NEW

FIRST EDITION, 2021

K-12 Standards for Optimal Sexual Development

Founded on Positive Character and Healthy Relationships

MEDICAL INSTITUTE
FOR SEXUAL HEALTH

a framework for empowering health and wholeness

ISBN # 978-1-7370316-0-4

P.O. Box 794845 Dallas, TX 75379 | 512-328-6268 | standards@medinstitute.org

www.newsexedstandards.org

MEDICAL INSTITUTE
FOR SEXUAL HEALTH

Greetings to all who work for the health and well-being of today's young people!

After practicing for 28 years as a board-certified obstetrician/gynecologist, authoring books on sexual health, advising on the Presidential level as well as at the Centers for Disease Control and Prevention, and founding Medical Institute for Sexual Health, I have never been prouder to launch a document that has the potential to positively affect the individual, the family, and the society at large.

K-12 Standards for Optimal Sexual Development presented here involve a primary prevention approach to whole-person health. They aim to appreciate and protect the dignity and worth of every individual. They include the acquisition of social competencies and emotional intelligence to maximize a healthy, happy adolescence and, eventually, a more satisfied and healthy adulthood. They showcase the developmentally-appropriate steps to building optimal sexual health that are grounded in positive character and healthy relationships.

As important as it is to avoid the pitfalls of high-risk behavior, so is the need to embrace the benefits of promoting the avoidance of early sexual activity. Immediate advantages keep youth healthy and safe as they mature. Their understanding of long-term gain can lead to an appreciation of healthy marriage, from which, according to research, numerous positive outcomes accrue in physical and emotional health, and family stability and well-being.

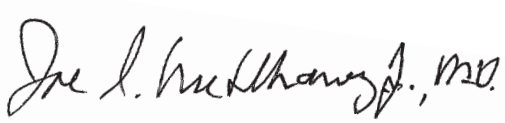
That is why I am so pleased to introduce these new standards. The research that has informed these standards is current and reliable. Since 1992, Medical Institute has been committed to advancing wholeness with the best science, enabling us to maintain our integrity as a leader in sexual health education.

We who care about the next generation and their ability to flourish in all facets of life must advance that which empowers youth the most – a healthy outlook toward their future, which includes their sexual choices.

I urge you to share this document far and wide. Educators, administrators, parents, youth leaders, school board members, policy makers, and so many others need the guidance presented here.

Thank you on behalf of the many children who will benefit from these standards!

Sincerely,



Joe S. McIlhaney, M.D.
Founder

ENDORSEMENTS

Jane E. Anderson, MD
Pediatrics | California

Jeffrey Barrows, DO, MA
Obstetrics and Gynecology | Tennessee

Michael Bateman, DO
Pediatrics | Minnesota

Steven Braatz, MD
Obstetrics and Gynecology | California

Adrienne Breaux, MD
Internal Medicine and Pediatrics | Louisiana

William A. Chapman, MD
Pediatrics | Oklahoma

Christine Killen Chard, MD
Pediatrics | South Carolina

Christina A. Cirucci, MD, FACOG
Obstetrics and Gynecology | Pennsylvania

Joseph Clemente, MD
Internal Medicine | New Jersey

Jeffrey A. Cleveland, MD, FAAP
General Pediatrics | North Carolina

Paul Dassow, MD, MSPH
Family Medicine | Tennessee

Barbara Davenport, MSN, CNM
Nursing, Midwifery | South Carolina

Kim K. Dernovsek, MD, FAAD
Dermatology and Internal Medicine | Colorado

Kenneth D. Dernovsek, MD
Endocrinology and Internal Medicine
Colorado

Cindy Durr, DO
Pediatrics | Illinois

Scott S. Field, MD
Pediatrics | Alabama

Eric Fraser, MD
Pediatrics | Arkansas

Armando D. Garza, MD, FAAP
Pediatrics | Texas

Russell Gombosi, MD
Internal Medicine, Pediatrics | Pennsylvania

Donald. J. Hagler, MD, FACP
Pediatric Cardiology | Minnesota

Purvis E. Harper, MD
Pediatrics | Texas

Charlie Hastings, DO, MPH
General Pediatrics | Colorado

Carolyn Hixson, MD
Gynecology | Ohio

Nancy Houston, LPC
Sex Therapy | Texas

Rebecca Huizen, DO
Pediatrics | Michigan

John Isaac, MD
Neonatology and General Pediatrics | Texas

Ruth Jacobs, MD
Infectious Disease | Maryland

Timothy D. Johnston, MD
Internal Medicine and Pediatrics
Pennsylvania

Patricia Lee June, MD, FCP
Pediatrics | Georgia

George Kane, MD
Family Medicine | Indiana

Bruce L. Kautz, MD
Pediatrics | Colorado

Kevin J. Kervick, MS, LMFT
Marriage and Family Therapy | Maine

Richard D. Kiovsky, MD, MS, FAAFP
Family Medicine | Indiana

Jerome A. Klobutcher, MD
Obstetrics and Gynecology | Ohio

Mark D. Lacy, MD
Pediatrics, Internal Medicine and Infectious Diseases | New Mexico

Thomas Lickona, PhD
Character Education | New York

Erin Luna, DO
Family Medicine | Colorado

Colleen Malloy, MD
Neonatology | Illinois

Thomas O. Martin, MD
Family Medicine | Nebraska

Cecil Mathews, MD
Infectious Diseases | Alabama

Randolph Matthews, MD
Pediatrics | Kansas

M. Messerly, MD
Pediatrics | North Dakota

David L. Morrison, MD, ACP, AAP
Pediatrics | Alabama

John H. Nading, MD
Neonatology | Tennessee

Mary Nave, MD
Pediatrics | California

Ross S. Olson, MD
Pediatrics | Minnesota

Caroline Pilgrim, PA
Oncology | Georgia

Tara Pridgett, MD
Pediatrics | Kansas

Sharon Quick, MD
Pediatric Anesthesiology and Critical Care
Washington

Peggy Rate, MD
Pediatrics | Kansas

Jerry Regier, PhD
Public Policy and Public Administration
Virginia

Holly Smith, MD, CFCMC
Family Medicine | Indiana

Edwin Paul Staat, RN, APRN
Family and Women's Health | Kentucky

Barbara Susang-Talamo, MD
Obstetrics and Gynecology | Pennsylvania

Carol T. Swartz, MD
Pediatrics | Nevada

Kimberly A. Vacca, MD
Pediatrics | Ohio

Andre Van Mol, MD
Family Medicine | California

Dale A. Volquartsen, MD
Pediatrics | California

Hilary J. Webster, MD
Pediatrics | Wisconsin

Rick Weisser, MD
Pediatrics | California

Stephanie Williams, RN
Obstetrics | New Mexico

INTRODUCTION

The World Health Organization has defined health as "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity."[1] The definition speaks to the whole-person nature of health – body, mind, and relationships with others. **K-12 Standards** advance this concept by illustrating the pathway toward thriving, human flourishing, wholeness, and optimal health. A result of two years of collaborative research and development by leading national educators in the fields of sexual health, character, and relationship education, these standards provide a framework that will guide policy makers, curriculum developers, educators, and parents in their efforts to maximize student success.

K-12 Standards. The Centers for Disease Control and Prevention states, "Healthy students are better learners," and "Schools play an important role in promoting the health and safety of children and adolescents by helping them establish lifelong health patterns."[2,3] Children learn best when they are healthy – physically, mentally, and socially. To achieve their highest academic potential, students need knowledge, skills, guidance, and support for healthy decision-making.[4,5] These standards set clear expectations for attitudes and behaviors that will help students succeed in elementary, middle, and high school, and on into adulthood.

Optimal. The U.S. Department of Health and Human Services defines optimal health as "a dynamic balance of physical, emotional, social, spiritual and intellectual health."[6] Optimal health is "a holistic focus with the aim of attaining the best possible health outcomes by promoting healthier behaviors and not merely the absence of disease."[7] A focus on optimal health outcomes begins with a primary prevention approach to population health. **K-12 Standards** adopt this emphasis as they guide sex education for school-aged children, kindergarten through high school.

Sexual Development. Sex is a normal and wonderful part of the human experience. As such, these standards address healthy sexual development – from preparing for puberty, navigating adolescence, and entering adulthood – with a primary prevention approach. Regarding optimal sexual health, the U.S. Office of Population Affairs states, "The population approach to sexual health should be a risk avoidance message. Optimal sexual health messages should be family- and community-centered, age appropriate, and culturally informed."[7] **K-12 Standards** present the benefits of postponing sex until healthy marriage, where it can be best experienced free from the many risks associated with nonmarital sexual activity.

Positive Character. The Center for the 4th and 5th Rs at the State University of New York at Cortland defines character as "consisting of strengths of mind (such as practical wisdom), heart (such as empathy and compassion), will (such as determination and courage), and skill (competence to translate mind, heart, and will into actions that benefit self and others)".[8] Positive character is needed for positive human development, healthy relationships, and a flourishing society. Adults can foster young persons' character development through example, direct instruction, and hands-on experiences that apply learning to life. **K-12 Standards** were written with positive character as the foundation for healthy relationships and optimal sexual development.

Healthy Relationships. Maslow's Hierarchy of Needs places social needs, such as love and belonging, above primary physiological and safety needs.[9] Healthy relationships with peers and adults are essential for positively navigating the many developmental changes children experience. **K-12 Standards** provide extensive content guiding students toward healthy family relationships, friendships, dating/romantic relationships, and marriage.

For the past twenty years, rates of teenage sexual activity, pregnancy, birth, and abortion have fallen steadily and significantly in the U.S.[10-13] What have not fallen are the rates of sexually transmitted infections, and the emotional and mental health crises among young people.[14-17] These are dramatically increasing, as are pornography use and addiction, sexting and sex trafficking.[18] High-risk behaviors, such as sharing of needles and anal sex, further fuel STD/STI transmission.[19] Media and social media messages, readily accessible through today's advanced technology, are filled with misinformation and portray harmful social norms pressuring young people to put their current and future health at risk. **K-12 Standards** present a comprehensive set of critically needed knowledge and skills to help protect school-aged children from negative cultural influences and empower them to make positive choices for achieving optimal health.

The process of educating children, for both schools and parents, across all grade levels and across all disciplines, is increasingly challenging. **K-12 Standards** are intentional in addressing character and relationship education as the foundation for optimal sexual health. In addition to other academic milestones, they will guide student achievement and maturity and hold the most promise for moving students toward a healthy future.

DISTINCTIVES

- Clear guidance and support are provided for all school-aged children to promote positive life goals and wholeness.
- The inherent value of every student is upheld, along with the opportunity to pursue current and future physical, mental, and relational health.
- Learning objectives are designed for all students, regardless of their socioeconomic or family status, ethnicity, culture or past sexual experiences (whether chosen or forced upon them).
- Content is inclusive of all students, irrespective of their sexual orientation or gender identity. The promotion of optimal health for every student, by definition, fosters mutual respect in the classroom.
- Content is medically accurate, research-aligned, age-appropriate, and educationally sound for classroom instruction.
- The framework is intentionally based on primary prevention, which drives the learning objectives toward sexual risk avoidance rather than merely sexual risk reduction.
- Parents and family are affirmed as the primary influence on their children's values, attitudes, and behaviors.

KEY THEMES

- Resilience and overcoming personal challenges to achieve current and future success
- Refusal skills and boundary setting in the context of healthy relationships and communication
- Future planning skills and strategies for fostering life success
- Positive and negative influence of peers and culture
- Positive and negative influence of technology and social media
- Prosocial value of healthy marriage and family formation
- Information on pregnancy, STDs/STIs and emotional risks of teen sexual activity, along with accurate information about contraception
- Prevention of sexual abuse, including sexual harassment, dating violence, rape, and sex trafficking
- Dangers of sexting and pornography

FEATURES

Four Key Topics: Positive Character, Healthy Relationships, Optimal Sexual Development, and Sexual Risks
The key topics are purposefully ordered, so that positive character lays a strong foundation for healthy relationships, and healthy relationships lay a strong foundation for optimal sexual development. The positive content in the first three topics contrasts with the risks presented in the fourth topic. The clear direction throughout **K-12 Standards** guides students to avoid risks and achieve optimal health.

Four Grade-level Groupings: Early Elementary, Late Elementary, Middle School, and High School
These age-appropriate standards are presented for four grade-level groupings: early elementary, late elementary, middle school, and high school. Given different school grade structures and regional population differences, these groupings are intentionally vague to allow for specific grade-level objectives to be determined at the state and local level. As indicated in the standards layout, the selected age group for each standard provides guidance for what should be accomplished by the end of that grouping. **K-12 Standards** consider both the physical and cognitive development of students when setting the standards for each academic level.

Adaptable Learning Objective Language
Bloom's Taxonomy is a hierarchical classification of various levels of thinking used in formulating learning objectives.[20] **K-12 Standards** focus on overall concepts, rather than Bloom's action verbs, thereby allowing an instructor to adapt the breadth of the material across the four specified grade levels, as needed. As students achieve a greater understanding of each concept, they are able to process the information at a higher level. To the extent that more specific standards and curricula are developed from these standards, the application of Bloom's Taxonomy would be appropriate.

Supporting References
K-12 Standards are scientifically accurate. Each key topic is supported by the associated references in the list of established studies with validated quality outcomes. The references are intended to provide sources for further reading to those seeking to find research and additional information related to each key topic within these standards. The references span a vast range of applied disciplines in pedagogy, social science, and medical/clinical foundations. Further research is ongoing in many of these areas, and the content and science teams are committed to continually updating the standards and references. Submissions for consideration of applicable sources that may provide additional insight or knowledge about the key topics are welcome.

ALIGNMENTS

K-12 Standards correlate with key principles in several nationally recognized education and public health publications. The five publications referenced here provide further substantiation to the content of the standards as listed in the description of each.

01 THE HEALTH EDUCATION CURRICULUM ANALYSIS TOOL (HECAT) AND CHARACTERISTICS OF AN EFFECTIVE HEALTH EDUCATION CURRICULUM

Centers for Disease Control and Prevention

cdc.gov/healthyyouth/hecat
cdc.gov/healthyschools/sher/characteristics

The Health Education Curriculum Analysis Tool (HECAT), published by the Centers for Disease Control and Prevention, is intended to guide the analysis and appraisal of health curriculum materials.[21] The HECAT addresses opportunities that should be provided to students to encourage health-promoting decisions and health literacy, as well as adoption of health-enhancing behaviors that benefit themselves and others. The HECAT is guided by the CDC's Healthy Schools Characteristics of an Effective Health Education Curriculum and the National Health Education Standards (NHES).[2]

K-12 Standards closely mirror the planned progression of developmentally-appropriate lessons or learning experiences and continuity between lessons, as recommended by the HECAT. They correspond with the following HECAT Characteristics of an Effective Health Education Curriculum, as found in the HECAT:

- Focus on clear health goals, values, attitudes, beliefs, and related behavioral outcomes
- Are research-based and theory-driven, addressing the health determinants, social factors, norms, and skills that influence specific health-related behaviors
- Address individual and group norms that support health-enhancing behaviors
- Reinforce protective factors while informing about harmful exposure and potential risk
- Address social pressures and influences
- Develop skills for personal and social competencies and self-efficacy
- Allow for strategies designed to personalize information and engage students in ways that correspond with their cognitive and emotional development
- Are culturally inclusive
- Provide guidance for instruction across multiple ages and grade levels

02 HEALTHY PEOPLE 2030

United States Department of Health and Human Services

health.gov/healthypeople
health.gov/healthypeople/objectives-and-data/browse-objectives/adolescents

Healthy People 2030 is a national initiative that uses data-driven objectives to drive the improvement of the health and well-being of the American population over the next decade.[22] The effort is coordinated by the United States Department of Health and Human Services, Office of Disease Prevention and Health Promotion.

K-12 Standards align with multiple goals and objectives of Healthy People 2030, specifically related to adolescent health.[23] They include:

- Increase the proportion of children and adolescents who can communicate positively with parents/adults, especially about serious problems
- Increase the proportion of adolescents who have never had sex
- Increase the proportion of adolescents who receive formal instruction on delaying sex, birth control methods, HIV/AIDS prevention, and sexually transmitted diseases before age 18
- Reduce pregnancy among adolescents
- Reduce bullying

03 SMARTOOL 2.0

The Center for Relationship Education

myrelationshipcenter.org/smartool

The **SMARTool** was funded by CDC-Division of Adolescent and School Health (DASH) and developed by The Center for Relationship Education.[24] The SMARTool is an academically rigorous curriculum analysis tool that provides an evidentiary basis for sexual risk avoidance (SRA) education strategies. It is a resource that guides the assessment of sexual risk avoidance curricula to benefit schools, communities, youth-serving agencies, and other organizations interested in presenting SRA education to youth. **K-12 Standards** dealing with decision-making, commitment and goal setting, healthy relationships, optimal sexual development and sexual risks correspond with several of the SMARTool's targets, including:

- Knowledge of physical development and sexual risks
- Healthy relationship development
- Personal competencies and self-efficacy
- Independence from negative peer and social norms
- Strengthened future orientation
- Parental involvement

04 DEVELOPMENTAL ASSETS FRAMEWORK

Search Institute

search-institute.org/our-research/development-assets/developmental-assets-framework/

The Search Institute's Developmental Assets are 40 protective factors demonstrated in research to influence youth development positively and move them toward responsible and productive adulthood.[25] External assets are the support, empowerment, boundaries, expectations, and constructive use of time which can be influenced and provided by adults and community surrounding youth. Internal assets are the personal skills, commitments, and values youth need to make healthy choices, take responsibility for their own lives, and be independent and successful.

K-12 Standards closely mirror a number of the principles underlying the 40 Developmental Assets, including its sections on:

- Positive Values (integrity, responsibility)
- Social Competencies (planning, resistance skills)
- Positive Identity (sense of purpose, positive view of future)

05 HUMAN FLOURISHING STUDY

Harvard University's Institute for Quantitative Social Science

hfh.fas.harvard.edu/measuring-flourishing

Harvard University's Institute for Quantitative Social Science Human Flourishing Study has outlined six measurable domains of Human Flourishing. **K-12 Standards** address each of these domains in age-appropriate ways. Multiple objectives in the four Key Topics of **K-12 Standards** focus on knowledge, attitudes and behaviors that are initiated early in life and predictive of future success in these domains[26,27]:

1. Happiness and life satisfaction
2. Mental and physical health
3. Meaning and purpose
4. Character and virtue
5. Close social relationships
6. Financial and material stability

How To Use K-12 Standards

Education standards define clear learning objectives to be achieved by all students in different stages of development. Curriculum provides the specific instructional methodologies for teachers to use in preparing their students to meet the objectives. Essentially, education standards define what should be taught, while curriculum provides for how to teach it.

K-12 Standards can either be implemented in their entirety or serve as a model for writing state and local standards and/or curriculum. The concepts presented in each standard can be used to design specific learning objectives using Bloom's Taxonomy, accounting for target audience, age appropriateness, cognitive development, cultural sensitivity, and other factors. They were intentionally developed to be adaptable for curriculum developers, educators, administrators, and parents. The knowledge and/or skills to be demonstrated in each standard can be specified for each grade level as needed.

According to the U.S. Department of Education, "The federal role in education is limited."[28] Due to the constitutional delegation of power set forth in the Tenth Amendment of the U.S. Constitution, most education policy is set at the state and local level. **K-12 Standards** are intended to guide state and local decision-makers in setting standards most responsive to the needs of their populations, and in selecting curriculum that will support their achievement. Parents and community members often influence the adoption of standards and curriculum selection. These standards can serve as an effective tool for assisting in these deliberations. They are intended for use in public and private school settings.

K-12 Standards are written for use in classroom instruction, as opposed to individual counseling or clinical intervention. While some of the topics addressed are personal, they are written to be taught in a public setting. As referenced in "Distinctives," they were developed for all students, irrespective of their sexual orientation, gender identity, or sexual experience. Some subjects are sensitive or complex, and may be better addressed with individual attention to maintain student privacy and confidentiality. Students are always encouraged to discuss sexual topics further with parents and family members, and to seek individual counseling or clinical help when needed.

KEY TOPIC

1

Positive Character

A. POSITIVE CHARACTER STRENGTHS

Identifying and developing positive character strengths enable youth to make healthy decisions and set and commit to short- and long-term goals.
References: [29-45]

STUDENTS WILL BE ABLE TO:

		EARLY ELEMENTARY	LATE ELEMENTARY	MIDDLE SCHOOL	HIGH SCHOOL
1.A.1.	Define and give examples of positive character strengths, such as honesty, fairness, courage, self-control, kindness, respect and responsibility.	●	●	●	●
1.A.2.	Describe the importance of positive character strengths and how they promote healthy behaviors and empower youth to avoid risky and unhealthy behaviors.		●	●	●
1.A.3.	Explain the importance of personal dignity and the value of self and others.	●	●	●	●
1.A.4.	Acknowledge that all people deserve respect regardless of whether their views agree with or differ from the student's own.	●	●	●	●
1.A.5.	Recognize that all people have inherent value and dignity and can contribute much in life, regardless of differences, disabilities or medical conditions.	●	●	●	●
1.A.6.	Explain how practicing self-control can build confidence, self-respect and self-esteem.	●	●	●	●
1.A.7.	Discuss how fulfilling responsibilities and making positive contributions at home, at school, and within the community can build character and self-esteem.	●	●	●	●
1.A.8.	Cite examples of how courage and grit/resilience help people develop self-respect when they resist social pressure to do things that may be harmful or unhealthy.	●	●	●	●
1.A.9.	Define why maturity requires the attainment of cognitive, social, and emotional growth and development.		●	●	●
1.A.10.	Discuss how people progress and mature by learning from mistakes, delaying immediate gratification, and being life-long learners.	●	●	●	●
1.A.11.	Identify ways in which the media, social media and technology influence values, community norms and behavior.	●	●	●	●

B. DECISION-MAKING

Healthy decision-making involves choosing the course of action that leads to optimal health and positive life outcomes.
References: [46-59]

STUDENTS WILL BE ABLE TO:

1.B.1.	Explain how parents, family members and members of the community can serve as positive role models and resources for advice and guidance when making decisions.	●	●	●	●
1.B.2.	Explain how maturity is developed and demonstrated by consistently choosing behaviors that are healthy, beneficial and socially responsible, and by learning from past mistakes.	●	●	●	●
1.B.3.	Acknowledge that cognitive maturity is not fully reached until the late 20s; therefore, guidance from parents, family members or other trusted adults is beneficial and should be sought for healthy decision-making.		●	●	●
1.B.4.	Discuss how healthy decision-making includes reasoning, problem-solving, self-control, and establishing and adhering to personal boundaries (i.e., self-determined limits or standards for personal behavior).	●	●	●	●

KEY TOPIC

1

Positive Character

		EARLY ELEMENTARY	LATE ELEMENTARY	MIDDLE SCHOOL	HIGH SCHOOL
1.B.5.	State that healthy decisions are not based primarily on emotions, but on accurate information, positive intentions and goals, in addition to advice and guidance from parents, family members and other trusted adults.	●	●	●	●
1.B.6.	Compare and contrast the positive and negative consequences, both short- and long-term, for self and others of common choices.	●	●	●	●
1.B.7.	Give examples of how a person's decisions can be positively or negatively influenced by others, including peers.	●	●	●	●
1.B.8.	Explain how abuse of alcohol, drugs and other substances negatively impacts healthy decision-making, problem-solving and refusal skills.		●	●	●
1.B.9.	Describe positive and negative ways that media, social media and technology can influence decision-making.	●	●	●	●

C. COMMITMENT AND GOAL SETTING

Character is essential for committing to and achieving healthy goals. Every student should be encouraged to plan for a positive future and accomplish personal goals.

References: [38, 60-66]

STUDENTS WILL BE ABLE TO:

1.C.1.	Define and give examples of short- and long-term personal goals.	●	●	●	●
1.C.2.	Describe the steps of setting and accomplishing goals including intentionality, gathering information, planning ahead, using time effectively and revising goals and strategies as needed.	●	●	●	●
1.C.3.	List character strengths that help individuals achieve goals, including hard work, determination, and grit/resilience.	●	●	●	●
1.C.4.	Discuss how keeping promises and fulfilling responsibilities help develop the character strength of commitment.	●	●	●	●
1.C.5.	Provide examples of delaying immediate or short-term gratification in order to achieve a more important future goal.	●	●	●	●
1.C.6.	Explain how good friends who bring out the best in each other achieve positive goals.	●	●	●	●
1.C.7.	Analyze how setting and committing to personal boundaries help a person avoid unhealthy behaviors.	●	●	●	●
1.C.8.	Discuss the sequential steps necessary to accomplish future life goals, in areas such as education, work, marriage and family.	●	●	●	●

D. REFUSAL AND CESSATION SKILLS

Developing and using skills to refuse or cease unhealthy behaviors will promote optimal health, self-esteem, and goal achievement.

References: [67-70]

STUDENTS WILL BE ABLE TO:

1.D.1.	List the benefits of practicing self-control, such as delaying immediate gratification, resisting negative peer pressure and avoiding the risks of impulsive behaviors.	●	●	●	●

KEY TOPIC

1

Positive Character

	EARLY ELEMENTARY	LATE ELEMENTARY	MIDDLE SCHOOL	HIGH SCHOOL
1.D.2. Cite examples of setting and articulating personal boundaries, including avoiding situations, people, places and things that can negatively influence decisions.	●	●	●	●
1.D.3. Give examples of how someone can stop unhealthy behaviors and replace them with healthy behaviors.	●	●	●	●
1.D.4. Explain how positive peer pressure can help a person make healthy choices and encourage others to do the same.	●	●	●	●
1.D.5. Model resisting negative peer pressure and avoiding dangerous situations, including saying "no" assertively.	●	●	●	●
1.D.6. Elaborate on how connectedness to family, friends, and other supportive people can be helpful in making healthy decisions and stopping unhealthy behaviors.	●	●	●	●
1.D.7. List character strengths that help individuals resist or cease unhealthy behaviors, including courage, hard work, perseverance, self-control and self-respect.	●	●	●	●

KEY TOPIC

2

Healthy Relationships

A. FAMILY

Members of a family can be the most important sources of love, support and guidance to promote personal health and well-being and create healthy communities.

References: [39, 65, 71-81]

STUDENTS WILL BE ABLE TO:

		EARLY ELEMENTARY	LATE ELEMENTARY	MIDDLE SCHOOL	HIGH SCHOOL
2.A.1.	Identify factors that contribute to the success and legacy of the family, such as empathy, kindness, honesty, respect, trust, overcoming adversity, patience and forgiveness.	●	●	●	●
2.A.2.	Explain how healthy families typically share values, provide love and emotional support, set boundaries and limits, and help members achieve their full potential.	●	●	●	●
2.A.3.	Identify parents, family members and trusted adults with whom to discuss the life cycle, (i.e., birth, growing, aging, and death).	●	●	●	●
2.A.4.	Explain the importance of relationships with parents, family members and trusted adults for guidance and support in discussing sexual topics.		●	●	●
2.A.5.	Describe ways in which media, social media, and technology can both strengthen and threaten family relationships.	●	●	●	●
2.A.6.	Discuss how those from difficult family backgrounds can make healthy decisions and achieve healthy marriages and families of their own in the future.		●	●	●
2.A.7.	Report on research regarding family structure and how it contributes to optimal health and well-being of children, adults and communities.			●	●
2.A.8.	Compile research on the negative effects of adverse childhood experiences (ACEs), such as emotional and physical abuse, and how they can be overcome.			●	●

B. FRIENDSHIPS

Healthy friendships play an important role in human development and healthy decision-making.

References: [82-89]

STUDENTS WILL BE ABLE TO:

		EARLY ELEMENTARY	LATE ELEMENTARY	MIDDLE SCHOOL	HIGH SCHOOL
2.B.1.	List characteristics of healthy friendships, including empathy, sharing, kindness, honesty, respect, trust, cooperation, patience and forgiveness.	●	●	●	●
2.B.2.	Identify benefits of healthy friendships and social supports for physical, intellectual, emotional, social and spiritual well-being, including encouragement to make healthy choices and achieve one's full potential.	●	●	●	●
2.B.3.	Demonstrate effective communication skills that will help make and sustain healthy friendships, including listening and using respectful language for sharing emotions and opinions.	●	●	●	●
2.B.4.	Explain why good friends don't encourage unhealthy choices, exploit each other, socially isolate, gossip, name call, bully or stigmatize.	●	●	●	●
2.B.5.	Define and discuss positive strategies to address bullying, resolve conflict and provide positive peer support.	●	●	●	●
2.B.6.	Describe how character strengths practiced in friendships, such as honesty and respect, contribute to healthy dating relationships and healthy marriages in the future.			●	●

KEY TOPIC

2

Healthy Relationships

EARLY ELEMENTARY | LATE ELEMENTARY | MIDDLE SCHOOL | HIGH SCHOOL

C. DATING

Healthy and safe dating/romantic relationships, delayed until older adolescence, benefit from maturity, guidance and support.

References: [90-94]

STUDENTS WILL BE ABLE TO:

		LATE ELEMENTARY	MIDDLE SCHOOL	HIGH SCHOOL
2.C.1.	Explain why healthy friendships are the best foundation for romantic relationships.		●	●
2.C.2.	Compare and contrast characteristics of healthy romantic relationships (respect, consideration, kindness, encouragement, giving) with those of unhealthy relationships (disrespect, selfishness, exploitation, control, dishonesty).		●	●
2.C.3.	Analyze factors to be considered in preparing for dating and marriage, including setting personal boundaries, respecting family guidelines, sharing values, exploring compatibilities and marriage partner selection strategies.		●	●
2.C.4.	Discuss different reasons for dating and how it can positively or negatively influence short- and long-term life goals.		●	●
2.C.5.	Compare and contrast advantages and disadvantages of one-on-one dating and group dating.		●	●
2.C.6.	Outline healthy strategies for dating such as setting boundaries, dating in groups of trusted friends, delaying individual dating until older adolescence, and dating someone of similar age.		●	●
2.C.7.	Compare and contrast love and infatuation (lasting commitment to the well-being of another person vs. emotional attraction that is usually fleeting, intense and often irrational).	●	●	●
2.C.8.	List examples of verbally and nonverbally expressing affection in healthy, nonsexual ways.	●	●	●
2.C.9.	List specific personal boundaries for healthy, nonsexual physical contact, and strategies for communicating them early in dating relationships to help prevent sexual activity and dating violence.		●	●
2.C.10.	Identify characteristics of unhealthy relationships which can lead to dating violence, coercion and abuse, and describe strategies for seeking help and support.		●	●
2.C.11.	Explore safe and respectful ways to end an unhealthy or unwanted romantic relationship.	●	●	●
2.C.12.	Cite examples of how social media and cultural influences impact dating.	●	●	●
2.C.13.	Present research showing that delayed dating is related to delayed onset of sexual activity.		●	●

D. MARRIAGE

Healthy, strong marriages contribute to healthy families and communities.

References: [95-110]

STUDENTS WILL BE ABLE TO:

		LATE ELEMENTARY	MIDDLE SCHOOL	HIGH SCHOOL
2.D.1.	Define a healthy marriage as the mutually-committed, monogamous union of a couple, intended to be lifelong, that is granted rights and responsibilities by law.	●	●	●
2.D.2.	Name qualities of a healthy marriage, such as mutual commitment, fidelity, respect, trust, compatibility, giving, service, effective communication, ability to resolve conflict, and sharing of values and goals.	●	●	●

KEY TOPIC

2

Healthy Relationships

		EARLY ELEMENTARY	LATE ELEMENTARY	MIDDLE SCHOOL	HIGH SCHOOL
2.D.3.	Identify the characteristics needed to sustain a marriage relationship through difficult times, including commitment, compromise, forgiveness, effective communication, perseverance, and seeking counseling when needed.		●	●	●
2.D.4.	Specify the benefits of a healthy marriage, including a lifelong, committed caring relationship for the couple; increased financial stability; personal happiness and life satisfaction; and a safe and stable environment for raising children and building healthy communities.		●	●	●
2.D.5.	List the elements of a healthy marriage that encourage intimacy and bonding, including trust, vulnerability and sexual fulfillment.				●
2.D.6.	State that a healthy marriage is supportive of a person's physical, intellectual, emotional, social, spiritual, and financial health and well-being; and, therefore, is the optimal context for sex.			●	●
2.D.7.	Analyze how making healthy choices before marriage, including avoiding sexual activity, can strengthen fidelity in marriage.			●	●
2.D.8.	Affirm that attributes of a healthy marriage can be learned and applied, regardless of family experience.		●	●	●
2.D.9.	Discuss research that shows healthy marriage can be a protective factor against poverty, violence and abuse.				●
2.D.10.	Explore research that suggests that healthy marriage is a better predictor of long-term commitment and stability than cohabitation.				●

E. PARENTHOOD

Nurturing and involved parents provide love and support for the healthy development of children.
References: [111-120]

STUDENTS WILL BE ABLE TO:

2.E.1.	List responsibilities of parents, including providing food, shelter, love, protection, education and guidance for their children.	●	●	●	●
2.E.2.	Discuss ways that parents teach values, most effectively through love, example and discipline.	●	●	●	●
2.E.3.	Describe how parent-child connectedness can help children and adolescents make healthy choices as they mature, including decisions that foster healthy relationships and optimal sexual development.		●	●	●
2.E.4.	List family responsibilities that can be shared by parents through teamwork, such as household chores, child care and financial obligations.	●	●	●	●
2.E.5.	Identify those who may fulfill parenting roles, in addition to biological, adoptive, single and step-parents, such as grandparents, extended family members and foster parents.	●	●	●	●
2.E.6.	Discuss social science research about the optimal outcomes for children raised in a family structure headed by two married parents.			●	●

KEY TOPIC

3

Optimal Sexual Development

A. PUBERTY

Puberty is a natural biological process that produces important physical and emotional changes and is influenced by various factors, such as each individual's genetic profile and the environment.

References: [17, 121-130]

STUDENTS WILL BE ABLE TO:

		EARLY ELEMENTARY	LATE ELEMENTARY	MIDDLE SCHOOL	HIGH SCHOOL
3.A.1.	Define puberty as a stage of human growth that signals the developing ability of an individual to reproduce.		●	●	●
3.A.2.	Describe the physical and emotional changes of puberty for both males and females, and how they can vary for each person.		●	●	●
3.A.3.	Identify basic components of the male and female reproductive systems and describe their function, including how girls begin to ovulate and boys begin producing sperm.		●	●	●
3.A.4.	Explain how the physical and hormonal changes during puberty, including experiencing physical attraction, can affect but need not control emotions and actions.		●	●	●
3.A.5.	Explain the importance of respecting individual variations in development, including body size and shape.	●	●	●	●
3.A.6.	Identify key relationships that provide support and guidance throughout puberty, including those with parents, family members, and trusted adults.		●	●	●

B. HUMAN REPRODUCTION

Reproduction is the biological process by which a sperm and an egg are joined to form a unique human life.

References: [131-135]

STUDENTS WILL BE ABLE TO:

3.B.1.	Define reproduction as the biological process by which a unique human life begins and grows.		●	●	●
3.B.2.	Define fertilization as the initiation of reproduction by the joining of a sperm and an egg, which results in the complete and distinct genetic profile of a unique individual.		●	●	●
3.B.3.	Define sexual intercourse and its role in fertilization.			●	●
3.B.4.	Describe the physical changes that occur in fetal development from fertilization through birth, e.g., heartbeat, brain development, and fingerprints.		●	●	●
3.B.5.	Discuss the importance of prenatal care and how it contributes to a healthy pregnancy.			●	●
3.B.6.	Explain how fertility can be affected by age, environment and physical health.			●	●

KEY TOPIC

3

Optimal Sexual Development

C. OPTIMAL SEXUAL ATTITUDES AND BEHAVIORS

Optimal sexual development is achieved by cultivating healthy attitudes and behaviors focused on the benefits of avoiding nonmarital sexual activity.

References: [136-142]

STUDENTS WILL BE ABLE TO:

		EARLY ELEMENTARY	LATE ELEMENTARY	MIDDLE SCHOOL	HIGH SCHOOL
3.C.1.	Define optimal sexual development as a process toward achieving health and well-being, influenced by sexual attitudes and behaviors.		●	●	●
3.C.2.	Discuss how a healthy self-image and strong sense of self-worth can promote optimal sexual development and empower youth to make healthy decisions about sexual behavior.		●	●	●
3.C.3.	Explain how exercising self-control over attraction and sexual desires helps promote optimal sexual development.			●	●
3.C.4.	Discuss how there are many influences that positively or negatively impact sexual behavior, including biological, psychological, social, economic, cultural, political, ethical, legal, religious, and spiritual factors.			●	●
3.C.5.	Explain how peer pressure, whether it is negative or positive, can have a significant impact on sexual attitudes and behavior.		●	●	●
3.C.6.	Identify parents, family members or trusted adults who can provide guidance and support to discuss sensitive sexual health topics.		●	●	●
3.C.7.	Demonstrate the ability to evaluate and analyze information related to optimal sexual development, considering factors such as its source, validity, medical accuracy, bias or potential financial gain, and whether it aligns with personal values.			●	●
3.C.8.	Cite examples of how media, social media and technology can positively or negatively influence sexual attitudes and behavior.		●	●	●
3.C.9.	Summarize research on the physical and emotional benefits of avoiding nonmarital sexual activity.			●	●

KEY TOPIC

4

Sexual Risks

A. AVOIDING SEXUAL RISKS

Sexual activity outside of marriage can have harmful physical and emotional consequences.
References: [19, 93, 143-174]

STUDENTS WILL BE ABLE TO:

		Early Elementary	Late Elementary	Middle School	High School
4.A.1.	(Middle School) Explain that sexual activity includes physical contact between individuals involving intimate/private areas of the body that can potentially result in pregnancy, STDs/STIs and/or emotional risks.			●	●
4.A.1.	(High School) Explain that sexual activity includes physical contact between individuals involving intimate/private areas of the body (such as outercourse, mutual masturbation, oral sex, anal sex, and vaginal intercourse) that can potentially result in pregnancy, STDs/STIs and/or emotional risks.				●
4.A.2.	Discuss how avoiding nonmarital sexual activity eliminates the associated negative physical, intellectual, emotional, social, spiritual, and financial risks.			●	●
4.A.3.	Compare and contrast sexual risk avoidance versus sexual risk reduction as they relate to pregnancy, STDs/STIs and other risks.			●	●
4.A.4.	Describe the concept of the "Success Sequence" and how avoiding early sexual activity has the potential to protect against negative life outcomes, including maternal and child poverty.		●	●	●
4.A.5.	Analyze why many sexually active adolescents wish they had waited to have sex and how they can choose to avoid nonmarital sexual activity going forward.			●	●
4.A.6.	Describe the value of setting, communicating and respecting boundaries in order to avoid sexual activity.			●	●
4.A.7.	Discuss refusal skills and behaviors that are required for avoiding nonmarital sexual activity, such as mutual respect, communication and assertiveness skills, impulse control, and the ability to maintain boundaries.			●	●
4.A.8.	Explain how adolescent alcohol and illegal drug use increases vulnerability toward early sexual activity.			●	●
4.A.9.	Present research on (1) the addictive nature of pornography and how it can be avoided or overcome, and (2) the negative impact viewing pornography can have on the brain and potentially on sexual behavior.			●	●
4.A.10.	Review applicable state laws governing the age of sexual consent and how violating such laws can lead to serious legal consequences.				●

B. TEEN PREGNANCY

Teens who face a pregnancy before they are married encounter a number of physical, emotional, social, educational and financial challenges.
References: [11, 175-190]

STUDENTS WILL BE ABLE TO:

		Early Elementary	Late Elementary	Middle School	High School
4.B.1.	Explain how avoiding sexual activity is the only 100% effective way to avoid teen pregnancy.		●	●	●
4.B.2.	Discuss the emotional, social, educational and financial impact of teen pregnancy on teen parents and their children.			●	●

KEY TOPIC

4

Sexual Risks

		EARLY ELEMENTARY	LATE ELEMENTARY	MIDDLE SCHOOL	HIGH SCHOOL
4.B.3.	State why contraception, when used consistently and correctly, can reduce but not completely eliminate the risk of pregnancy or STDs/STIs.			●	●
4.B.4.	Describe different methods of contraception comparing their effectiveness, limitations, and potential side effects with typical human use.			●	●
4.B.5.	List the legal options for those facing a teen pregnancy and their associated challenges.			●	●
4.B.6.	Investigate the rights and responsibilities of teen fathers, including legal, financial and relational aspects.			●	●
4.B.7.	Explain how a parent, family member, or trusted adult can be a valuable resource and support for a teen facing an unplanned pregnancy.			●	●
4.B.8.	Explain what is needed to help teens who face a pregnancy overcome challenges, plan for a positive future and accomplish personal goals.			●	●

C. STDs/STIs

Sexually Transmitted Diseases/Sexually Transmitted Infections can have harmful physical, emotional and social consequences and can be prevented by avoiding nonmarital sexual activity.
References: [7, 19, 191-217]

STUDENTS WILL BE ABLE TO:

4.C.1.	State that avoiding sexual activity is the only 100% effective way to prevent STDs/STIs.		●	●	●
4.C.2.	Define STDs/STIs as infections or illnesses transmitted through sexual activity that can have short- and long-term health consequences and, in some cases, be life-threatening.		●	●	●
4.C.3.	List the major STDs/STIs, including HIV/AIDS, and describe their mode of transmission, symptoms, testing, and treatment.			●	●
4.C.4.	Discuss how most STDs/STIs, when first contracted, are asymptomatic and can be spread unknowingly through sexual activity, and describe the associated health implications.			●	●
4.C.5.	Explain the reasons why sexually active teens are at greater risk for STDs/STIs than adults, such as greater likelihood of more partners over a lifetime and biological vulnerability of young females.			●	●
4.C.6.	Identify the potential negative health impact of STDs/STIs, including infertility, STD/STI-related cancer, mother-to-infant transmission, and emotional or relational distress.			●	●
4.C.7.	Discuss reasons why rates of risk reduction, even with consistent and correct condom usage, vary for certain STDs/STIs, including whether they are transmitted by skin-to-skin contact or bodily fluid.			●	●
4.C.8.	Explain the limitations of condoms in reducing the risk of STDs/STIs, such as inconsistent or incorrect use, not covering infected areas, breaking or tearing, etc.			●	●
4.C.9.	List other factors that may increase risk of contracting STDs/STIs, such as multiple partners, pre-existing STDs/STIs, alcohol or drug use, sexual abuse or violence.			●	●

KEY TOPIC

4

Sexual Risks

	EARLY ELEMENTARY	LATE ELEMENTARY	MIDDLE SCHOOL	HIGH SCHOOL
4.C.10. Identify STDs/STIs for which vaccinations or preventative medications are currently available, (e.g., HPV, Hepatitis B, HIV), and that require parental and/or medical consultation.			●	●
4.C.11. State the importance of seeking advice from parents, family members or trusted adults for adolescents considering or involved in sexual activity.			●	●
4.C.12. Explain the importance for sexually active teens of (1) regular STD/STI screening for sexually active teens, (2) understanding diagnostic and treatment limitations, (3) communicating with their partners regarding their STD/STI status, and (4) avoiding future sexual activity.			●	●

D. EMOTIONAL RISKS

Nonmarital sexual activity can have negative emotional consequences.
References: [218-224]

STUDENTS WILL BE ABLE TO:

4.D.1. Explain the emotional benefits of avoiding nonmarital sexual activity.		●	●	●
4.D.2. Articulate how the breakup of romantic relationships is frequently accompanied by strong feelings that can be amplified when sexual activity is involved.			●	●
4.D.3. Explain how teen sexual activity can lead to significant emotional health consequences, such as disappointment, regret, depression, suicidal ideation and suicide.			●	●
4.D.4. State that condom and contraceptive use will not prevent the emotional consequences that can be associated with sexual activity.			●	●
4.D.5. Identify other key relationships that can be negatively impacted when teens are involved in sexual activity, such as family, school and faith community connectedness.			●	●
4.D.6. State the importance of seeking support from a parent or trusted adult, or counselor if needed, for those who experience negative emotional consequences of sexual activity or related issues.			●	●
4.D.7. Explain that a person who has had nonmarital sexual activity can decide at anytime to avoid it, receive the physical and emotional benefits of that choice, and should not be shamed by others.		●	●	●

E. SEXUAL ABUSE

Sexual abuse can and should be prevented, stopped, and dealt with appropriately.
References: [49, 106, 225-258]

STUDENTS WILL BE ABLE TO:

4.E.1. State that all individuals have the right to not have another person look at, photograph, or touch the intimate/private areas of their bodies, and should not be forced to look at (in person or digitally) or touch another person's intimate/private areas.	●	●	●	●
4.E.2. Define sexual abuse as (1) any adult sexual contact with a minor below the legal age of consent, or (2) sexual contact between adults or minors involving coercion, threat, or force, or (3) taking advantage of an individual's inability or ignoring their unwillingness to give consent.			●	●
4.E.3. Describe how imbalances of power within sexual relationships due to, for instance, age, position, status, and ability to give consent, could be potentially used in a sexually abusive way.			●	●

KEY TOPIC

4

Sexual Risks

		EARLY ELEMENTARY	LATE ELEMENTARY	MIDDLE SCHOOL	HIGH SCHOOL
4.E.4.	List ways that different forms of sexual abuse (e.g., coercion, exploitation, sexual grooming, sex trafficking, transactions, oppression, harassment, and violence) can physically, mentally or emotionally harm a person.			●	●
4.E.5.	Discuss typical characteristics of sexual abusers that can include familiarity to one's circle of family or friends, insistence on secrecy, use of pornography, threats of harm, and their own history of being sexually abused.	●	●	●	●
4.E.6.	Affirm that anyone who has experienced sexual abuse is not at fault and is not to be blamed or shamed.	●	●	●	●
4.E.7.	Explain the importance of reporting actual or suspected sexual abuse of self or others to a parent, trusted adult, or local authority.	●	●	●	●
4.E.8.	Discuss situations and behaviors that increase one's vulnerability to sexual assault and abuse, such as alcohol and illegal drug use, unsafe environments, and not communicating or respecting boundaries.			●	●
4.E.9.	Identify state and federal laws related to age of consent, sexting, sexual harassment, sexual assault, rape, and sex trafficking.			●	●
4.E.10.	Identify harmful cultural messages conveyed in music, movies, print media, social media, sexting and pornography that objectify or sexualize people, normalize sexual violence and exploitation, encourage teenage sex, and ignore negative consequences.			●	●
4.E.11.	Discuss potential negative consequences of sharing sexually explicit content (such as public embarrassment; bullying; exploitation; legal consequences; compromise of future college, career, or relationship opportunities).		●	●	●
4.E.12.	Identify the appropriate action to take when sexually explicit content is received, such as immediately informing a parent or trusted adult, and/or a school official.		●	●	●
4.E.13.	Explain how receiving payment or gifts for sex is harmful to a young person and can lead to physical violence and sex trafficking.			●	●
4.E.14.	Identify trusted adults and professional resources to help those who have been sexually abused to heal physically, mentally and emotionally.	●	●	●	●

GLOSSARY

ADOLESCENT; ADOLESCENCE is the developmental period between childhood and adulthood. Although the World Health Organization (WHO) defines adolescents as individuals in the 10- to 19-year-old age group, others extend the range up to 24 years. This age group has its unique challenges and physical, mental, emotional and relational developmental milestones.

ADVERSE CHILDHOOD EXPERIENCES (ACEs) are traumatic events that occur during childhood which may have detrimental effects on individuals throughout their lifetime. The greater number of ACEs that occur in an individual's life, the greater risk there is to health and wholeness.

ANAL SEX, also called anal intercourse, is the act of inserting the penis into the anus (or rectum) among men who have sex with men (MSM) and men who have sex with women (MSW). Anal sex is the riskiest type of sex for transmitting the HIV virus.

ASYMPTOMATIC in the context of STDs/STIs describes an individual who may have an infection or disease, and yet have no obvious signs or symptoms to indicate it. Asymptomatic individuals infected with STDs/STIs can still transmit infections without knowing it.

COERCION is pressuring someone to do something against their will by using physical force or threats.

COGNITIVE MATURITY is the process of brain development, which continues into the late 20s. In adolescents, the frontal lobe of the brain is still developing, which can delay mature decision-making skills.

CONNECTEDNESS is a sense of belonging and feeling cared for by others. Connectedness is important for healthy development and serves as a protective factor for youth against risk behaviors.

CONSENT is the permission granted by an individual to willingly engage in an activity. Consent must be communicated clearly and not assumed. Consent should not be given without understanding the risks and benefits involved. See also *Sexual Consent, Refusal Skills.*

CONSISTENT AND CORRECT CONDOM USE reduces the risk of pregnancy and STD/STI transmission. Consistent condom use is using a condom with each incidence of sexual activity, since STD/STI transmission may result from a single sexual encounter with an infected partner. Correct use encompasses a large range of details including the storage, handling and timing of application of the condom specific to the type and material make-up of the device (male, female or internal, latex, vinyl, natural, etc.). Incorrect use of a condom will increase the risk of both pregnancy and STDs/STIs.

Even with consistent and correct use, condoms do not provide complete protection against STDs/STIs. There are different levels of risk reduction depending on how the STDs/STIs are transmitted. Since condoms may not cover all of the areas of potential transmission, infections such as genital herpes, human papillomavirus (HPV), syphilis and chancroid, which are transmitted primarily from skin-to-skin contact, have much lower protection from condom usage than infections transmitted primarily by genital fluids. Overall, correct and consistent condom use in adolescents remains low, contributing to higher rates of STDs/STIs and teen pregnancies.

CONSISTENT AND CORRECT CONTRACEPTIVE USE includes condoms as referenced in *Consistent and Correct Condom Use.* Consistent and correct contraceptive use means always using the method of contraception according to the manufacturer's or health care provider's instructions.

COUNSELORS may be professionals in the fields of social work, psychology, or healthcare. Licensing requirements vary, but all professional counselors have special training or advanced degrees to equip them to guide others toward wellness and positive life outcomes.

DATING is a behavior whose terminology is continually changing, especially among school-aged children. In this document, dating is used interchangeably with "romantic relationships" and includes relationships between adolescents that are considered to be closer than a friendship. Healthy and safe dating, delayed until older adolescence, benefits from maturity, guidance and support. Early dating has been shown to increase the risk of sexual activity.

DISCIPLINE is the process of teaching and guiding children regarding what behaviors are acceptable and unacceptable. Many different tools are used in effective discipline, including appropriate reinforcement and modeling.

FAMILY/FAMILY MEMBERS can include immediate and extended family members. A family is traditionally made up of individuals who are related by birth, marriage or adoption, or may be legally connected (such as a foster family or a guardianship).

FERTILIZATION is the fusion of an egg (a female gamete with half the number of chromosomes of an individual) and a sperm (a male gamete with half the number of chromosomes of an individual) to form a zygote with the total number of chromosomes needed to form a unique individual.

GRIT/RESILIENCE is a positive character strength that enables one to adapt, recover or overcome difficult circumstances, stressful situations, adversity, trauma, or threats. Resilience can help people achieve goals and develop self-respect when resisting social pressure to do things that may be harmful or unhealthy.

HEALTHY MARRIAGE is a mutually-committed, monogamous union of a couple, intended to be lifelong, that is granted rights and responsibilities by law. Qualities include mutual commitment, fidelity, respect, trust, compatibility, giving, service, effective communication, ability to resolve conflict, sharing of values and goals, compromise, forgiveness, and perseverance. Elements of a healthy marriage that encourage intimacy, attachment, and bonding include trust, vulnerability, and sexual fulfillment.

INCONSISTENT AND INCORRECT CONDOM/CONTRACEPTIVE USE See *Consistent and Correct Use.*

INFATUATION is an obsessively strong attraction to someone and can be common among adolescents. The feelings are often irrational, ignoring negative traits or idealizing the person of interest. Infatuations are usually short-lived.

A **LEGACY** is something that is handed down from one generation to the next. It can be something physical, but is often a concept, example, or teaching.

LOVE is a lasting commitment to the well-being of another person. It is often characterized as being unconditional, and demonstrated

by genuine care and concern, protection, and a desire for the best outcome for the other. Love is more intentional than emotional, as contrasted with infatuation.

MARRIAGE is the mutually-committed, monogamous union of a couple, intended to be lifelong, that is granted rights and responsibilities by law.

MATURITY is the state of being fully developed. In human terms, it includes physical development as well as a level of cognitive, social and emotional development that would be present in an adult. Maturity is often demonstrated by consistently choosing behaviors that are healthy and socially responsible and by learning from past mistakes. See also *Cognitive Maturity.*

MEDICALLY ACCURATE describes medical information that is verified or supported by the weight of research conducted in compliance with accepted scientific methods and (a) published in peer-reviewed journals, where applicable, or (b) comprising information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete. [(Section 510(e)(2) of the Social Security Act 42 U.S.C. § 710(e)(2)]

MUTUAL MASTURBATION occurs when two or more people manually stimulate their own genitals or each other's, in-person or virtually. While mutual masturbation is exclusive of sexual intercourse and may not be considered "sex," there can be a risk of STDs/STIs with any contact of infected skin or bodily fluids.

NONMARITAL SEXUAL ACTIVITY is any sexual activity that occurs outside of a marriage. Sexual activity prior to marriage and sexual activity of a married person with anyone other than the spouse is nonmarital sexual activity.

OBJECTIFY is to treat others in a dehumanizing way as if they are an "object" devoid of feelings, opinions, or rights of their own. Harmful cultural messages (such as those that characterize pornography) often objectify and sexualize people.

OPPRESSION is the exercise of real or perceived power or authority over another person to cause harm. Sexual oppression is a form of sexual abuse.

OPTIMAL SEXUAL DEVELOPMENT is an ongoing process throughout the lifespan that includes the physical, intellectual, emotional, social and spiritual aspects of attaining sexual health. Optimal sexual development is influenced by many factors including guidance and support of parents, family members and trusted adults promoting positive life outcomes. In this document, the optimal sexual development approach incorporates all strategies that promote the best outcomes for school-aged children, including positive character formation, nurturing healthy relationships and postponing sexual activity until healthy marriage.

OUTERCOURSE typically refers to sexual activity that does not include oral, vaginal, or anal sex. While outercourse may not be considered "sex," there can be a risk of transmitting STDs/STIs with any contact of the infected area or bodily fluids.

A **PARENT** is the biological mother or father of a child or may be a parent through adoption, marriage (step-parent), or fostering. In certain instances, grandparents or other extended family members may fulfill parenting roles. Parents are legally responsible for their child's welfare and have the legal right to make certain decisions for their child. They have important responsibilities of providing food, shelter, love, protection, education, and guidance.

PERSONAL BOUNDARIES are self-determined limits or standards for personal behavior. These personal boundaries define the parameters of a person and affect physical, intellectual, emotional, social, and spiritual well-being. Boundaries also help identify personal ownership and responsibility. Setting, communicating and respecting personal boundaries are characteristic of healthy dating.

PORNOGRAPHY is any type of material (digital or printed) containing the explicit description or display of nudity, partial nudity or sexual activity, usually intended for sexual arousal. Pornography is correlated with a wide range of harms, including addiction and sex trafficking. It can also have a negative impact on relationships and be a form of sexual abuse.

PUBERTY is a stage of human growth that signals the developing ability of males and females to reproduce. It is a biological process that produces important physical, hormonal, and emotional changes and is influenced by various factors, such as each individual's genetic profile and the environment.

RAPE is a form of sexual abuse involving penetration (however minimal) of the vagina or anus, with any object or body part, without the consent of the victim. It also includes oral penetration by another person's sex organ. Statutory rape is sex between an adult and a minor below the age of consent, or where there is a defined age differentiation between those involved. Laws defining rape and statutory rape and their legal consequences vary by state. See also *Sexual Consent, Sexual Abuse.*

REFUSAL SKILLS are practical ways to avoid, resist or refuse to engage in unwanted or risky behaviors. Refusal skills include establishing, clearly communicating, and maintaining personal boundaries. Refusal skills help a person move away from unwanted or risky behavior, whereas consent implies directionally moving toward a behavior. In this document, refusal skills are emphasized for avoiding nonmarital sexual activity, resisting sexual coercion, and developing healthy relationships. See also *Consent, Sexual Consent.*

REPRODUCTION is the biological process by which a unique human life begins and grows. See also *Puberty, Fertilization.*

ROMANTIC RELATIONSHIPS See *Dating.*

SEX TRAFFICKING is a form of sexual abuse and modern-day slavery. It involves controlling a person using force, fraud, or coercion for the purpose of sexual exploitation. If the victim is a minor, any transactional sexual activity is considered sex trafficking, regardless of proof of force, fraud, or coercion.

SEXTING is sharing sexually explicit messages, including videos or photos, via a cell phone, computer, tablet or other device. Sexting can include words describing, discussing or proposing sexual acts. In many states, sexting by minors is a misdemeanor or crime, and can be considered child pornography.

SEXUAL ABUSE is a general term for sexual offenses or crimes that occur between an offender and a victim. It is any unwanted or illegal sexual advance, ranging from sexual language, to taking or showing sexual photos, to touching, to rape. Sexual abuse is illegal and carries various penalties defined by state laws.

GLOSSARY

SEXUAL ACTIVITY includes physical contact between individuals involving intimate/private areas of the body (such as outercourse, mutual masturbation, oral sex, anal sex and vaginal intercourse) that can potentially result in pregnancy, STDs/STIs and/or emotional risks. Related sexual activities can also include sexting and pornography, masturbation, or any activity for the purpose of sexual arousal.

SEXUAL ASSAULT is any illegal sexual contact that is imposed upon a person without permission or legal consent. Sexual assault ranges from statutory rape to indecent assault (illegal sexual contact without the intent of rape) to violent rape.

SEXUAL CONSENT is the permission granted by an individual to willingly engage in a specific sexual activity. However, legal sexual consent is more complicated than just giving permission. The legal definition varies from state to state and may depend on the age of the person giving consent, the age difference between the sexual partners, and the balance or imbalance of power between the parties. Also, a person's ability to give consent may be hindered by physical or mental incapacitation. See also *Consent, Refusal Skills.*

SEXUAL EXPLOITATION occurs when someone uses a position of power or trust over another person for sexual purposes. The purpose of the exploitation may include monetary or social gain, as well as sexual gratification.

SEXUAL GROOMING is a technique used by sexual abusers to gain access to a prospective victim. Stages of grooming may include targeting, gaining trust, filling a need, isolating the victim, normalizing sexual activity, sexual contact, and maintaining control. See also *Sexual Abuse, Consent.*

SEXUAL INTERCOURSE in this document refers to vaginal intercourse, which is the penetration of the vagina by the penis, and its role in reproduction.

SEXUAL RISK AVOIDANCE (SRA) is a primary prevention approach to sexual activity focused on avoiding the physical, mental, and relational risks of nonmarital sexual activity. SRA is consistent with optimal sexual development and the attainment of optimal sexual health.

SEXUAL RISK REDUCTION (SRR) is an approach to sexual activity focused on reducing the physical, mental and relational risks of sexual activity. It is important to note the contrast of SRA versus SRR. In SRR, the degree of risk reduction varies significantly, remains unpredictable, and may not be sufficient to eliminate short- and long-term risks.

SEXUAL VIOLENCE is the use of coercion or physical force to compel a person to witness or engage in sexual activity against their will. See also *Coercion.*

SEXUALIZE in this document means to inappropriately impose sexual content and/or sexual values upon children, often through media.

SEXUALLY EXPLICIT CONTENT includes any offensive or graphic communication, such as language, pictures, videos, or music depicting pornography or sexual activity. See also *Sexual Activity, Sexting, Pornography.*

SEXUALLY TRANSMITTED DISEASES/ SEXUALLY TRANSMITTED INFECTIONS (STDs/STIs) are infections, illnesses or infestations, transmitted through sexual activity that can have short- and long-term health consequences and, in some cases, be life threatening. In this document, the terms STDs and STIs are used together to cover a broader range of conditions.

STD/STI-RELATED CANCER is cancer that results directly from certain STDs/STIs, such as HPV-related cervical cancer, or as a long-term consequence of STD/STI infection in the body, such as HBV-related liver cancer. Other examples of STD/STI-related cancers include AIDS-related cancers, oral cancers and anal cancers.

The **"SUCCESS SEQUENCE"** refers to original research conducted by The Brookings Institution that demonstrates a reduction in the risk of poverty for those who complete high school, secure full-time employment, and get married (in that sequence) prior to having children.

A **TEEN** or a teenager is an individual who is between the ages of 13 and 19 years of age. The term is used interchangeably in this document with the word "adolescent."

TEEN PREGNANCY is when a teen girl, typically unmarried, becomes pregnant. Teen pregnancy has been considered a public health concern for many years, as it usually results in physical, emotional, social, educational and financial challenges for the mother, father and child.

TRANSACTIONS in this document refer to transactional sex, which happens when there is an external motivation or payment to engage in sexual activity with someone. This may include gifts, money, or services. See also *Sex Trafficking.*

A **TRUSTED ADULT** can be trusted to have the child's best interest in mind. Typically, trusted adults include parents or legal guardians, as well as teachers, healthcare professionals, counselors, law enforcement, and school personnel /officials.

TYPICAL HUMAN USE in this document refers to the typical human use of contraception. The rate of risk reduction is determined by how consistently and correctly contraceptive methods are used. This rate is in contrast with "perfect use" rate or rates that come from clinical laboratory or tightly controlled research use.

VAGINAL INTERCOURSE is the penetration of the vagina by the penis. In this document, vaginal intercourse is used interchangeably with sexual intercourse. See also *Sexual Intercourse.*

VALUES are guiding principles, standards, or qualities which are reflective of morals, ethics and/or spiritual beliefs. Values can be a major motivating force, and influence decision-making and goal setting. They can be shaped by many influences including parents, family members, trusted adults, life experiences, peers and media.

A **STATE OF WELL-BEING** indicates that positive attributes outweigh any negative attributes that might be present. In physical well-being, the physical attributes of health and wellness outweigh any existing minor risks to the body.

WHOLENESS is the completeness demonstrated when a person's physical, intellectual, emotional, social and spiritual aspects are in a balanced state of well-being. Wholeness is associated with thriving and flourishing, and the ability to maintain health and enjoy healthy relationships.

REFERENCES

1. International Health Conference. Constitution of the World Health Organization. 1946. *Bull World Health Organ*. 2002;80(12):983 – 984. Accessed March 31, 2021. https://apps.who.int/iris/handle/10665/268688
2. Centers for Disease Control and Prevention. National Health Education Standards (NHES). Published 2019. Updated 2019. Accessed March 31, 2021. https://www.cdc.gov/healthyschools/sher/standards/index.htm
3. Bradley BJ, Greene AC. Do health and education agencies in the United States share responsibility for academic achievement and health? A review of 25 years of evidence about the relationship of adolescents' academic achievement and health behaviors. *J Adolesc Health.* 2013;52(5):523-532.
4. Busch V, Loyen A, Lodder M, Schrijvers AJP, van Yperen TA, de Leeuw JRJ. The effects of adolescent health-related behavior on academic performance. *Rev Educ Res.* 2014;84(2):245-274.
5. Michael SL, Merlo CL, Basch CE, Wentzel KR, Wechsler H. Critical connections: health and academics. *J Sch Health.* 2015;85(11):740-758.
6. O'Donnell MP. Definition of health promotion 2.0: embracing passion, enhancing motivation, recognizing dynamic balance, and creating opportunities. *Am J Health Promot.* 2009;24(1):iv.
7. Office of Population Affairs. Optimal health. U.S. Department of Health & Human Services. Accessed March 31, 2021. https://opa.hhs.gov/adolescent-health/optimal-health#Overview
8. SUNY Cortland. Center for the 4th and 5th Rs. Accessed March 31, 2021. https://www2.cortland.edu/centers/character/
9. Thompson T, Kreuter MW, Boyum S. Promoting health by addressing basic needs: effect of problem resolution on contacting health referrals. *Health Educ Behav.* 2016;43(2):201-207.
10. Lindberg L, Santelli J, Desai S. Understanding the decline in adolescent fertility in the United States, 2007-2012. *J Adolesc Health.* 2016;59(5):577-583.
11. Martin JA, Hamilton BE, Osterman MJK, Driscoll, AK. Births: final data for 2018. *Natl Vital Stat Rep*. 2019;68(13):1-46.
12. Centers for Disease Control and Prevention. Youth risk behavior surveillance system (YRBSS). Published 2020. Accessed March 31, 2021. https://www.cdc.gov/healthyyouth/data/yrbs/index.htm
13. Martin JA, Hamilton BE, Osterman MJK. Births in the United States, 2018. *NCHS Data Brief.* 2019(346):1-8.
14. Chesson HW, Spicknall IH, Bingham A, et al. The estimated direct lifetime medical costs of sexually transmitted infections acquired in the United States in 2018. *Sex Transm Dis.* 2021;48(4):215-221.
15. Kreisel KM, Spicknall IH, Gargano JW, et al. Sexually transmitted infections among US women and men: prevalence and incidence estimates, 2018. *Sex Transm Dis.* 2021;48(4):208-214.
16. Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2019.* U.S. Department of Health and Human Services; 2021. Accessed November 3, 2021. https://www.cdc.gov/std/statistics/2019/default.htm
17. Mojtabai R, Olfson M, Han B. National trends in the prevalence and treatment of depression in adolescents and young adults. *Pediatrics*. 2016;138(6).
18. Reap VJ. Sex trafficking: a concept analysis for health care providers. *Adv Emerg Nurs J.* 2019;41(2):183-188.
19. Lavoie GR, Fisher JF. Receptive anal intercourse and HIV infection. *World J AIDS*. 2017;7(4):269-278.
20. Adams NE. Bloom's taxonomy of cognitive learning objectives. *J Med Libr Assoc.* 2015;103(3):152-153.
21. Centers for Disease Control and Prevention. Health Education Curriculum Analysis Tool (HECAT). Published 2019. Updated 2019. Accessed March 31, 2021. http://cdc.gov/healthyyouth/hecat
22. U.S. Department of Health and Human Services. Healthy people 2030. Published 2021. Accessed March 31, 2021. https://health.gov/healthypeople
23. U.S. Department of Health and Human Services. Adolescents: overview and objectives. Published 2021. Accessed March 31, 2021. https://health.gov/healthypeople/objectives-and-data/browse-objectives/adolescents
24. The Center for Relationship Education. SMARTool. Published 2021. Accessed March 31, 2021. https://www.myrelationshipcenter.org/smartool
25. Search Institute. The developmental assets framework. Accessed March 31, 2021. www.search-institute.org/our-research/development-assets/developmental-assets-framework/
26. Harvard University. Human flourishing program at Harvard's Institute for Quantitative Social Science. Accessed March 31, 2021. https://hfh.fas.harvard.edu/measuring-flourishing
27. VanderWeele TJ. On the promotion of human flourishing. *Proc Natl Acad Sci U S A.* 2017;114(31):8148-8156.
28. U.S. Department of Education. Laws & guidance. Accessed March 31, 2021. https://www2.ed.gov/policy/landing.jhtml?src=image
29. Canadian Pediatric Society. Impact of media use on children and youth. *Paediatr Child Health*. 2003;8(5):301-306. doi:10.1093/pch/8.5.301
30. Arain M, Haque M, Johal L, et al. Maturation of the adolescent brain. *Neuropsychiatr Dis Treat.* 2013;9:449-461.
31. Duckworth AL, Seligman ME. Self-discipline outdoes IQ in predicting academic performance of adolescents. *Psychol Sci.* 2005;16(12):939-944.
32. Gagne JR, Nwadinobi OK. Self-control interventions that benefit executive functioning and academic outcomes in early and middle cchildhood. *Early Educ Dev.* 2018;29(7):971-987.
33. Ghaemi SN. Digital depression: a new disease of the millennium? *Acta Psychiatr Scand.* 2020;141(4):356-361.
34. Joshi SV, Stubbe D, Li ST, Hilty DM. The use of technology by youth: implications for psychiatric educators. *Acad Psychiatry.* 2019;43(1):101-109.
35. Kann L, McManus T, Harris WA, et al. Youth risk behavior surveillance - United States, 2017. *MMWR Surveill Summ.* 2018;67(8):1-114.
36. Lee Y-H, Cheng C-Y, Lin SSJ. A latent profile analysis of self-control and self-esteem and the grouping effect on adolescent quality of life across two consecutive years. *Soc Indic Res.* 2013;117(2):523-539.
37. Proctor C, Linley PA. *Research, Applications, and Interventions for Children and Adolescents: A Positive Psychology Perspective.* Springer; 2013.
38. Lipkin PH, Okamoto J, Council on Children with Disabilities, Council on School Health. The Individuals With Disabilities Education Act (IDEA) for Children With Special Educational Needs. *Pediatrics*. 2015;136(6):e1650-e1662. doi:10.1542/peds.2015-3409
39. Liu M, Wu L, Yao S. Dose-response association of screen time-based sedentary behaviour in children and adolescents and depression: a meta-analysis of observational studies. *Br J Sports Med.* 2016;50(20):1252-1258.
40. Ma M, Kibler JL, Dollar KM, et al. The relationship of character strengths to sexual behaviors and related risks among African American adolescents. *Int J Behav Med.* 2008;15(4):319-327.
41. Malin H, Liauw I, Damon W. Purpose and character cevelopment in early adolescence. *J Youth Adolesc.* 2017;46(6):1200-1215.
42. Peng P, Kievit RA. The development of academic achievement and cognitive abilities: a bidirectional perspective. *Child Dev Perspect.* 2020;14(1):15-20.
43. Rashid T, Anjum A, Lennox C, et al. *Assessment of Character Strengths in Children and Adolescents.* In Proctor C, Linley PA (eds.). *Research, Applications, and Interventions for Children and Adolescents: A Positive Psychology Perspective.* Springer; 2013, 81-115.
44. Trzesniewski KH, Donnellan MB, Moffitt TE, Robins RW, Poulton R, Caspi A. Low self-esteem during adolescence predicts poor health, criminal behavior, and limited economic prospects during adulthood. *Dev Psychol.* 2006;42(2):381-390.
45. Wu G, Feder A, Cohen H, et al. Understanding resilience. *Front Behav Neurosci.* 2013;7:10.
46. Office of Population Affairs, U.S. Department of Health & Human Services. Trends in teen pregnancy and childbearing. Accessed March 31, 2021. https://opa.hhs.gov/adolescent-health/reproductive-health-and-teen-pregnancy/trends-teen-pregnancy-and-childbearing
47. Anderson J. The teenage brain: under construction. American College of Pediatricians. May 2011. Updated May 2016. Accessed November 4, 2021. https://acpeds.org/position-statements/the-teenage-brain-under-construction
48. Armour S, Haynie DL. Adolescent sexual debut and later delinquency. *J Youth Adolesc.* 2006;36(2):141-152.
49. Bulot C, Leurent B, Collier F. Pornography sexual behaviour and risk behaviour at university. *Sexologies.* 2015;24(4):e78-e83.
50. Doremus-Fitzwater TL, Varlinskaya EI, Spear LP. Motivational systems in adolescence: possible implications for age differences in substance abuse and other risk-taking behaviors. *Brain Cogn.* 2010;72(1):114-123.
51. Giedd JN. The digital revolution and adolescent brain evolution. *J Adolesc Health.* 2012;51(2):101-105.
52. Haslip MJ, Allen-Handy A, Donaldson L. How do children and teachers demonstrate love, kindness and forgiveness? Findings from an early childhood strength-spotting intervention. *Early Childhood Educ J.* 2019;47(5):531-547.
53. O'Donnell L, Myint UA, Duran R, Stueve A. Especially for daughters: parent education to address alcohol and sex-related risk taking among urban young adolescent girls. *Health Promot Pract.* 2010;11(3 Suppl):70S-78S.
54. Steinberg L, Icenogle G, Shulman EP, et al. Around the world, adolescence is a time of heightened sensation seeking and immature self-regulation. *Dev Sci.* 2018;21(2):e12532.
55. Suleiman AB, Galvan A, Harden KP, Dahl RE. Becoming a sexual being: the 'elephant in the room' of adolescent brain development. *Dev Cogn Neurosci.* 2017;25:209-220.
56. Thamotharan S, Grabowski K, Stefano E, Fields S. An examination of sexual risk behaviors in adolescent substance users. *Int J Sex Health.* 2014;27(2):106-124.
57. Voisin DR, Hotton A, Tan K, Diclemente R. A longitudinal examination of risk and protective factors associated with drug use and unsafe sex among young

REFERENCES

African American females. *Child Youth Serv Rev.* 2013;35(9):1440-1446.

58. Widman L, Golin CE, Kamke K, Burnette JL, Prinstein MJ. Sexual assertiveness skills and sexual decision-making in adolescent girls: randomized controlled trial of an online program. *Am J Public Health.* 2018;108(1):96-102.
59. Zatorre RJ, Fields RD, Johansen-Berg H. Plasticity in gray and white: neuroimaging changes in brain structure during learning. *Nat Neurosci.* 2012;15(4):528-536.
60. Ho CY. Better health with more friends: the role of social capital in producing health. *Health Econ*. 2016;25(1):91-100. doi:10.1002/hec.3131
61. Levine, LE, Munsch J. *Child Development - An Active Learning Approach.* Third edition. SAGE Publications, Inc; 2017.
62. Centers for Disease Control and Prevention. Sexual risk behaviors. Published 2020. Accessed March 31, 2021. https://www.cdc.gov/healthyyouth/sexual-behaviors/
63. Rasberry CN, Tiu GF, Kann L, et al. Health-Related Behaviors and Academic Achievement Among High School Students—United States, 2015. *MMWR Morb Mortal Wkly Rep*. 2017;66(35):921–927.
64. Smith BW, Ford CG, Erickson K, Guzman A. The effects of a character strength focused positive psychology course on undergraduate happiness and well-being. *J Happiness Stud.* 2020;22(1):343-362.
65. Tsehay M, Necho M, Mekonnen W. The role of adverse childhood experience on depression symptom, prevalence, and severity among school going adolescents. *Depress Res Treat.* 2020;2020:Article ID 5951792.
66. Wolfe DA, Crooks CV, Chiodo D, Hughes R, Ellis W. Observations of adolescent peer resistance skills following a classroom-based healthy relationship program: a post-intervention comparison. *Prev Sci.* 2012;13(2):196-205.
67. Basch CE. Healthier students are better learners: high-quality, strategically planned, and effectively coordinated school health programs must be a fundamental mission of schools to help close the achievement gap. *J Sch Health.* 2011;81(10):650-662.
68. US Preventive Services Task Force. Behavioral counseling interventions to prevent sexually transmitted infections: US Preventive Services Task Force recommendation statement. *JAMA.* 2020;324(7):674-681.
69. Henderson JT, Henninger M, Bean SI, et al. *Behavioral counseling interventions to prevent sexually transmitted infections: a systematic evidence review for the US Preventive Services Task Force*. Agency for Healthcare Research and Quality; 2020.
70. Maxwell KA. Friends: the role of peer influence across adolescent risk behaviors. *J Youth Adolesc.* 2002;31(4):267-277.
71. Ainsworth MD. Attachments beyond infancy. *Am Psychol.* 1989;44(4):709-716.
72. Anda RF, Brown DW, Felitti VJ, Dube SR, Giles WH. Adverse childhood experiences and prescription drug use in a cohort study of adult HMO patients. *BMC Public Health.* 2008;8(1):198.
73. Chen Y, Haines J, Charlton BM, VanderWeele TJ. Positive parenting improves multiple aspects of health and well-being in young adulthood. *Nat Hum Behav.* 2019;3(7):684-691.
74. Hughes K, Bellis MA, Hardcastle KA, et al. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *Lancet Public Health.* 2017;2(8):e356-e366.
75. Kar SK, Choudhury A, Singh AP. Understanding normal development of adolescent sexuality: A bumpy ride. *J Hum Reprod Sci.* 2015;8(2):70-74.
76. McDonald NM, Messinger DS. The development of empathy: how, when, and why. In Sanguineti JJ, Acerbi A, Lombo JA, *Moral behavior and free will: a neurobiological and philosophical approach.* IF Press; 2011:333-359.
77. Murray DW, Rosanbalm K, Christopoulos C, Hamoudi A. *Self-regulation and toxic stress report 1: foundations for understanding self-regulation from an applied perspective (OPRE Report #2015-21).* Office of Planning, Research and Evaluation, Administration for Children and Families, Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services; 2015.
78. Navalta CP, McGee L, Underwood J. Adverse childhood experiences, brain development, and mental health: a call for neurocounseling. *J Ment Health Couns.* 2018;40(3):266-278.
79. Guinosso S. *Adolescent self-regulation*. Administration on Children, Youth and Families, Family and Youth Services Bureau; 2018.
80. Strasburger VC, Jordan AB, Donnerstein E. Children, adolescents, and the media: health effects. *Pediatr Clin North Am.* 2012;59(3):533-587, vii.
81. Vandeleur CL, Jeanpretre N, Perrez M, Schoebi D. Cohesion, satisfaction with family bonds, and emotional well-being in families with adolescents. *J Marriage Fam.* 2009;71(5):1205-1219.
82. Amati V, Meggiolaro S, Rivellini G, Zaccarin S. Social relations and life satisfaction: the role of friends. *Genus.* 2018;74(1):7.
83. Ford R, King T, Priest N, Kavanagh A. Bullying and mental health and suicidal behaviour among 14- to 15-year-olds in a representative sample of Australian children. *Aust N Z J Psychiatry.* 2017;51(9):897-908.
84. Gladden, RM, Vivolo-Kantor, AM, Hamburger, ME, Lumpkin, CD. *Bullying surveillance among youths: uniform definitions for public health and recommended data elements, version 1.0.* National Center for Injury Prevention and Control, Centers for Disease Control and Prevention and U.S. Department of Education; 2014.
85. Gremmen MC, Berger C, Ryan AM, Steglich CEG, Veenstra R, Dijkstra JK. Adolescents' friendships, academic achievement, and risk behaviors: same-behavior and cross-behavior selection and influence processes. *Child Dev.* 2019;90(2):e192-e211.
86. Hertz MF, Everett Jones S, Barrios L, David-Ferdon C, Holt M. Association between bullying victimization and health risk behaviors among high school students in the United States. *J Sch Health.* 2015;85(12):833-842.
87. Huang GC, Soto D, Fujimoto K, Valente TW. The interplay of friendship networks and social networking sites: longitudinal analysis of selection and influence effects on adolescent smoking and alcohol use. *Am J Public Health.* 2014;104(8):e51-59.
88. Huang GC, Unger JB, Soto D, et al. Peer influences: the impact of online and offline friendship networks on adolescent smoking and alcohol use. *J Adolesc Health.* 2014;54(5):508-514.
89. Kaltiala-Heino R, Rimpela M, Marttunen M, Rimpela A, Rantanen P. Bullying, depression, and suicidal ideation in Finnish adolescents: school survey. *BMJ.* 1999;319(7206):348-351.
90. Breiding MJ, Basile KC, Smith SG, Black MC, Mahendra RR. *Intimate partner violence*
surveillance: uniform definitions and recommended data elements, version 2.0. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2015.
91. Foshee VA, Reyes HL, Gottfredson NC, Chang LY, Ennett ST. A longitudinal examination of psychological, behavioral, academic, and relationship consequences of dating abuse victimization among a primarily rural sample of adolescents. *J Adolesc Health.* 2013;53(6):723-729.
92. Martino SC, Collins RL, Elliott MN, Kanouse DE, Berry SH. It's better on TV: does television set teenagers up for regret following sexual initiation? *Perspect Sex Reprod Health.* 2009;41(2):92-100.
93. Rotz D, Goesling B, Redel N, Shiferaw M, Smither-Wulsin C. *Assessing the benefits of delayed sexual activity: a synthesis of the literature.* Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services; 2020.
94. Vagi KJ, Olsen EO, Basile KC, Vivolo-Kantor AM. Teen dating violence (physical and sexual) among US high school students: findings from the 2013 National Youth Risk Behavior Survey. *JAMA Pediatr.* 2015;169(5):474-482.
95. Amato PR, Cheadle J. The long reach of divorce: divorce and child well-being across three generations. *J Marriage Fam.* 2005;67(1):191-206.
96. Baumeister RF, Leary MR. The need to belong: desire for interpersonal attachments as a fundamental human motivation. *Psychol Bull.* 1995;117(3):497-529.
97. Campos B, Ullman JB, Aguilera A, Dunkel Schetter C. Familism and psychological health: the intervening role of closeness and social support. *Cultur Divers Ethnic Minor Psychol.* 2014;20(2):191-201.
98. Coombs RH. Marital status and personal well-being: a literature review. *Family Relations.* 1991;40(1):97-102.
99. Copen CE, Daniels K, Mosher WD. First premarital cohabitation in the United States: 2006-2010 National Survey of Family Growth. *Natl Health Stat Report*. 2013; 64:1-15.
100. Gardner J, Oswald A. How is mortality affected by money, marriage, and stress? *J Health Econ.* 2004;23(6):1181-1207.
101. Green RG, Harris RN, Jr., Forte JA, Robinson M. Evaluating FACES III and the circumplex model: 2,440 families. *Fam Process.* 1991;30(1):55-73.
102. Hu YR, Goldman N. Mortality differentials by marital status: an international comparison. *Demography.* 1990;27(2):233-250.
103. Kaplan RM, Kronick RG. Marital status and longevity in the United States population. *J Epidemiol Community Health.* 2006;60(9):760-765.
104. Kiecolt-Glaser JK, Newton TL. Marriage and health: his and hers. *Psychol Bull.* 2001;127(4):472-503.
105. Kim HK, McKenry PC. The relationship between marriage and psychological well-being. *J Fam Issues.* 2016;23(8):885-911.
106. Perry SL, Schleifer C. Till porn do us part? A longitudinal examination of pornography use and divorce. *J Sex Res.* 2018;55(3):284-296.
107. Stack S, Eshleman JR. Marital status and happiness: A 17-nation study. *J Marriage Fam.* 1998;60(2):527-536.
108. Regnerus M, Uecker J. *Premarital Sex in America: How Young Americans Meet, Mate, and Think about Marrying*. Oxford University Press; 2011.
109. Wilson CM, Oswald AJ. How does marriage affect physical and psychological health? A survey of the longitudinal evidence. *Warwick Economic Research*

REFERENCES

Papers. 2005;728.

110. Wright PJ, Tokunaga RS, Bae S. More than a dalliance? Pornography consumption and extramarital sex attitudes among married U.S. adults. *Psychol Pop Media Cult.* 2014;3(2):97-109.
111. Diiorio C, Kelley M, Hockenberry-Eaton M. Communication about sexual issues: mothers, fathers, and friends. *J Adolesc Health.* 1999;24(3):181-189.
112. Fan W, Williams CM. The effects of parental involvement on students' academic self-efficacy, engagement and intrinsic motivation. *J Educ Psychol.* 2009;30(1):53-74.
113. Glick GC, Rose AJ, Swenson LP, Waller EM. Associations of mothers' friendship quality with adolescents' friendship quality and emotional adjustment. *J Res Adolesc.* 2013;23(4).
114. Herbst CM, Ifcher J. The increasing happiness of US parents. *Rev Econ Househ.* 2015;14(3):529-551.
115. Lo Cricchio MG, Costa S, Liga F. Adolescents' well-being: The role of basic needs fulfilment in family context. *Br J Dev Psychol.* 2021;39(1):190-204.
116. McLanahan S, Sawhill I. Marriage and child wellbeing revisited: introducing the issue. *Future Child.* 2015;25(2):3-9.
117. National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention. Positive parenting tips. Published 2020. Accessed March 31, 2021. https://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/index.html.
118. Ross TR. The differential effects of parental involvement on high school completion and postsecondary attendance. *Educ Policy Anal Arch.* 2016;24:30.
119. Schmeer KK. The child health disadvantage of parental cohabitation. *J Marriage Fam.* 2011;73(1):181-193.
120. Widman L, Choukas-Bradley S, Noar SM, Nesi J, Garrett K. Parent-adolescent sexual communication and adolescent safer sex behavior: a meta-analysis. *JAMA Pediatr.* 2016;170(1):52-61.
121. Barrett K. *Ganong's Review of Medical Physiology.* New York: McGraw-Hill Education; 2019.
122. Biro FM, Greenspan LC, Galvez MP. Puberty in girls of the 21st century. *J Pediatr Adolesc Gynecol.* 2012;25(5):289-294.
123. Dye F. *Dictionary of Developmental Biology and Embryology, 2nd Edition.* Wiley-Blackwell; 2012.
124. Dye F. *Dictionary of Stem Cells, Regenerative Medicine, and Translational Medicine.* John Wiley & Son; 2017.
125. Hall J. *Guyton & Hall Physiology Review 2nd Edition.* Elsevier; 2011.
126. Joel D, Berman Z, Tavor I, et al. Sex beyond the genitalia: The human brain mosaic. *Proc Natl Acad Sci U S A.* 2015;112(50):15468-15473.
127. Bright Futures/American Academy of Pediatrics. *Recommendations for preventive pediatric health care.* 2021. https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf
128. Robert M. Kliegman MaJSG, MD *Nelson Textbook of Pediatrics.* Elsevier; 2019.
129. Sperling M. *Sperling Pediatric Endocrinology.* Vol 5th Edition: Elsevier; 2020.
130. Weitzman C, Wegner L, Section on D, et al. Promoting optimal development: screening for behavioral and emotional problems. *Pediatrics.* 2015;135(2):384-395.
131. Achache H, Revel A. Endometrial receptivity markers, the journey to successful embryo implantation. *Hum Reprod Update.* 2006;12(6):731-746.
132. Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. Contraception. Centers for Disease Control and Prevention. Published 2020. Accessed March 31, 2021. https://www.cdc.gov/reproductivehealth/contraception/index.htm
133. Georgadaki K, Khoury N, Spandidos DA, Zoumpourlis V. The molecular basis of fertilization (review). *Int J Mol Med.* 2016;38(4):979-986.
134. Jameson JL, Kasper, D. L., Fauci, A. S., Hauser, S. L., Longo, D. L., Loscalzo, J., & Harrison, T. R. . *Harrison's Principles of Internal Medicine.* McGraw-Hill Education; 2018.
135. Marcdante KJ, Kliegman RM. *Nelson Essentials of Pediatrics.* Elsevier; 2018.
136. Akers AY, Gold MA, Bost JE, Adimora AA, Orr DP, Fortenberry JD. Variation in sexual behaviors in a cohort of adolescent females: the role of personal, perceived peer, and perceived family attitudes. *J Adolesc Health.* 2011;48(1):87-93.
137. Albright JM. Sex in America online: an exploration of sex, marital status, and sexual identity in internet sex seeking and its impacts. *J Sex Res.* 2008;45(2):175-186.
138. Weed SE. Sex education programs for schools still in question: a commentary on meta-analysis. *Am J Prev Med.* 2012;42(3):313-315.
139. Ericksen I, Weed A. Re-examining the evidence for school-based comprehensive sex education: a global research review. *Issues Law Med.* 2019;34(2):161-182.
140. Oddone-Paolucci E, Genuis M, Violato C. A meta-analysis of the published research on the effects of pornography. In: Violato C, Oddone-Paolucci E, Genuis M, eds. *The Changing Family and Child Development.* Ashgate Publishing Ltd; 2000:48-59.
141. Svedin CG, Akerman I, Priebe G. Frequent users of pornography. A population based epidemiological study of Swedish male adolescents. *J Adolesc.* 2011;34(4):779-788.
142. Weed SE, Ericksen IH, Lewis A, Grant GE, Wibberly KH. An abstinence program's impact on cognitive mediators and sexual initiation. *Am J Health Behav.* 2008;32(1):60-73.
143. Alexy EM, Burgess AW, Prentky RA. Pornography use as a risk marker for an aggressive pattern of behavior among sexually reactive children and adolescents. *J Am Psychiatr Nurses Assoc.* 2009;14(6):442-453.
144. Brem MJ, Garner AR, Grigorian H, et al. Problematic pornography use and physical and sexual intimate partner violence perpetration among men in batterer intervention programs. *J Interpers Violence.* 2018;36(11-12):NP6085-NP6105.
145. Bridges AJ, Sun CF, Ezzell MB, Johnson J. Sexual scripts and the sexual behavior of men and women who use pornography. *Sex. Media Soc.* 2016. Published October 24, 2016. Accessed November 5, 2021. https://doi.org/10.1177%2F2374623816668275
146. Calvert WJ, Keenan Bucholz K, Steger-May K. Early drinking and its association with adolescents' participation in risky behaviors. *J Am Psychiatr Nurses Assoc.* 2010;16(4):239-251.
147. Centers for Disease Control and Prevention. Ways HIV can be transmitted. Published 2021. Accessed March 31, 2021. https://www.cdc.gov/hiv/basics/hiv-transmission/ways-people-get-hiv.html.
148. Centers for Disease Control and Prevention. Sexually transmitted diseases (STDs). Published 2021. Accessed March 31, 2021. https://www.cdc.gov/std/default.htm
149. Centers for Disease Control and Prevention. Sexually transmitted disease surveillance 2018. U.S. Department of Health and Human Services; 2019. DOI:10.15620/cdc.79370
150. de Alarcon R, de la Iglesia JI, Casado NM, Montejo AL. Online porn addiction: what we know and what we don't-a systematic review. *J Clin Med.* 2019;8(1):91.
151. Delmonico DL, Griffin EJ. Cybersex and the e-teen: what marriage and family therapists should know. *J Marital Fam Ther.* 2008;34(4):431-444.
152. Josh McDowell Ministry. *The porn phenomenon: the impact of pornography in the digital age.* Barna Group; 2016.
153. Hallfors D, Waller M, Ford C, Halpern C, Brodish P, Iritani B. Adolescent depression and suicide risk: association with sex and drug behavior. *Am J Prev Med.* 2004;27(3):224-231.
154. Harden KP. True love waits? A sibling-comparison study of age at first sexual intercourse and romantic relationships in young adulthood. *Psychol Sci.* 2012;23(11):1324-1336.
155. Heywood W, Patrick K, Smith AM, Pitts MK. Associations between early first sexual intercourse and later sexual and reproductive outcomes: a systematic review of population-based data. *Arch Sex Behav.* 2015;44(3):531-569.
156. Kastbom AA, Sydsjo G, Bladh M, Priebe G, Svedin CG. Sexual debut before the age of 14 leads to poorer psychosocial health and risky behaviour in later life. *Acta Paediatr.* 2015;104(1):91-100.
157. Korkeila J, Kaarlas S, Jaaskelainen M, Vahlberg T, Taiminen T. Attached to the web--harmful use of the Internet and its correlates. *Eur Psychiatry.* 2010;25(4):236-241.
158. Kugler KC, Vasilenko SA, Butera NM, Coffman DL. Long-term consequences of early sexual initiation on young adult health: A causal inference approach. *J Early Adolesc.* 2017;37(5):662-676.
159. Love T, Laier C, Brand M, Hatch L, Hajela R. Neuroscience of internet pornography addiction: a review and update. *Behav Sci* 2015;5(3):388-433.
160. Magnusson BM, Masho SW, Lapane KL. Early age at first intercourse and subsequent gaps in contraceptive use. *J Womens Health* 2012;21(1):73-79.
161. Magnusson BM, Nield JA, Lapane KL. Age at first intercourse and subsequent sexual partnering among adult women in the United States, a cross-sectional study. *BMC Public Health.* 2015;15:98.
162. Mendle J, Ferrero J, Moore SR, Harden KP. Depression and adolescent sexual activity in romantic and nonromantic relational contexts: a genetically-informative sibling comparison. *J Abnorm Psychol.* 2013;122(1):51-63.
163. Morgan EM. Associations between young adults' use of sexually explicit materials and their sexual preferences, behaviors, and satisfaction. *J Sex Res.* 2011;48(6):520-530.
164. Paik A. Adolescent sexuality and the risk of marital dissolution. *J Marriage Fam.* 2011;73(2):472-485.
165. Sandberg-Thoma SE, Kamp Dush CM. Casual sexual relationships and mental health in adolescence and emerging adulthood. *J Sex Res.* 2014;51(2):121-130.
166. Sandfort TG, Orr M, Hirsch JS, Santelli J. Long-term health correlates of

REFERENCES

timing of sexual debut: results from a national US study. *Am J Public Health.* 2008;98(1):155-161.

167. American Cancer Society. Risk factors for anal cancer. Updated September 2020. Accessed March 31, 2021. https://www.cancer.org/cancer/anal-cancer/causes-risks-prevention/risk-factors.html
168. Spriggs AL, Halpern CT. Timing of sexual debut and initiation of post-secondary education by early adulthood. *Perspect Sex Reprod Health.* 2008;40(3):152-161.
169. Sun C, Bridges A, Johnson JA, Ezzell MB. Pornography and the male sexual script: an analysis of consumption and sexual relations. *Arch Sex Behav.* 2016;45(4):983-994.
170. Tubman JG, Windle M, Windle RC. The onset and cross-temporal patterning of sexual intercourse in middle adolescence: prospective relations with behavioral and emotional problems. *Child Dev.* 1996;67(2):327-343.
171. US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. *Healthy people 2020.* 2010. https://www.healthypeople.gov/2020
172. Vessey J, Finger R, Thelen T, Mohn J, Mann J. Association of virginity at age 18 with educational, economic, social, and health outcomes in middle adulthood. *Adolesc Fam Health.* 2004;3:164-170.
173. Wang W, Wilcox WB. *The millennial success sequence: marriage, kids, and the "success sequence" among young adults.* American Enterprise Institute and Institute for Family Studies; 2017.
174. Wright PJ, Randall AK. Internet pornography exposure and risky sexual behavior among adult males in the United States. *Comput Hum Behav.* 2012;28(4):1410-1416.
175. Hoffman SD, Maynard RA. *Kids having kids: economic costs and social consequences of teen pregnancy.* 2nd ed. Urban Institute Press; 2008.
176. Bull S, Hogue CJ. Exploratory analysis of factors associated with teens' repeated childbearing. *J Health Care Poor Underserved.* 1998;9(1):42-61.
177. Centers for Disease Control and Prevention. Reproductive health: teen pregnancy. Published 2020. Updated 06/24/2020. Accessed March 31, 2021. https://www.cdc.gov/teenpregnancy/index.htm
178. Centers for Disease Control and Prevention. Before pregnancy. Published 2020. Updated 02/26/2020. Accessed March 31, 2021. https://www.cdc.gov/preconception/index.html
179. Copen CE, Daniels K, Vespa J, Mosher WD. First marriages in the United States: data from the 2006-2010 National Survey of Family Growth. *Natl Health Stat Report.* 2012;49:1-21.
180. Fitch JT, Stine C, Hager WD, Mann J, Adam MB, McIlhaney J. Condom effectiveness: factors that influence risk reduction. *Sex Transm Dis.* 2002;29(12):811-817.
181. Guterman K. Unintended pregnancy as a predictor of child maltreatment. *Child Abuse Negl.* 2015;48:160-169.
182. Jatlaoui TC, Eckhuas L, Mandel MG, et al. Abortion surveillance — United States, 2016. *MMWR Surveill Summ.* 2019;68(11):1-41.
183. Maddow-Zimet I, Kost K. *Pregnancies, births and abortions in the United States, 1973–2017: national and state trends by age.* Guttmacher Institute; 2021. https://www.guttmacher.org/report/pregnancies-births-abortions-in-united-states-1973-2017
184. Maddow-Zimet I, Kost K. *Pregnancies, births and abortions among adolescents and young women in the United States, 2013: national and state trends by age, race and ethnicity.* Guttmacher Institute; 2017. Accessed March 31, 2021. https://www.guttmacher.org/report/us-adolescent-pregnancy-trends-2013#
185. Kim CR, Martinez-Maza O, Magpantay L, et al. Immunologic evaluation of the endometrium with a levonorgestrel intrauterine device in solid organ transplant women and healthy controls. *Contraception.* 2016;94(5):534-540.
186. Kortsmit K, Jatlaoui TC, Mandel MG, et al. Abortion surveillance - United States, 2018. *MMWR Surveill Summ*. 2020;69(7): 1-29. https://www.cdc.gov/mmwr/volumes/69/ss/ss6907a1.htm
187. Perper K, Peterson K, Manlove J. Diploma attainment among teen mothers. *Child Trends.* 2010.
188. Pazol K, Kramer MR, Hogue CJ. Condoms for dual protection: patterns of use with highly effective contraceptive methods. *Public Health Rep.* 2010;125(2):208-217.
189. Shanmugasundaram U, Hilton JF, Critchfield JW, et al. Effects of the levonorgestrel-releasing intrauterine device on the immune microenvironment of the human cervix and endometrium. *Am J Reprod Immunol.* 2016;76(2):137-148.
190. Studnicki J, Fisher JW, Reardon DC, Craver C, Longbons T, Harrison DJ. Pregnancy outcome patterns of medicaid-eligible women, 1999-2014: a national prospective longitudinal study. *Health Serv Res Manag Epidemiol.* 2020;7:2333392820941348.
191. Bernstein DI, Bellamy AR, Hook EW, 3rd, et al. Epidemiology, clinical presentation, and antibody response to primary infection with herpes simplex virus type 1 and type 2 in young women. *Clin Infect Dis.* 2013;56(3):344-351.
192. Centers for Disease Control and Prevention. HIV risk reduction tool. Published 2019. Accessed March 31, 2021. https://hivrisk.cdc.gov/
193. Centers for Disease Control and Prevention. HIV risk and prevention. Published 2019. Updated 2020. Accessed March 31, 2021. https://www.cdc.gov/hiv/risk/index.html.
194. Centers for Disease Control and Prevention. HIV and youth. Published 2020. Accessed March 31, 2021. https://www.cdc.gov/hiv/group/age/youth/index.html
195. Centers for Disease Control and Prevention. Pre-exposure prophylaxis (PrEP). Published 2020. Updated 2020. Accessed March 31, 2021. https://www.cdc.gov/hiv/risk/prep/index.html
196. Centers for Disease Control and Prevention: US Public Health Service. *Preexposure prophylaxis for the prevention of HIV infection in the United States—2017 Update: a clinical practice guideline.* Published March 2018. https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf
197. Crosby RA, Charnigo RA, Weathers C, Caliendo AM, Shrier LA. Condom effectiveness against non-viral sexually transmitted infections: a prospective study using electronic daily diaries. *Sex Transm Infect.* 2012;88(7):484-489.
198. Crosby RA, Graham CA, Milhausen RR, Sanders SA, Yarber WL. Condom use to prevent sexually transmitted infections: a global perspective. *Sex Health.* 2012;9(1):vii.
199. DiClemente RJ, Salazar LF, Crosby RA. A review of STD/HIV preventive interventions for adolescents: sustaining effects using an ecological approach. *J Pediatr Psychol.* 2007;32(8):888-906.
200. Flagg EW, Torrone EA. Declines in anogenital warts among age groups most likely to be impacted by human papillomavirus vaccination, United States, 2006-2014. *Am J Public Health.* 2018;108(1):112-119.
201. US Preventive Services Task Force. Preexposure prophylaxis for the prevention of HIV infection: US Preventive Services Task Force recommendation statement. *JAMA.* 2019;321(22):2203-2213.
202. KFF (Kaiser Family Foundation). The global HIV/AIDS epidemic fact sheet. Published 2020. Accessed March 31, 2021. https://www.kff.org/global-health-policy/fact-sheet/the-global-hivaids-epidemic/
203. Freedman MS, Ault K, Bernstein H. Advisory committee on immunization practices recommended immunization schedule for adults aged 19 years or older - United States, 2021. *MMWR Morb Mortal Wkly Rep.* 2021;70(6):193-196.
204. Gannon-Loew KE, Holland-Hall C. A review of current guidelines and research on the management of sexually transmitted infections in adolescents and young adults. *Ther Adv Infect Dis.* 2020;7:1-16.
205. Garland SM, Kjaer SK, Munoz N, et al. Impact and effectiveness of the quadrivalent human papillomavirus vaccine: a systematic review of 10 years of real-world experience. *Clin Infect Dis.* 2016;63(4):519-527.
206. Haggerty CL, Gottlieb SL, Taylor BD, Low N, Xu F, Ness RB. Risk of sequelae after Chlamydia trachomatis genital infection in women. *J Infect Dis.* 2010;201 Suppl 2(S2):S134-155.
207. Hawes SE. HPV vaccination: increase uptake now to reduce cancer. *Am J Public Health.* 2018;108(1):23-24.
208. Koenig LJ, Hoyer D, Purcell DW, Zaza S, Mermin J. Young people and HIV: a call to action. *Am J Public Health.* 2016;106(3):402-405.
209. Martin ET, Krantz E, Gottlieb SL, et al. A pooled analysis of the effect of condoms in preventing HSV-2 acquisition. *Arch Intern Med.* 2009;169(13):1233-1240.
210. Meites E, Szilagyi PG, Chesson HW, Unger ER, Romero JR, Markowitz LE. Human papillomavirus vaccination for adults: updated recommendations of the Advisory Committee on Immunization Practices. *MMWR Morb Mortal Wkly Rep.* 2019;68(32):698-702.
211. Oliver SE, Unger ER, Lewis R, et al. Prevalence of human papillomavirus among females after vaccine introduction—National Health and Nutrition Examination Survey, United States, 2003-2014. *J Infect Dis.* 2017;216(5):594-603.
212. Paz-Bailey G, Koumans EH, Sternberg M, et al. The effect of correct and consistent condom use on chlamydial and gonococcal infection among urban adolescents. *Arch Pediatr Adolesc Med.* 2005;159(6):536-542.
213. Petrosky E, Bocchini JA, Jr., Hariri S, et al. Use of 9-valent human papillomavirus (HPV) vaccine: updated HPV vaccination recommendations of the Advisory Committee on Immunization Practices. *MMWR Morb Mortal Wkly Rep.* 2015;64(11):300-304.
214. Sanders SA, Yarber WL, Kaufman EL, Crosby RA, Graham CA, Milhausen RR. Condom use errors and problems: a global view. *Sex Health.* 2012;9(1):81-95.
215. Traeger MW, Schroeder SE, Wright EJ, et al. Effects of pre-exposure prophylaxis for the prevention of human immunodeficiency virus infection on sexual risk behavior in men who have sex with men: a systematic review and meta-analysis. *Clin Infect Dis*. 2018;67(5):676-686.
216. UNAIDS. Global HIV & AIDS statistics — 2020 fact sheet. Published 2020.

REFERENCES

Accessed March 31, 2021. https://www.unaids.org/en/resources/fact-sheet

217. Weller S, Davis K. Condom effectiveness in reducing heterosexual HIV transmission. *Cochrane Database Syst Rev.* 2002(1).
218. Daneback K, Cooper A, Mansson SA. An internet study of cybersex participants. *Arch Sex Behav.* 2005;34(3):321-328.
219. Donenberg GR, Kendall AD, Emerson E, Fletcher FE, Bray BC, McCabe K. IMARA: A mother-daughter group randomized controlled trial to reduce sexually transmitted infections in Black/African-American adolescents. *PLoS One.* 2020;15(11):e0239650.
220. Kramer A. *What young adults say about sex, love, relationships, and the first time.* The National Campaign to Prevent Teen and Unplanned Pregnancy; 2014.
221. Rector R, Johnson K, Noyes L. *Sexually active teenagers are more likely to be depressed and to attempt suicide.* Heritage Foundation; 2003.
222. Spriggs AL, Halpern CT. Sexual debut timing and depressive symptoms in emerging adulthood. *J Youth Adolesc.* 2008;37(9):1085-1096.
223. Field T. Romantic breakup distress, betrayal and heartbreak: a review. *Intl J Phys Beh Res.* 2017:217-225.
224. VanderWeele TJ. Measures of community well-being: a template. *Int J Community Wellbeing.* 2019;2(3-4):253-275.
225. National Institute of Mental Health. Help for mental illness. National Institutes of Health (NIH), U.S. Department of Health and Human Services. Accessed March 31, 2021. https://www.nimh.nih.gov/health/find-help/index.shtml
226. Substance Abuse and Mental Health Service Administration (SAMHSA) SAMHSA. Find treatment for substance abuse & mental health. U.S. Department of Health and Human Services. Accessed March 31, 2021. https://www.samhsa.gov/find-treatment
227. Walters ML, Chen J, Breiding MJ. *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 findings on victimization by sexual orientation*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2013.
228. Bonar EE, Ngo QM, Philyaw-Kotov ML, Walton MA, Kusunoki Y. Stealthing perpetration and victimization: prevalence and correlates among emerging adults. *J Interpers Violence.* 2019;886260519888519.
229. Braun-Courville DK, Rojas M. Exposure to sexually explicit web sites and adolescent sexual attitudes and behaviors. *J Adolesc Health.* 2009;45(2):156-162.
230. Carroll JS, Padilla-Walker LM, Nelson LJ, Olson CD, Barry CM, Madsen SD. Generation XXX: Pornography acceptance and use among emerging adults. *J Adolesc Res.* 2008;23(1):6-30.
231. National Coalition to Prevent Child Sexual Abuse and Exploitation. *National plan to prevent the sexual abuse and exploitation of children.* 2012. http://www.preventtogether.org/Resources/Documents/NationalPlan2012FINAL.pdf
232. Finkelhor D, Hotaling G, Lewis IA, Smith C. Sexual abuse in a national survey of adult men and women: prevalence, characteristics, and risk factors. *Child Abuse Negl.* 1990;14(1):19-28.
233. Fisher BS, Cullen FT, Turner MG. *The sexual victimization of college women.* U.S. Department of Justice, Office of Justice Programs; 2000.
234. Hanson RF, Resnick HS, Saunders BE, Kilpatrick DG, Best C. Factors related to the reporting of childhood rape. *Child Abuse Negl.* 1999;23(6):559-569.
235. U.S Department of Justice, Office of Justice Programs. AMBER alert: America's Missing: Broadcast Emergency Response. Accessed March 31, 2021. https://amberalert.ojp.gov/
236. Latimer RL, Vodstrcil LA, Fairley CK, et al. Non-consensual condom removal, reported by patients at a sexual health clinic in Melbourne, Australia. *PLoS One.* 2018;13(12):e0209779.
237. Vibrant Emotional Health. National Suicide Prevention Lifeline. Substance Abuse and Mental Health Services Administration (SAMHSA). Accessed March 31, 2021. https://suicidepreventionlifeline.org/
238. Meerkerk GJ, Van Den Eijnden RJ, Garretsen HF. Predicting compulsive internet use: it's all about sex! *Cyberpsychol Behav.* 2006;9(1):95-103.
239. RAINN (Rape, Abuse & Incest National Network). Safety and prevention. Accessed March 31, 2021. https://www.rainn.org/safety-prevention.
240. Roberts TA, Klein JD, Fisher S. Longitudinal effect of intimate partner abuse on high-risk behavior among adolescents. *Arch Pediatr Adolesc Med.* 2003;157(9):875-881.
241. Rudolph J, Zimmer-Gembeck MJ. Parents as protectors: a qualitative study of parents' views on child sexual abuse prevention. *Child Abuse Negl.* 2018;85:28-38.
242. Rudolph J, Zimmer-Gembeck MJ, Shanley DC, Hawkins R. Child sexual abuse prevention opportunities: parenting, programs, and the reduction of risk. *Child Maltreat.* 2018;23(1):96-106.
243. Saul J, Audage NC. *Preventing child sexual abuse within youth-serving organizations: getting started on policies and procedures.* Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.
244. Sedlak, AJ, Mettenburg J, Basena M, et al. *Fourth National Incidence Study of Child Abuse and Neglect (NIS–4): Report to Congress.* U.S. Department of Health and Human Services, Administration for Children and Families; 2010.
245. Shope JH. When words are not enough. *Violence Against Women.* 2016;10(1):56-72.
246. Stack S, Wasserman I, Kern R. Adult social bonds and use of internet pornography. *Soc Sci Q.* 2004;85(1):75-88.
247. Stith SM, Liu T, Davies LC, et al. Risk factors in child maltreatment: a meta-analytic review of the literature. *Aggress Violent Behav.* 2009;14(1):13-29.
248. Townsend C, Rheingold, AA. *Estimating a child sexual abuse prevalence rate for practitioners: A review of child sexual abuse prevalence studies.* Darkness to Light; 2013.
249. U.S. Department of Education. Student privacy at the U.S. Department of Education. Accessed March 31, 2021. https://studentprivacy.ed.gov/
250. U.S. Department of Justice. Citizen's guide to U.S. federal law on child pornography. Published 2020. Accessed March 31, 2021. https://www.justice.gov/criminal-ceos/citizens-guide-us-federal-law-child-pornography
251. U.S. Department of Justice. Citizen's guide to U.S. federal law on child sex trafficking. Published 2020. Accessed March 31, 2021. https://www.justice.gov/criminal-ceos/citizens-guide-us-federal-law-child-sex-trafficking
252. U.S. Department of Justice. Citizen's guide to U.S. federal law on child sexual abuse. Published 2020. Accessed March 31, 2021. https://www.justice.gov/criminal-ceos/citizens-guide-us-federal-law-child-sexual-abuse
253. U.S. Department of Justice. Citizen's guide to U.S. federal law on the extraterritorial sexual exploitation of children. Published 2020. Accessed March 31, 2021. https://www.justice.gov/criminal-ceos/citizens-guide-us-federal-law-extraterritorial-sexual-exploitation-children
254. U.S. Department of Justice. Citizen's guide to U.S. federal law on obscenity. Published 2020. Accessed March 31, 2021. https://www.justice.gov/criminal-ceos/citizens-guide-us-federal-law-obscenity
255. U.S. Department of Justice. Keeping children safe online. Published 2020. Accessed March 31, 2021. https://www.justice.gov/coronavirus/keeping-children-safe-online
256. U.S. Department of Justice. 18 U.S.C §§ 2257- 2257A certifications: Record-keeping for visual depictions of actual and simulated sexually explicit conduct. Published 2020. Accessed March 31, 2021. https://www.justice.gov/criminal-ceos/18-usc-2257-2257a-certifications
257. Wright PJ, Tokunaga RS. Men's objectifying media consumption, objectification of women, and attitudes supportive of violence against women. *Arch Sex Behav.* 2016;45(4):955-964.
258. Wright PJ, Tokunaga RS, Kraus A. A meta-analysis of pornography consumption and actual acts of sexual aggression in general population studies. *J Commun.* 2016;66(1):183-205.

MEDICAL INSTITUTE
FOR SEXUAL HEALTH

ISBN # 978-1-7370316-0-4
P.O. Box 794845 Dallas, TX 75379 | 512-328-6268 | standards@medinstitute.org
www.newsexedstandards.org