topic is covered in *Our Whole Lives Sexuality Education for Young Adults*, Workshop 4 (Keeping Your Body Healthy), which starts on page 39 of the curriculum. The Curriculum Modeling here is not identical to what you will find in your manual on pp. 43-44; this version has been updated slightly. The most significant change is that Handout #5, “Sexual Activities and STD Risks” is no longer distributed. The information contained in that handout is out of date, and handouts like that are no longer necessary when up-to-date sexually transmitted infection (STI) information can be easily looked up online. As an alternative, Facilitator Resource: Continuum of Risk Guide has been added, which can be used as a simple reference guide when processing the risk continuums.

Time

30 Minutes

Materials

- Newsprint and markers. You will need enough newsprint to make two long Continuum of Risk sheets, either from a continuous sheet of newsprint or by taping together several sheets.
- 5" x 8" index cards (at least two sets of ten) and low-stick masking tape, or 5" x 7" self-stick notes
- Condoms to give to participants (at least one per participant)

Preparation

- Spent some time on visiting the STI section of these websites:
 - American Sexual Health Association: <http://www.ashsexualhealth.org/stdsstis/>
 - Wikipedia’s STI page: https://en.wikipedia.org/wiki/Sexually_transmitted_infection
 - Centers for Disease Control: <http://www.cdc.gov/std/>
- Get a sense of what these websites have to offer in terms of information about protecting oneself and one’s partners from HIV and STIs, and which sites you’d be most likely to recommend to others.
- Read Facilitator Resource: Continuum of Risk Guide and be familiar enough with the content to reference it as needed.
- If you’re not already knowledgeable, read up on these sites about how Hepatitis A and B are transmitted (and the vaccines available for them), and also how HPV is transmitted (and the vaccines available for it).
- Create a newsprint chart with the sites and links above to share with the group. Hang it on the wall in a visible location.

- Choose a blank or nearly blank wall area (or chalkboard, whiteboard, bulletin board) to use for the Continuum of Risk activity. Ideally, you should have at least five feet of newsprint for each continuum. For both, label one end of the continuum “Minimum Risk”). Label the opposite end “Maximum Risk” and with a marker mark the midpoint. Hang the two continuums lining them up one above the other.
- Write the following phrases in large letters on 5” x 7” self-stick notes (or index cards):
 - Kissing on the mouth (the kind of kissing in which saliva is shared)
 - Touching partner’s genitals with hands, without penetration by fingers
 - Rubbing genitals against genitals without penetration—fluids may be shared
 - Sharing a sex toy
 - Oral sex on a vulva
 - Oral sex on a penis with ejaculation
 - Oral sex on an anus (rimming)
 - Finger(s) inside partner’s vagina or anus
 - Penile-vaginal intercourse
 - Penile-anal intercourse
- If you are using index cards instead of self-stick notes, tear off as many pieces of low-stick masking tape as you have cards, and set them aside.

Activity

1. Depending upon the size of your group, ask participants to form groups of two or three or to work singly.
2. Hand out the self-stick notes or index cards on which you have written various sexual activities (see Preparation, above). Give one or more to each group until all are distributed. If you are using index cards, also provide the pieces of masking tape you set aside earlier.
3. Explain to the participants that they are to consider where on the Risk Continuum they will place their card IF they do not know their partner’s sexual history/health AND they are not using a condom or other protective device such as a dental dam or glove, or in the case of sharing a sex toy, for this round assume it was also not washed before sharing.
4. Ask participants to place each card along the continuum based on the perceived risk involved in that activity. Participants may choose to adjust the placement of their cards as they see other participants’ cards.
5. When all the cards have been placed on the continuum, ask participants to discuss any questions they have about the placement of the various cards. Talk as a group about whether a card needs to be placed in a different spot along the continuum. If others object to the new placement, discuss the reasons why and find a more suitable spot for the card. You can use Facilitator Resource X for reference during this discussion.
6. Invite participants to take some time looking at the continuum. Do they notice any patterns in the location of the cards?

7. Make the point, if it hasn't already been mentioned by a participant, that even without using a condom or discussing sexual history, some activities are still quite low risk.
8. Now invite participants to "Put a condom on" their activities. Pass out the second set of activity cards (which duplicate the first set) and condoms—one per participant—to signify this change. The participants will now tape the condom to the card, signifying that some barrier method would be used in the activities on their cards. **Ask the participants with the cards for "kissing," "rubbing genitals," and "touching genitals with hands" to imagine those activities taking place in the safest way possible, since latex barriers aren't typically used for those activities.** Ask participants to articulate what those ways are.
9. When all the cards have been placed on the continuum, ask participants to discuss any questions they have about the placement of the various cards carrying condoms. Talk as a group about whether a card needs to be placed in a different spot along the continuum. If others object to the new placement, discuss the reasons why and find a more suitable spot for the card. During this discussion, you can reference the Facilitator Resource: Continuum of Risk Guide as needed.
10. Invite participants to take some time looking at both continuums. Do they notice any difference in location of the cards on the continuum with no barrier protection and the one with protection?
11. Point out to the participants that they can learn more about STIs and strategies for prevention, online, especially at these three websites, and reference your list on the wall. Tell them it can be useful for clarifying questions about transmission and risk, as well as learning about STIs with which they may be less familiar.
12. Ask, "What STIs can be transmitted sexually even when a condom is used correctly?" Explain that genital herpes and human papillomavirus (HPV) are viral infections that are not fully protected against by the use of a condom. They can live on the vulva, perineum, and scrotum and can be transmitted by skin to skin contact, such as rubbing genitals together. Studies have shown that condom use reduces the risk of their transmission but does not eliminate it.
13. Ask, "What is the safest option for avoiding STIs in all of these situations?"
 - Abstinence from sexual activity will certainly be mentioned as the most effective method. When discussing abstinence, be sure that participants clarify what they would be abstaining from to protect themselves and their partner.
 - Testing followed by mutual monogamy may also be mentioned. Be sure to clarify that due to latency periods and the asymptomatic nature of some STIs, it is possible for STIs symptoms to emerge in the midst of a mutually monogamous relationship.
14. Ask, "What are two actions you can take to reduce risks in future sexual behaviors?"
 - Make sure the following things are mentioned: abstain from riskier behaviors; use barrier methods such as condoms; communicate with partners about sexual history, sexual health, and history of injection drug use; get tested.

Facilitator Resource: Continuum of Risk Guide

Below we've provided some information that may be helpful in determining where a particular card should be placed along the continuum. You may find this useful when processing the activity with your group. What's listed here is not meant to be a definitive guide to the risks of a particular activity, but rather just a few key points to further the conversation.

Round 1 (don't know sexual history; not using barrier)

- Kissing on the mouth (the kind of kissing in which saliva is shared): minimal risk. While kissing most famously known for spreading some infections, like mononucleosis, it is of minimal risk for STIs and no risk for HIV. There has never been a report of HIV transmission through contact with saliva.
- Touching partner's genitals with hands, without penetration by fingers: minimal risk. The intact skin of the hand provides a good barrier against STIs.
- Rubbing genitals against genitals without penetration—fluids may be shared: some risk. Genital-genital contact can spread STIs that are transmitted by skin-to-skin contact, like herpes and HPV.
- Sharing a sex toy without cleaning it in between: some risk. STIs such as chlamydia, syphilis, herpes, and HPV can be transmitted on the toy.
- Oral sex on a vulva: risky. Unprotected oral sex on a vulva can transmit herpes, HPV, chlamydia, gonorrhea and syphilis, among others. HIV transmission through oral sex on a vulva is very rare, but not impossible.
- Oral sex on a penis with ejaculation: risky. Unprotected oral sex on a penis can transmit herpes, HPV, chlamydia, gonorrhea and syphilis. HIV transmission through oral sex on a penis is rare, but not impossible—ejaculation increases the risk for the person performing oral sex since semen can contain HIV.
- Oral sex on an anus (rimming): risky. Hepatitis A is spread through oral-fecal contact. HPV, herpes, and other STIs can also be spread this way.
- Finger(s) inside partner's vagina or anus: low risk. The intact skin of the hand provides a relatively good barrier against STIs. Some people have small cuts on their hands due to dry hands, paper cuts, or minor injuries that can increase risk. Washing hands afterwards reduces risk of wandering fingers carrying infection to another part of the body.
- Penile-vaginal intercourse: risky. Unprotected penile-vaginal intercourse is a major source of HIV and STI transmission.
- Penile-anal intercourse: most risk. Unprotected penile-anal intercourse is a major source of HIV and STI transmission. In terms of HIV transmission, it's particularly high risk for the receiving partner.

Round 2 (using condom/barrier or engaging in least risky manner)

- Kissing on the mouth (the kind of kissing in which saliva is shared): minimal risk. Given that there is no practical way to have a barrier during kissing, most people either accept already minimal risk of kissing without one or chose not to have kissing by something they engage in they are concerned about a particular type of risk (such as not kissing someone who has cold sores).
- Touching partner's genitals with hands, without penetration by fingers: minimal risk. Wearing gloves when touching a partner's genitals brings the risk to essentially zero.
- Rubbing genitals against genitals without penetration—fluids may be shared: minimal risk. In this case, using some sort of barrier would virtually eliminate all risk.

- Sharing a sex toy without cleaning it in between: minimal risk. In this scenario the sex toy would be cleaned, and/or the condom would be changed. Therefore, there's very minimal risk here.
- Oral sex on a vulva: Minimal risk. Dental dams or saran wrap provide strong protection against the transmission of any STIs.
- Oral sex on a penis with ejaculation: minimal risk. Wearing a condom during oral sex protects both the person with the penis and their partner.
- Oral sex on an anus (rimming): minimal risk. Dental dams provide strong protection against the transmission of any STIs while rimming.
- Finger(s) inside partner's vagina or anus—minimal risk. Wearing gloves when touching a partner's genitals brings the risk to essentially zero. Just be sure to take the glove off immediately after using and not touch other body parts.
- Penile-vaginal intercourse: minimal risk. While condoms aren't perfect, they dramatically reduce the risk of HIV infection and the transmission of other STIs. An HPV or herpes infection could be spread through skin-to-skin contact in areas that are not covered by the condom (the base of the penis, the area around the testicles and around the vulva).
- Penile-anal intercourse-: minimal risk. Condoms dramatically reduce the risk of HIV infection and the transmission of other STIs. An HPV or herpes infection could be spread through skin-to-skin contact in areas that are not covered by the condom (the base of the penis, the area around the anus and the perineum).