This handout is intended to accompany trauma-informed sex education presentations or workshops facilitated by Dr. Monica Faulkner, Lisa Schergen or other staff from the Child and Family Research Institute or Cardea. Due to time constraints, we cannot get through all of this material in shorter presentations. However, we are providing you with all our resources that are included in our long presentations. We are happy to share our materials, but ask that you please cite appropriately.
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There is not one “big talk”
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Deliver the message

Evaluation

Please complete our evaluation, tear it off and leave it for us before you leave
Moving to a new framework

Accept reality

Trauma impacts behavior.

People have sex.

&

Shift focus

Sex is scary and bad.

Sex is a normal part of being human.

Get comfortable

You are human.

Trauma informed framework for adolescent sexual health
Acceptance: What we know

<table>
<thead>
<tr>
<th>Youth tell us they are sexually active....</th>
<th>Notes</th>
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<tbody>
<tr>
<td>• 46.8% of high school students have had sex</td>
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<td>• 41% report not using a condom the last time they had sex</td>
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<td>• 15% report having had sex with more than four people during their lifetime</td>
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The numbers show us that sexual activity is not always safe...

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<tr>
<th>The numbers show us that sexual activity is not always safe...</th>
<th>Notes</th>
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<tr>
<td>• 8,300 youth 13-24 years old had HIV infection in 2009</td>
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<td>• Half of the 19 million STDs each year are among young people aged 15-24 years</td>
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<td>• About 30% of American girls are pregnant before the age of 20</td>
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### Why the higher rates?

#### Trauma
- Caregiver disruption & lack of stable adult relationships
- School changes
- Other risk behaviors
- Inconsistent access to sexual healthcare
- Entry into adulthood
- Sexual abuse

#### Responses to sexual violence

What you might see:
- Child puts herself in situations that emulate abuse
- Multiple sexual partners
- Seems not to care about sexual health
- Returns to trafficker
- Avoids anything sexual
- Confusion about sexuality

---

Shifting our focus

A closer look at the reality of youth... *Messages youth receive about sex*

Where we are

Our current approach to teaching/talking about sexuality with youth is steeped in discourses of danger and risk.

Potential for positive sexual development among trauma-affected youth overlooked by clinical practice.

Notes


We can do better...

*What do we really want kids to know? How do you want kids to feel?*
## Gender quadrants

### Understanding people

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<tr>
<th>Sex assigned at birth</th>
<th>Gender expression</th>
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<tr>
<td>What parts were you born with?</td>
<td>How do you show the world how you feel inside?</td>
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<tr>
<th>Gender identity</th>
<th>Sexual/romantic orientation</th>
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<tr>
<td>What gender do you identify</td>
<td>Who are you attracted to?</td>
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Kindness and the willingness to accept and learn matter so much more than labels.
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<th>Slide content</th>
<th>Notes</th>
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<tr>
<td><strong>SAHMSA’s Guidelines for a Trauma-Informed Approach</strong></td>
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<tr>
<td>[Image of overlapping circles: Safety, Trustworthiness &amp; Transparency, Empowerment, Voice &amp; Choice, Peer Support, Collaboration &amp; Mutuality, Cultural, Historical &amp; Gender Issues]</td>
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**Safety**
- Use LGBTQ inclusive language
- Avoid scare tactics
- Sex positive perspective
- Explicit discussions about consent
- Disclaimer about sex and choice
- Examine attitudes and values, know triggers to minimize judgment

**Trustworthiness and transparency**
- Provide up to date, accurate medical information OR look for information with youth
- Answer all questions truthfully
- Provide age-appropriate information
- Normalize behavior
- Be clear about confidentiality and reporting

**Peer support**
- Look for mentors who may have also survived trauma
- Books, articles, movies that might help simulate conversation
- Look for discussion points
### Collaboration and mutuality

View sexuality education as an ongoing conversation

**Working with school-aged children:**
- Can be involved in more complex discussions of fairness, justness, but not necessarily with hypothetical situations
- Keenly aware of family situations
- Be aware of how child “fits in to group”; may need to be more selective in group formation
- Give time, respect space
- Be aware of temperaments

**Working with adolescents:**
- Take the time to learn about youth culture
- Listen, don’t lecture
- Reserve judgment
- Remember your adolescence, but don’t think it applies to everyone
- Practice not being shocked, control body language
- Use humor
- Pay attention to temperament
- Focus on strengths, goals

### Empowerment, voice, and choice

- Recognize youth are the experts in their own lives, experiences
- Be positive about their family
- Encourage discussions with doctor
- Listen more than you talk
- Avoid short statements that ignore complexity (i.e. “wait till your married”)

**Empower and reframe their narrative**
- “sex can be a healthy thing when everyone involved consents, or chooses to take part; other times it can be harmful, like when one person is forced by another, or raped”
- “sometimes people have sex because they feel pressured”
- “sometimes people have sex in order to survive”

**Emphasize:** “no matter how a person experiences or has experienced sex in the past, they can have a healthy sexuality and sex life.”

### Cultural, historical, gender issues

- Consider young people’s choices within the context of their lived experience
- **DO NOT DEMEAN BIOLOGICAL FAMILY**
  - A big no: “don’t you want to be better than your mom?”
There is not one “big talk”
There must be an ongoing dialogue about sex, sexuality and safety

<table>
<thead>
<tr>
<th>Age</th>
<th>Psychosocial Development</th>
<th>Moral Development</th>
<th>Cognitive Development</th>
<th>Spiritual Development</th>
<th>Messages to send</th>
<th>Good Communication</th>
<th>Bad communication</th>
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<tr>
<td>Infant</td>
<td>Develop a sense of trust when caregivers provide reliability, care and affection. A lack of this will lead to mistrust, lack of attachment with others.</td>
<td>Accepts what the world says is right. Defines good as whatever is agreeable to the self and those in the immediate environment.</td>
<td>Egocentric; child gradually learns to coordinate sensorimotor activities and develops a beginning sense of objects existing apart from self.</td>
<td>Forms trust with environment</td>
<td>This is your body. I will help you learn to care for it.</td>
<td>Holding, comforting, talking in a soothing voice</td>
<td>Scolding babies for touching genitals, anus when diaper is off</td>
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<tr>
<td>toddler</td>
<td>Develop a sense of personal control over physical skills and a sense of independence. Success leads to feelings of autonomy, failure results in feelings of shame</td>
<td>Faith is powerfully influenced by images, rituals and traditions.</td>
<td>Labeling all body parts, including penis and vagina. Start talking about how these parts are “private”</td>
<td>“That is your penis”</td>
<td>“That part of your body is private. Only you, mommy, daddy or the doctor touches your penis.”</td>
<td>Scolding for touching genitals, anus or for being interested in watching another child go potty</td>
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<tr>
<td>Early childhood</td>
<td>Begin asserting control and power over the environment. Success in this stage leads to a sense of purpose. Children who try to exert too much power experience disapproval, resulting in a sense of guilt.</td>
<td>Child remains primarily egocentric but discovers rules that can be applied to new incoming information. The child tends to over-generalize rules and thus, makes cognitive errors.</td>
<td>Establish good communication with child so she knows to ask you questions</td>
<td>Help child understand that gender roles are not rigid</td>
<td>“That part of your body is private. Only you, mommy, daddy or the doctor touches your penis.”</td>
<td>Answer what is asked</td>
<td>“That is a grown up thing and we don’t talk about it”</td>
</tr>
<tr>
<td>School age</td>
<td>Cope with new social and academic demands. Success leads to a sense of conformity and consistency in moral action with others and seeking conformance to rules</td>
<td>Child can solve concrete problems through the application of the application of tradition</td>
<td>Tradition is a powerful influence. Sense of belonging with more basic information about the basics of sex, puberty</td>
<td>Be matter of fact: “A baby begins to grow when a man and woman have sex, so”</td>
<td>Start with the basics and let kids digest before getting too technical</td>
<td>Don’t talk in hypotheticals</td>
<td>Don’t ascribe meaning or attempt to ascribe more meaning than necessary to a simple question</td>
</tr>
<tr>
<td>Adolescence</td>
<td>Develop a sense of self and personal identity. Success leads to an ability to stay true to yourself, while failure leads to role confusion and a weak sense of self.</td>
<td>Observing individual and group/societal rights; seeks to apply universal principles of right and wrong</td>
<td>Person becomes able to solve real and hypothetical problems using abstract concepts.</td>
<td>Beliefs and values are important but may not be critically examined. May have ideology or outlook of the world, but may not have reflected upon it.</td>
<td>Continue to focus on facts, but also talk more about relationships, trust, expectations, future</td>
<td>Listen</td>
<td>Use media as a springboard if needed</td>
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<tr>
<td>Young adulthood</td>
<td>Form intimate, loving relationships with other people. Success leads to strong relationships, while failure leads to loneliness and isolation.</td>
<td></td>
<td>Critical analysis of traditions, rituals and symbols. May be time of significant upheaval. Creates own personal meaningful worldview.</td>
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</table>
### Toddlers & Preschoolers (2-4 years)

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<thead>
<tr>
<th>Book Title</th>
<th>Author(s)</th>
<th>Description</th>
<th>Amazon Price</th>
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<tbody>
<tr>
<td>The Bare Naked Book</td>
<td>Kathy Stinson and Heather Collins</td>
<td>Explores all body parts with children from their hair to their feet using pictures of children and adults. It normalizes and addresses differences among genders and ages with great illustrations. However, make a note that this book incorrectly labels the female external genitalia as vagina rather than vulva.</td>
<td>$5.95</td>
</tr>
<tr>
<td>Amazing You! Getting Smart About Your Private Parts</td>
<td>Gail Saltz and Lynne Avril Cravath</td>
<td>Explores body parts, gender differences, reproduction and birth in an honest way that young children are able to comprehend.</td>
<td>$4.48</td>
</tr>
<tr>
<td>Who Has What? All About Girls’ Bodies and Boys’ Bodies</td>
<td>Robie H. Harris and Nadine Bernard Westcott</td>
<td>A book written for young children. The characters Gus and Nellie provide factual answers to questions about similarities and differences in bodies in an easy to understand way.</td>
<td>$12.44</td>
</tr>
<tr>
<td>What’s In There? All About Before You Were Born</td>
<td>Robie Harris and Nadine Bernard Westcott</td>
<td>Brings back Gus and Nellie as they observe their mother’s pregnancy while awaiting a new sibling. This book provides an easy to understand explanation of how a baby develops inside a woman, as well as the birth process.</td>
<td>$13.41</td>
</tr>
<tr>
<td>What Makes a Baby</td>
<td>Cory Silverberg and Fiona Smyth</td>
<td>Presents an inclusive look at conception, gestation and birth. This picture book includes all kinds of children, adults and families regardless of their orientation or composition. This story does not discuss gender or body parts.</td>
<td>$13.69</td>
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### School Age (5-10 years)

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<tr>
<th>Book Title</th>
<th>Author(s)</th>
<th>Description</th>
<th>Amazon Price</th>
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<tbody>
<tr>
<td>Sex is a Funny Word: A Book about Bodies, Feelings, and YOU</td>
<td>Cory Silverberg and Fiona Smith</td>
<td>An essential resource about bodies, gender, and sexuality for children 8-10. This book opens up conversations between young people and their caregivers in a way that allows adults to convey their values and beliefs while providing information about boundaries, safety, and joy.</td>
<td>$16.27</td>
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<tr>
<td>What’s the Big Secret? Talking about Sex with Girls and Boys</td>
<td>Laurie Kransy Brown and Marc Brown</td>
<td>Can kickstart a conversation between caregivers and school age children. This book provides an honest overview on human anatomy and choices involving sex.</td>
<td>$4.49</td>
</tr>
<tr>
<td>It’s So Amazing! A Book About Eggs, Sperm, Birth, Babies, and Families</td>
<td>Robie H. Harris and Michael Emberley</td>
<td>Informs children about the reproductive process from conception up until the birth of a child, including fetus development. This book covers becoming a family by birth and through adoption, as well as keeping safe and making healthy decisions.</td>
<td>$9.89</td>
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© Monica Faulkner, PhD, LMSW
mf Faulkner@austin.utexas.edu
It’s Not the Stork! A Book About Girls, Boys, Babies, Bodies, Families and Friends by Robie H. Harris and Michael Emberley discusses the similarities and difference between genders and the truth about reproduction while normalizing curiosity and exploration.

Amazon Price: $7.31

I said No! A Kid-to-Kid Guide to Keeping Private Parts Private by Kimberly King, Zack King and Sue Rama is written from a kid’s point of view. Using kid-friendly language this book helps kids prepare for a range of problematic situations. This book also addresses feelings of guilt and shame that may be associated with such situations.

Amazon Price: $9.95

Do You Have a Secret? Let’s Talk About It by Jennifer Moore-Mallinos and Marta Fabrega explains the difference between fun secrets that make you happy and yucky secrets that make you feel bad. This book gives children insight into when and how to share secrets with a trusted adult.

Amazon Price: $7.99

The Care and Keeping of You: The Body Book for Younger Girls by Valorie Schaefer and Josee Masse was written for girls ages 8 and up. This book outlines changes that girls experience during puberty. It provides tips, tricks, and facts about dealing with everything from hair care to the first period.

Amazon Price: $7.04

The Care and Keeping of You 2: The Body Book for Older Girls by Cara Natterson and Josee Masse is a continuation of the version for younger girls. This book provides more facts and in-depth advice for girls on the next steps of growing up including changes in the body, emotions, peer pressure and more.

Amazon Price: $9.28

It’s Perfectly Normal: Changing Bodies, Growing Up, Sex, and Sexual Health by Robie H. Harris and Michael Emberley is designed for kids coming into adolescence. This book discusses sex, anatomy, puberty, reproduction, and making healthy decisions.

Amazon Price: $9.96

The Boy’s Body Book: Everything You Need to Know for Growing Up YOU by Kelli Dunham and Steve Bjorkman discusses the puberty experience for boys. This book covers everything from emotional and physical changes to social pressures.

Amazon Price: $7.56

American Medical Associations Boy’s Guide to Becoming a Teen by the American Medical Association and Kate Gruenwalk Pfeifer takes a deeper and medically accurate look into puberty, how to take care of your body, reproduction and relationships.

Amazon Price: $10.76
Consent in Texas

What does consent mean?
consent / kenˈsɛnt/
noun
1. permission for something to happen or agreement to do something

Similar words: to agree, give approval or permission, authorize, thumbs up, green light, OK, yes, all in

Sexual consent:
Getting permission for touching, kissing, or any sexual behavior or act

If someone does not have consent for a sexual act, it can be considered sexual assault

No one can give consent if they are drunk, high, asleep, unconscious, passed out, or not in their right mind.

You cannot give consent if you are not old enough.

Note: If someone says "stop," "I’m too tired," "wait," "don’t" or pulls away, shrugs, is asleep/not conscious/passed out, or if they do not say yes, then they have not given consent, which means no.

Consenting to have sex means...
1. Saying YES to participate in sexual behavior
2. BOTH people have to say YES

Yes means YES

If you are 17 or older...
You can legally consent to have sex with a partner that is also 17 or older.
To request action by the legislature or express your opinion on a legislative issue:

Go to the Who Represents Me? website to identify your representatives or to get contact information for them. Go to the committee pages of the Senate and House of Representatives website to get contact information for the committees dealing with the issue.

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### Social Work and the Legal System

**The University of Texas at Austin—Fall 2015**

Jordan Ayers, Rebeka Villarreal Martinez, & Shelby Soloman

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**Male + Female**

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*An affirmative defense means a police report can still be made, but there may not be any prosecution.*

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**Female + Female**

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*There is no affirmative defense for same sex couples, which means there is a greater likelihood of prosecution.*

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**Male + Male**

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*Same sex relationships do not have the same defenses as heterosexual relationships in the eyes of the law.*

**#2**

*All same sex relationships with people under the age of 17 are considered illegal under the Texas constitution.*
Practice: Talking to youth

Use the following scenarios to practice responding to youth in a way that is trauma informed. Ask your colleagues or coworkers to role play with you.

**This exercise is most relevant for practitioners who are working with youth in residential treatment or foster care.

Scenario 1
The foster parents of a 6 year old child on your caseload calls you concerned about the fact that the child has been caught masturbating in the living room and other common areas of the house. They feel totally bewildered and embarrassed, and are unsure how to talk to the child. They are concerned that this behavior means the child was sexually abused and are worried that he/she will “act out” with their other foster children. They want you to have the conversation with the child so that they can observe how to talk about this with the child.

How would handle this situation?

Scenario 2
A 15 year old boy in a residential recovery program confides to you that he thinks he might be bisexual or gay because he was sexually abused by a man. He is terrified of his peers in the program finding out, but wants to be with and talk to others his age dealing with similar feelings. He doesn’t know where to find community or resources, and he’s afraid his ‘secret’ will lead him to use again when he leaves the program. He also heard that people like him go to hell, and his self-esteem is low.

How would you talk to this youth? What messages would you send to him?

Scenario 3
You are working at a residential program for youth in foster care. A 14 year old teen mom in the program has angered direct service staff because she has started talking to a 16 year old boy at her school. They found a note to him in her laundry in which she describes wanting to perform oral sex on him. As their supervisor, the staff have come to you absolutely disgusted by her behavior.

How do you help them process this behavior?
Practice: Talking to youth

Use the following scenarios to practice responding to youth in a way that is trauma informed. Ask your colleagues or coworkers to role play with you.

**This exercise is most relevant for practitioners who are working with youth in school and community-based program settings.

Scenario 1
Two youth, a 16 year old boy and 14 year old girl, come to your group regularly and started dating at the beginning of the school year. Lately you’ve noticed more distance between them. The girl stays after your group one day and lets you know that she is pregnant, and things have been really tense in their relationship because he wants proof he is the baby’s father. She also discloses that she is worried her parents will kick her out of the house when they find out.

How would you talk to this youth? What messages would you send to her?

Scenario 2
A 15 year old boy recently joined your youth program and openly identifies as gay. The other youth in your program don’t directly say anything negative to this youth, but they are also not very welcoming. They tend to use language like “that’s so gay” in reference to something they think is stupid, and use names like “fag” as put-downs. The new youth has not said anything to you directly about it, but you can tell by his body language that he feels uncomfortable in the group.

How would you handle this situation?

Scenario 3
Your program partners adult volunteers with teens in mentoring relationships. A 16 year old girl and her adult mentor have been paired for six years, and have had a steady, strong relationship. The 16 year old does very well academically and is very involved in extra-curricular activities in her school and church. One day you get a call from the mentor, who just learned that the girl is pregnant. The mentor is frustrated that this has happened despite everything she and the girl’s mom have done to support her, and feels as though she has failed in her role as a mentor.

How do you help her process this situation?
**Scenario 4**
An 18 year old mother in your program recently took on a part-time job at a strip club. Her child’s father is not involved, and she is living with her child on her own without parental support. You’ve overheard some of the other girls in the program talking about how shameful it is to work at a strip club and using words like “slutty” to describe the work. You’ve also heard rumors that a few of the boys in the program are joking about going to visit her at the club.

How would you handle this situation?

**Scenario 5**
A 14 year old youth in your program who previously identified as male shared with the group that they will be transitioning to female. The youth in the program are very tight-knit and have been supportive of Sam’s transition to Samantha, however they have expressed concerns over how others in their school might handle it. One youth shares with you that one of their teachers has not been respecting Samantha’s transition, new name, or new choice of pronouns.

How would you handle this situation?
**Practice: Deliver the messages**

Use this worksheet to practice changing shaming or exclusive language to language that is positive and affirming of all youth.

**This exercise was designed for sexual health educators using messages in teen pregnancy prevention EBPs.**

<table>
<thead>
<tr>
<th>Original Language</th>
<th>Trauma Informed Language</th>
<th>Your Task:</th>
</tr>
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<tbody>
<tr>
<td>Even though buying condoms may be embarrassing, you have to work through it because pregnancy can be more embarrassing.</td>
<td>Even though buying condoms may be embarrassing, you have to work through it because it is the responsible thing to do to prevent unintended pregnancy.</td>
<td>Remove element of shame; from a trauma-informed perspective, a teen who is parenting or pregnant shouldn’t have to feel embarrassed or ashamed</td>
</tr>
<tr>
<td>If you get an STD from sexual activity you engaged in willingly, you should be upset with YOURSELF because it is YOUR responsibility to be protected.</td>
<td></td>
<td>Remove element of shame; communicate a positive message about protecting oneself from STIs</td>
</tr>
<tr>
<td>Adding lubricant makes the condom less likely to break and makes it feel more pleasurable to the male.</td>
<td></td>
<td>Make this statement gender inclusive (hint: transwomen wear condoms too!)</td>
</tr>
<tr>
<td>The only way a female can get pregnant is if sperm cells enter her vagina and fertilize one of her egg cells. This usually occurs during vaginal intercourse, but sperm can also enter a female vagina if a male ejaculates near the entrance to the vagina, or if sperm is introduced by fingers or any other way.</td>
<td>The only way a person can get pregnant is if sperm enter the vagina and fertilize an egg cell. This usually happens as a result of vaginal intercourse (a penis in a vagina) but sperm can also enter the vagina if sperm or ejaculate gets near the opening of the vagina, or if sperm is pushed into the to the vagina by fingers</td>
<td>Make this statement gender neutral or inclusive of transgender and gender non-conforming youth (hint: some men have vaginas and some women have penises, some youth do not identify as male or female)</td>
</tr>
<tr>
<td>When you break it down, every day about 2000 teens become pregnant. More than a quarter of the young women who become mothers as teenagers live in poverty during their twenties and early thirties.</td>
<td></td>
<td>Remove element of shame/blame from teen parents; What could you say instead to empower participants to think through their own future plans and make their own decisions?</td>
</tr>
</tbody>
</table>
Please check the box that most applies.

**Prior to this workshop,**

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Somewhat</th>
<th>Very</th>
</tr>
</thead>
<tbody>
<tr>
<td>how knowledgeable were you about trauma informed care?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>how comfortable were you talking about sex with youth?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please check the box that most applies.

**Now that I have taken this workshop, how likely will you be..**

<table>
<thead>
<tr>
<th>Not likely</th>
<th>Somewhat likely</th>
<th>Very likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>to discuss trauma informed sex education with others at your agency?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>to engage youth and adults in conversations about trauma and sexual health?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>to use information from this workshop in your work?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>to use strategies from this workshop in your work?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What I liked most about the workshop:

What I would change about this workshop:

Tell us a little about you.

**Primary job functions (check any that apply).**

- Counseling
- Case management
- Psycho-social education
- Health education
- Administration
- Research
- Advocacy
- Other: ____________________

**I work ... (check any that apply).**

- In juvenile justice
- In foster care
- In schools
- In a shelter
- In a non-profit that serves: ____________________
- Other: ____________________

How many years have you been working with youth? ________

Have you received prior trauma informed care training? YES  NO