

Healthy sexuality for sexual violence prevention:

A report on promising curriculum-based approaches

Produced by the Virginia Healthy
Sexuality Workgroup

Virginia Sexual & Domestic Violence Action Alliance



Virginia Sexual and Domestic Violence
ACTIONALLIANCE

Healthy sexuality for sexual violence prevention:

A report on promising curriculum-based approaches

“[Let’s make sure] youth gain the knowledge, life principles and skills they need to express their sexuality in life-enhancing ways”

– Our Whole Lives website

Healthy sexuality can be defined as the capacity to understand, enjoy, and control one’s own sexual and reproductive behavior in a voluntary and responsible manner that enriches individuals and their social lives. Sexuality is an integral part of the human experience with physical, emotional, intellectual, social, and spiritual dimensions. Creating opportunities in which people can explore their own sexuality in a positive and healthy manner is crucial to achieving a culture where sexuality is regarded as a force for well-being in each of our lives. A culture that is incompatible with sexual violence because of a deeply-shared belief that sexuality should be a positive force in every person’s life.

This report is a result of the on-going efforts by the Virginia Sexual & Domestic Violence Action Alliance (Action Alliance), and a product of Virginia’s Healthy Sexuality Workgroup which includes representatives from Advocates For Youth, Planned Parenthood of Metropolitan Washington DC, Big Brothers Big Sisters, the Virginia Anti-Violence Project, NARAL Virginia, the Action Alliance, and several local sexual violence prevention agencies, such as the Collins Center and SARA of Alexandria. Several representatives from relevant state government offices provided technical guidance. The general purpose of this workgroup is to find links between primary sexual violence prevention and sexual health promotion, to determine each field’s evidence base, and discuss how to best deliver the vital information offered by both fields to youth in Virginia.

Prepared by: Brad Perry, Action Alliance Sexual Violence Prevention Coordinator on behalf of Virginia’s Healthy Sexuality Workgroup and the Virginia Sexual & Domestic Violence Action Alliance.

Introduction

An article in a 2005 issue of **Moving Upstream: Virginia's Newsletter for the Primary Prevention of Sexual & Intimate Partner Violence** marked the official beginning of the Action Alliance's exploration of a healthy sexuality paradigm intended to enhance primary sexual violence prevention efforts. In the years that followed, the Action Alliance increasingly saw the potential of this framework, incorporating it into the statewide strategic plan for sexual violence prevention, including it in the primary prevention guidelines document, exploring it further in subsequent issues of *Moving Upstream* and in the development of a professional training, and securing endorsement of an official definition by the Action Alliance Membership.

In 2010, the U.S. Centers for Disease Control & Prevention (CDC) endorsed a congruent vision of sexual well-being and how to achieve it. The release of a green paper entitled **A Public Health Approach for Advancing Sexual Health in the United States: Rationale and Options for Implementation** heralded the arrival of a new movement for healthy sexuality in the United States, and the Action Alliance was invited to send a representative to the national consultation meeting to help shape the CDC's long-range plan on this issue. Participation in that meeting - and the exposure to a wider national context for healthy sexuality work it afforded - significantly influenced the subsequent healthy sexuality work in Virginia by showing us how it might be strategically directed to do the most good.

The most recent Virginia-based project in this progression is the formation of Virginia's Healthy Sexuality Workgroup (VHSW), a multi-organization collaboration made up of representatives from Advocates For Youth, Planned Parenthood of Metropolitan Washington DC, Big Brothers Big Sisters, Virginia Anti-Violence Project, NARAL Virginia, the Action Alliance, and several local sexual violence prevention agencies, such as the Collins Center and SARA of Alexandria. Several representatives from relevant state government offices provided technical guidance.

VHSW meets 3-4 times per year to find links between primary sexual violence prevention and sexual health promotion, and identify issues that could benefit from increased collaboration. In 2010, VHSW has also been specifically tasked with researching existing programs that promote (or have the potential to promote) healthy sexuality, and determining evidence-informed criteria for prioritizing and recommending these programs. This report addresses these 2010 objectives, and provides suggestions for future directions of this workgroup.

Researching Existing Healthy Sexuality Resources

In January of 2010 Action Alliance staff began compiling a descriptive list of programs that potentially contained healthy sexuality content. In this context, “healthy sexuality” means that a program addresses both sexual health promotion and primary sexual violence prevention. Through the use of online prevention communities such as Prevent Connect, as well as web-based search engines like GoogleWeb, GoogleScholar, and YouTube, Action Alliance staff identified approximately 35 healthy sexuality resources including curricula, curricula guidelines, activity guides, policy initiatives, and media (e.g., brochures, posters, television and online advertisements or campaigns) .

These healthy sexuality resources were entered into a spreadsheet along with key pieces of information such as, format, publisher/creator, brief description, target population (age or other), objectives (if available), availability and cost (if any), year published, and website. Action Alliance staff then reviewed all resources, noting any crossover (e.g., a brochure that was actually part of a larger, already listed program, a unit that is actually an addendum to a larger curriculum, etc.), and paid particular attention to how current and comprehensive any given resource appeared to be. After reviewing each resource, 27 were chosen to be presented to the first meeting of the VHSW .

The first meeting of the VHSW took place on May 21, 2010. Workgroup members were briefed on primary sexual violence prevention and the background and philosophy of the Action Alliance’s healthy sexuality work. Action Alliance staff then shared the healthy sexuality resources, facilitated discussion about each one, and asked the members if anything appeared to be absent and how the group would like to prioritize further examination of these resources. The group agreed that the catalog of resources appeared to be comprehensive, and expressed a desire to focus on curricula and activity guides . Furthermore, the group wanted to put a particular focus on those curricula and activity guides containing a large amount of quality information on both sexuality and sexual violence (or at least that curricula contained quality information on sexuality in a manner that sexual violence prevention content could be easily incorporated). The group identified 9 resources that seemed to warrant further attention based on this preference.

Following this meeting, Action Alliance staff further researched these 9 resources and determined that only 6 met the preferences outlined by the group. All three of the curricula eliminated from further review put emphasis solely or mostly on preventing sexual violence, and lacked meaningful information on sexual health or sexuality in general. The VHSW members were contacted via email and informed of the 6 healthy sexuality resources that appeared to merit further consideration. Feedback was also solicited on additional criteria for determining how promising each of these curricula or activity guides might be for delivering effective primary sexual violence prevention / healthy sexuality promotion messages.

Criteria for Selecting Promising Healthy Sexuality Programs

The Action Alliance's **Guidelines for the Primary Prevention of Sexual & Intimate Partner Violence** were introduced during the first meeting of the VHSW, and were highly regarded. VHSW members suggested that selected guidelines from this document should be part of the criteria used to determine the extent to which a given curriculum satisfies certain established, research-based prevention principles. The relevant guidelines were 1, 2, 3, 4, 6, and 7. Action Alliance staff added another item to assess whether a program's focus appeared to be on preventing harmful/risky behaviors before they develop or occur (i.e., Is the tone of the program consistent with a primary sexual violence prevention approach?).

The VHSW met on August 25 and assessed the 6 selected healthy sexuality programs according to these criteria. Those 6 programs were:

- 1) "Our Whole Lives Lifespan Sexuality Education Curricula" from the Universalist Unitarian Association.
- 2) "Life Planning Education: A Youth Development Program" from Advocates For Youth.
- 3) "Care For Kids" from the Leeds, Grenville, & Lanark Health District in Ontario, CA.
- 4) "F.L.A.S.H. Curricula" from the King County Office of Public Health (King County, WA.)
- 5) "Keeping It Real!: A Faith-based Model for Teen Dialogue on Sex & Sexuality" from Religious Coalition for Reproductive Choice.
- 6) "Promoting Healthy Sexuality: Activities and Resources for Classroom Teachers" from the Family Planning Association of Maine.

VHSW members broke into 3 small groups and each group examined 2 programs each. The groups were provided with reports on their assigned programs which included an overview, a table of contents, lesson descriptions, and sample content (where possible). VHSW used the assessment tool from the **Guidelines for the Primary Prevention of Sexual & Intimate Partner Violence** and the aforementioned primary prevention question to ascertain the strengths and weaknesses of each program. The VHSW reconvened as a large group, reported out, and discussed each program. In a few cases, information about a particular aspect of a program was not available, and thus further research was requested for certain specific program aspects. A question that emerged for 5 of the 6 programs concerned the extent to which any of these programs have been evaluated for outcomes. Action Alliance staff contacted the parent organizations of these programs to obtain answers to this, and several other questions.

Adjusting for the additional information obtained following the August VHSW meeting, all of the programs except for **Keeping It Real** scored high to moderately high on the guidelines assessment. More information about **Keeping It Real** might be forthcoming because the position in charge of overseeing it is currently vacant. For this reason, **Keeping It Real** cannot currently be recommended for further consideration, though it certainly contains content that some prevention/health educators might find useful, particularly if working in certain Christian-based faith settings.

At this time none of the 6 programs have been evaluated for outcomes/intended impact. **Our Whole Lives** and **F.L.A.S.H.** are both about to take part in a 3-year longitudinal outcome evaluation process. Also, **Care For Kids** conducted local process evaluations about 10 years ago, and that data is fairly compelling (though dated). An effort will be made to contact the few known local implementers of **Care For Kids** in the United States and gather any data they might have collected more recently. **Life Planning Education** contains a guide for how local affiliates can evaluate their implementation of it, and the VHSW is awaiting information from Advocates for Youth that will summarize evaluation findings from various implementations of that curricula. **Promoting Healthy Sexuality** has not undergone any evaluation, and according to its authors, there are no plans to ever formally evaluate its outcomes. It also contained sexual violence information that could be considered outdated in terms of a primary prevention approach. For this reason, **Promoting Healthy Sexuality** cannot currently be recommended for further consideration, though it certainly contains content about sexuality in general that prevention/health educators would likely find useful.

Promising Healthy Sexuality Curricula

For the reasons already described in this report, the following programs are being recommended as promising healthy sexuality curricula. The term “promising” is being used instead of “evidence-informed” due to the current lack of solid outcome evaluation for any of these programs.

1) “Our Whole Lives Lifespan Sexuality Education Curricula”

From: Universalist Unitarian Association

www.uua.org/religiouseducation/curricula/ourwhole/

Our Whole Lives is a series of sexuality education curricula for six age groups: grades K-1, grades 4-6, grades 7-9, grades 10-12, young adults (ages 18-35), and adults. Its goal is to help participants make informed and responsible decisions about their sexual health and behavior. It equips participants with accurate, age-appropriate information in six subject areas: Human development, Relationships, Personal skills, Sexual behavior, Sexual health, and Society and culture. Grounded in a holistic view of sexuality, **Our Whole Lives** not only provides facts about anatomy and human development, but also helps participants clarify their values, build interpersonal skills, and understand the spiritual, emotional, and social aspects of sexuality.

The curricula are based on the **Guidelines for Comprehensive Sexuality Education** produced by the **Sexuality Information and Education Council of the United States**. Each curriculum under **Our Whole Lives** offers:

- Up-to-date information and honest, age-appropriate answers to all participants’ questions
- Activities to help participants clarify values and improve decision-making skills
- Effective group-building to create a safe and supportive peer group
- Education about sexual abuse, exploitation, and harassment
- Opportunities to critique media messages about gender and sexuality
- Acceptance of diversity
- Encouragement to act for justice
- A well designed, teacher-friendly leaders’ guide
- Parent orientation programs that affirm parents as the primary sexuality educators of their children
- **Sexuality and Our Faith**, an optional religious component for Unitarian Universalist and United Church of Christ settings.

2) “Life Planning Education: A Youth Development Program” From: Advocates For Youth

www.advocatesforyouth.org/index.php?option=com_content&task=view&id=555&Itemid=177

Advocates for Youth’s popular family life education program, **Life Planning Education: A Youth Development Program**, includes chapters on sexuality, relationships, health, violence prevention, and community responsibility as well as chapters on skills-building, values, self-esteem, parenting, employment preparation, and reducing sexual risk. Packed with interactive exercises, supplemental leaders’ resources, participant handouts, and a complete guide to implementation, this resource is appropriate for use in schools and other settings for sexuality/life skills education, HIV prevention education, and pregnancy prevention. It is intended for use with youth ages 13-18, and also available in Portuguese, Polish, and Spanish.

Chapters, broken down by topic, include:

- Chapter 1: Who Am I and What Can I Do?
- Chapter 2: What Are My Personal, Family, and Community Values?
- Chapter 3: How Well Do I Communicate with Others?
- Chapter 4: What Are My Relationships with Others Like?
- Chapter 5: What Is Sexuality?
- Chapter 6: What Does Community Mean to Me?
- Chapter 7: What Are My Goals?
- Chapter 8: How Can I Make Good Decisions?
- Chapter 9: What Are Stereotypes and Gender Roles?
- Chapter 10: What Does it Take to Be a Good Parent?
- Chapter 11: Can I Keep Violence out of My Life?
- Chapter 12: How Can I Take Care of My Health?
- Chapter 13: What Reduces Sexual Risks?
- Chapter 14: How Do I Prepare for the World of Work?
- Chapter 15: Evaluation

3) “Care For Kids”

From: Leeds, Grenville, & Lanark Health District, Ontario, CA

www.healthunit.org/carekids/carekidppt/carekids.htm

Care For Kids (CFK) has both a health promotion goal – developing sexually healthy communities – and a sexual violence response/prevention goal – developing communities that can more effectively recognize and respond to the warning signs and indicators of child sexual abuse.

Designed to be flexible, CFK has existed in many forms over the past 15 years, but the most well-tested version is a 7-session, Pre-K-Third Grade curriculum for children and its companion program for parents and other key adults. This version of CFK starts by securing buy-in from adults in a given school or child care setting. The Leeds, Grenville and Lanark District Health Unit website contains a detailed overview of how the strategy should unfold (www.healthunit.org/carekids/jericho/LESSON02.htm#Care), but generally one must build rapport with a school or child care facility (including the parents of the children), assess their capacity to implement CFK, train these adults about sexuality, child sexual abuse, and the CFK program itself, address relevant policies and practices of the school/child care facility, and finally implement the 7-session curriculum with the children.

CFK bolsters its effectiveness by attending to the community and relationship levels of the social ecology before attempting to work with children at the individual level. By first enhancing the knowledge, attitudes, and skills of key adults, and addressing the policies and practices of the school/child care facility, CFK is able to create a supportive environment for the messages in the 7-session child-focused curriculum. The curriculum itself has been carefully composed to impart messages in an affirming and developmentally appropriate manner. The Health Unit website summarizes the key messages contained in the curriculum, and explains the rationale for each one. (See www.healthunit.org/carekids/jericho/LEARN.htm and scroll down to “Messages About Healthy Sexuality”.) Some of the messages that make CFK particularly unique include:

- “Our bodies are good and special, deserving of care and respect (including our genitals).”
- “Boys and girls have many parts that are the same, and a few parts that are different. All body parts have names and can be talked about respectfully.”
- “Babies need a lot of help, and deserve to be cared for and nurtured. Children, as they grow, can do more for themselves, but still need and deserve help with some things.”
- “Girls and women do not always have to be nice and helpful. Boys and men do not always have to be tough, and able to handle everything.”
- “Adults and older children have no business ‘playing’ with a child’s ‘private parts’. Sometimes adults need to help children with washing or wiping the ‘private parts’, but that’s not the same as playing with them.”
- “Adults and older children do not need help with their ‘private parts’.”

- “Sometimes we like to be touched and sometimes we don’t. It’s OK to say no to any kind of touching.”
- “We don’t touch a person who says ‘no touching’ or looks unhappy about being touched.”

Additionally, children are instructed on the anatomically correct names for their genitals, and are taught why the term “private parts” is sometimes used, differentiating “private” from “secret”. This candid child-focused content, combined with corresponding trainings and “homework” for parents, increases safety by undoing the shroud of secrecy and naiveté around sexuality exploited by many perpetrators.

4) “F.L.A.S.H. Curricula”

From: King County Office of Public Health (Washington)

www.kingcounty.gov/healthservices/health/personal/famplan/educators/flash.aspx

The Family Life And Sexual Health (FLASH) curriculum’s content is broken down into several mini-curricula according to developmental stage (Grades 4-6; Grades 7-8; Grades 9-10; Grades 11, 12, and College; also contains a Special Education Unit for secondary school-aged youth). FLASH is based on a health behavior change theory called the Health Belief Model, and addresses such issues as:

- Physical development
- Promotion of sexual health
- Prevention of disease
- Affection
- Interpersonal relationships
- Body image
- Gender roles

FLASH embraces an abstinence-based approach, as well as information related to the prevention of pregnancy, HIV, and other sexually transmitted diseases. At the same time, FLASH rests on a foundation of positive and healthy sexuality across the life span, while valuing family involvement and ensuring discussion about the wide spectrum of beliefs on sensitive issues. The curriculum at all grade levels honors students’ intelligence and avoids condescension. It is teacher-friendly, and updated lessons and parts of lessons can be down-loaded for free.

NOTE: At present, FLASH is being massively revised in both format and content. Please visit the URL above to see the latest updates. Additionally, it is about to undergo an independent evaluation. Mathematica Policy Research is embarking on a research project for the U.S. Department of Health and Human Services (DHHS). They are conducting a rigorous, longitudinal study of the effectiveness of FLASH, and will be partnering with Washington State researchers, as well, at the Center for Health Training Resource Group.

Recommended Healthy Sexuality Curricula At-A-Glance

Curriculum Name	Target Age Group	Languages Available	Setting, Companion Materials, Etc.
Our Whole Lives	5 yr-olds through “young adulthood”	English	Can be used in school or any youth setting; Includes parental engagement component Includes optional faith-based component; Currently undergoing rigorous outcome evaluation
Life Planning Education	13-18 yr-olds	English, Portuguese, Polish, and Spanish	Intended for school settings, but can be used in most any setting; Includes in-depth implementation guide; Entire curriculum can be downloaded for free online; Currently being revised
Care For Kids	4-9 yr-olds	English, Spanish*	Daycare settings, pre-school and elementary school classes; Includes parental engagement component; Includes daycare provider/teacher engagement component
F.L.A.S.H.	9-21 yr-olds	English, Family intro letter and high school family homework also available in: Arabic, Chinese, Russian, Spanish, and Vietnamese	School setting; Includes Special Education Unit for secondary school-aged youth; Includes Model policies and procedures, teacher guidance regarding best practices; Currently being evaluated by DHHS

*Spanish translation by The Collins Center in Harrisonburg, VA: <http://www.thecollinscenter.org/prevention/care-for-kids/>

Conclusion

The 4 curricula recommended by this report are consistent with a healthy sexuality paradigm (which includes primary sexual violence prevention), and should be considered promising methods of delivering educational outcomes to that effect. It is important to note that curriculum-based approaches should be considered part of a larger strategy that engages key relationships in the lives of youth, community norms and institutions, and broader policies and practices. The VHSW needs to assess media resources that can support this work, and identify community norms change programs that have shown promise in promoting healthy sexuality (if any exist). Continuing to search for healthy sexuality policy initiatives that are better conceived and more clearly evaluated would also be valuable.



Virginia Sexual and Domestic Violence
ACTIONALLIANCE

5008 Monument Avenue, Suite A
Richmond, VA 23230

804.377.0335
www.vsdvalliance.org
info@vsdvalliance.org