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Bridging the Gap: A Workshop to Support Sexual Education Outside of School

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Bridging the Gap: A Workshop to Support Sexual Education Outside of School

By

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A culminating project submitted to the faculty of Dominican University of California
in partial fulfillment of the requirements for the
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Abstract

Sex education cannot simply provide the “facts” about sex; students must be given the space and support to make connections between the information they receive and their own behaviors. In order to meet the immediate developmental needs of young people I have created a one-day workshop for girls, which is meant to augment current sexual education programming. The aim of the one-day workshop is to bridge the gap between information that girls have received from school programming or parents with the new emotional and physical sensations specific to their developing sexuality, to foster connections with peers, and instill a sense of normalcy and self-authenticity.

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Introduction

Parents are raising children within a culture that they themselves did not grow up in. The education system is meant to supplement the values and norms taught in the home, yet education has been left behind in our world of more, better, faster technologies. It has taken years for sex education to be held to the standard of teaching accurate information, but the facts alone have shown to be unsuccessful in protecting adolescent health. What I argue is missing for young people in today's society is the center point between education and behavior.

Adolescence is an overwhelming time in development. The expectation for young people to digest information and step into adulthood is unrealistic. There is a gap between abstract information and concrete experience. Young people need to be provided with a container so that they can interpret the information given through their own experience.

Scholars have written about what others have known to be true, that gender is an expression and not related to one's biological sex. Therefore, growing up as a young woman, there is more to learn than how one's body might change or how to protect oneself during sexual activity, one must learn what societal expectations there are for women and if that expression is authentic. Simone de Beauvoir claimed, "One is not born, but, rather, *becomes* a woman" (Butler 519). This theory is based off of the idea that we are not born into a gender but rather our gender is learned and then expressed. Judith Butler compares this idea to an actor in a play. The actor must learn their script and embody their character (Butler). In this same

way, young people need space to understand the gender expectations put upon them and determine their authentic gender identity. Culture plays a large role in shaping sexual norms, from religion to politics and media, culture governs the status quo around sexuality (“Human Sexuality and Culture”). Such norms vary by culture and through the evolutions of cultures.

Therefore, while gender continues to be unpacked and sexual norms continue to change, this idea of a center point between education and support will shift and should shift over time. What I have created and argue is needed at this center point is a workshop to augment sex education for adolescents. I attended a similar “coming of age” workshop for girls when I was fourteen-years-old and the experience let the ideas and information I had been given about myself as a woman and a sexual being settle into a new-found confidence in myself.

My Story

At a young age I had already heard an array of messages about sex and sexuality. I had a close relationship with my mother, who was my sole provider, and had an intimate community through my private school in Northern California. Living outside of the confines of religious beliefs, I was given accurate information about sex and sexuality throughout my development. My mother’s approach was to respond to the questions I had when I had them; and that satisfied my development through early adolescents.

Then in eighth grade, my mother signed me up for a “coming of age” workshop with many of my female peers. I was excited at the idea of spending a

Saturday with my friends and learning more about sex, something I still hadn't experienced; but there was also an underlying anxiety and nervousness about the day ahead.

As we all arrived, I timidly entered the room and found a seat on the floor. I remember we all clung to our best friends and sat on opposite ends of the room from those outside of our friend groups. The instructor welcomed the twelve girls and spoke briefly about the day ahead. She encouraged us to ask any and all questions that we had about our bodies, sexuality, partners, and displayed a box that was available to add questions to anonymously at any point throughout the day.

Then suddenly, the instructor stood up and, putting on enchanting tribal music, began to dance. She encouraged us to stand up, close our eyes, and to flow with the music. She described femininity as fluid, graceful, and in touch with a spirituality that was present in each of us. We all stood up shyly. I kept opening my eyes, looking around the room at what to do. Slowly we all began to laugh together. It was as if the simple act of dancing together tore down the walls between us and molded us as a group.

Once we sat back down the instructor spoke about her perception of femininity, of being a woman, and of coming into feminine sexuality. We all stared in awe as she described the pleasures of female sexuality. She then laid out an array of magazines and told us to look through and find pictures that represented us. We were asked to make a collage or storyboard, some kind of representation of

ourselves as women. I remember pasting a large rose in the center of my poster-board with words blooming outward.

As we cut and glued pictures in a circle together on the floor, the instructor spoke about relationships, sex, and body image. She used the magazine images to probe conversation around issues relating to sex, sexuality and sexual development. It just felt like girl-talk. Yet as we became more absorbed in conversation and more comfortable to ask questions, we explored topics of STI testing, pregnancy, contraception, masturbation, pleasure, and relationships. After we shared what we chose from our pictures it was time to break for lunch, but before leaving the room, the instructor said she would leave some “beautiful representations” of the naked female form on the floor for us to look at on our own. The books she choose showed images of women every shape, size and color. Girls paired up and looked through the pictures, some laughed and others showed signs of disgust at the naked bodies. I remember timidly approaching a book laid out on the floor, I flipped through the pages then fell captive to one body in particular.

Growing up I had been teased when undressing. I became self-conscious of my body and scared to revel myself to another person sexually. But then, lying in front of me was a body that looked exactly like mine and according to the instructor it was beautiful. This moment changed my entire perspective of myself as a woman and as a sexual being. In that moment, I felt like a woman, a woman with a beautiful body.

After lunch, we wrote letters to ourselves in the future. We were told to describe the first sexual experience we wanted to have, or the kind of sexual

relationships we wanted to have if we were already sexually active. We were asked what we would need to feel comfortable sharing our body with another person, whether that was characteristics of the other person or accomplishments in our own lives, and how we might give consent when we were ready for any form of sexual activity.

Getting in the car at the end of the day, I couldn't help but relive every moment to my mother. That one-day changed my life forever. I not only had a new found confidence in myself but I knew then that I wanted to share that experience with others and have since directed my studies towards sexuality education and adolescent development. Throughout my studies as well as in my work with young people, I've seen how fearful our society can be of sex education and adolescent sex. Yet sex and sexuality should not be something that we fear. Teaching out of fear only creates myths around sex that can create problems for our larger culture. It is my hope that in the pages to follow, I can adequately explain that supplementing current sexual education is necessary for today's youth.

Adolescent Development

Adolescence is a time of transition from childhood to adulthood. It is marked by physical and hormonal changes that can affect a young person's sense of identity and self. A natural time of learning and adjustment, during this phase thinking shifts from concrete to abstract (Meschke 95), which typically leads to greater use of cognitive control skills (Crone 636). While the onset of adolescence is characterized

by puberty, and usually begins between 9 and 12 years of age, the end of this phase has less clear biological boundaries (Crone 636). In regard to sexuality and sexual health, ‘adolescence’ can be broadly defined (Lamb & Peterson 706). Various research cited may have a different definition of adolescence, however, for the purpose of this paper, I will define adolescence as middle school age, roughly 11 to 13 year-olds. During this phase of development the fundamental task of young people cross-culturally seems aimed at achieving mature levels of social acceptance (Crone 646) and identity formation (Hay 78). This is a time where some young people begin to question their sexual orientation or self-identity (Haberland & Rogow “iMatter”).

The neural development associated with puberty is directly correlated with young people’s increased risk-taking and sensation-seeking behaviors (Ballonoff 752). Adolescents can have little regard for future consequences (Kearney 22). While these behaviors are what propel young people to try and learn new things, they are also the behaviors that have tied adolescence to the concept of “risk” (Gilbert 49). Impulsivity and the disregard for future consequence, coupled with the increase of hormones and sexual maturation, can manipulate young people’s sexual behaviors and relationships (Ballonoff 752). Historically, with the rise of the AIDS pandemic, young people’s perceived proximity to danger became an overwhelming concern of parents and educators (Gilbert 49), and HIV/AIDS education was solely aimed at reducing risk – “risk groups, risk behaviors, risk reduction, at-risk populations” (Gilbert 55). While adolescent sex is statistically normative (Harden 456), research and attitudes in the United States commonly describe adolescent sex

as “deviant behavior” (Harden 454), and sexual education programming has been constructed based off of this perception.

The goal for development at this time is not to create a neural resistance towards risk-taking and sensation-seeking, but instead to arm young people with “knowledge, experience, and social-emotional feedback to positively shape these systems” (Ballonoff 571). By mid-adolescence, the cognitive capacities of young people are similar to those of adults, yet they lack experience to employ when decision-making (Ballonoff 571), as well as the experience necessary to navigate adult activities and social institutions (Kearney). There is a clear distinction between working to better understand and support young people, and bombarding them with responsibilities and expectations greater than their development abilities (Kearney). If adolescence is not met with developmentally appropriate content, where in young people are treated like children yet expected to act like adults, they cannot enter into adulthood with the needed skills. “By positioning adulthood as an accomplishment, developmental theory constructs children and youth as deficient and not fully human” (Gilbert 50). Children are not young adults; moreover, adolescents are not children. Adolescents need to be met with the education that will prepare them for adulthood as well as the space needed to step into this next phase of life. Post-adolescence, young people should reach behavioral, physical, sexual and reproductive maturity (Ballonoff 570), not before. Overwhelming young people with information will not create healthy adults; instead sexual education needs to support this phase of development by providing a container for young

people to interpret the information given through their own experience and empower them to make healthy decisions.

Sexual Education in The United States

“Sex education in America is a politicalized issue whose future is unknown” (“Sex Education in Schools” 1). Limitations and requirements vary significantly from state to state, and even within states there can be little uniformity between school districts and teachers (“Sex Education in Schools” 1). The ongoing argument around sexual education in the United States seems to have three distinct parts: 1 - Abstinence-only programs have shown time and again to be ineffective yet are still being implemented; 2 - Young people have a right to accurate information; and 3 – Comprehensive sex education has been shown to delay initial sex and promote contraceptive use. While comprehensive sex education curricula outperform abstinence-only curricula, learners’ health outcomes still fall short. There continues to be an urgent need for a new approach to sexuality education in the United States (Haberland & Rogow “What a Truly”).

“Sexuality education, more than any other educational endeavor, is indeed facing a struggle to shape its future. The children and youth that we have a hand in producing will ultimately reflect the outcomes of that struggle” (Kelly 20).

Science plays a fundamental role in adolescent sexual and reproductive health (Schalet 1595). However, policies in the United States have failed to benefit from scientific research. Since the Adolescent Family Life Act (AFLA) was passed in 1981, federal funding had been allocated primarily towards abstinence-only

programs ("Sex Education in Schools." 3). These programs explicitly excluded information on contraceptive methods and use, except when stressing failure rates (Landry 261). One study found that the number of abstinence-only programs presenting false information about contraception was greater than the number of those who presented abstinence as the only option (Landry 264).

Between 1998 and 2009 the United States government spent nearly 2 billion dollars on abstinence-only education. This decision reflected the moral and religious views of the policy makers and school districts (Schalet 1598). While abstinence-only funding began to decrease in 2009, 2010 marks a significant shift in federal funding for sexual education under the Obama Administration, when the President and Congress eliminated two discretionary federal funding systems. Even still, abstinence-only programs remain widespread with the primary source of funding being Title V of the Welfare Reform Act ("Sex Education in Schools" 3).

There are vast regional differences among sexual education standards; some programs require that abstinence, typically until marriage, must be emphasized as the best or only way to prevent Sexually Transmitted Infections (STIs) and pregnancy, while others teach contraception but stress that only abstinence is 100% effective. Research into the content of federally funded, abstinence-only programming revealed that many delivered "false, misleading, or distorted information about reproductive health" ("Sex Education in Schools" 8).

Sexuality education is a human right. The Society for Adolescent Medicine stated that, "the abstinence-only approach is characterized by the withholding of information and is ethically flawed" (Stanger-Hall 9). Article 13 of the UN

Convention on the Rights of the Child states that young people have the right to access information, therefore, withholding information about sex, sexuality and gender is a violation of a young person's rights. Furthermore, the UN Convention on the Rights of the Child declared that curriculum should be evidence-based with the aim of "preventing the common negative outcomes of ignorance (e.g., sexually transmitted infections, early pregnancies) and of promoting the positive outcomes of knowledge (e.g., sexual and emotional health)" (Kennedy 143).

Even with new guidelines presented by the Obama Administration in 2010, there continues to be considerable disagreement around when and what content should be delivered to young people (Kennedy 144). Opinions are not limited to policy makers and educators; parents also voice strong opinions or complaints about their children's sexual education curriculum when it differs from their own beliefs, morals, or simply out of fear. The majority of states offer "opt-out" or "opt-in" provisions. Opt-out provisions allow parents to remove their child from sex education classes, while opt-in provisions require parents' consent before children can participate in sex education classes. "Courts have held that school systems have the right and responsibility to determine curricula and, moreover, that the rights to privacy and parental control are too narrow to overcome the rights of school systems" ("Sex Education in Schools." 4).

Advocates of abstinence-only education, and opponents of comprehensive sexual education, argue that teaching young people about sex and safe sex practices will encourage them to become sexually active. However, there is no evidence to

support this claim, rather, research shows that medically accurate information around sex and sexuality can delay initiation of sexual activity for young people (Schalet 1598). The average age of first sexual experience varies around the world, especially for girls (MacKay 73); in the United States, most young people becomes sexually active in their mid to late teens or early twenties (Schalet 1596). One study found that, "The incidence of teenage pregnancies and births remain positively correlated with the degree of abstinence education across states: The more strongly abstinence is emphasized in state laws and policies, the higher the average teenage pregnancy and birthrate" (Stanger-Hall 6). California currently embraces medically accurate, age appropriate, comprehensive sexual education programs, and while in 1992 California had the highest teen pregnancy rate in the country, by 2005 that had reduced by 50% ("Sex Education in Schools" 7). In contrast, Texas continues to pay for abstinence-only education and remains the third highest in the nation for teen pregnancy rates ("Sex Education in Schools" 8). The United States has seen historic declines in adolescent pregnancy and birth rates, yet continues to have the highest rates of the developed nations. This is likely because public education in the United States is generally a state issue (Landry 267), so while there are federal guidelines for sexuality education, these are not federal laws requiring sexual education be taught. Therefore, it is up to each state and school district to determine their policies (Stanger-Hall 9).

While sex is a universal experience there are extreme controversies within and across cultures (MacKay 71). Many countries have found ways of embracing sexuality as an integral part of human life. Countries such as the Netherlands and

Denmark have shifted their views on adolescent sexualities and have created policies aimed at supporting adolescent development (Schalet 1597). Much of Europe regards sexuality education as a lifelong process and has created programming aimed at fostering responsible attitudes and behaviors around sexuality, contraception, relationships, as well as life planning. Access to sexual health information and services is easier for Europeans, including young people (Stanger-Hall 9). Conversely, the United States seems to cling to its ambivalence around sexuality, particularly around adolescent sex. Today's youth are often confronted with paradoxical messages such as: *"Sex is a wonderful thing, but let's not talk about it. Sex is dirty; save it until you're married. Abstain from sex, but everybody is doing it."* Ambivalence does not provide solid educational ground for any educational endeavor" (Kelly 9).

Comprehensive sexual education has been shown to have "favorable effects" on young people's sexual activity, number of sexual partners and use of contraception (Schalet 1598). The 2010 teen pregnancy prevention initiative, under the Obama Administration, requires sexual education curricula be based in scientific evidence in order to receive federal funding. This marks a significant change in the country's support for comprehensive sexual education. However, "evidence" has been narrowly defined. What federally funded "evidence-based-interventions" (EBIs) seem to focus on are pregnancy and disease prevention, yet they lack adolescent sexual development, such as adolescence's experience with lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) sexual identities and orientations; gender and gender inequalities; body image; self-efficacy in sexual

decision making and interactions; respectful romantic relationships; and cultural stereotypes (Schalet 1595-1596). “Thus, federal program requirements have had the unintended consequence of ignoring and marginalizing a broader body of scientific principles and evidence regarding adolescent sexual health and behavior” (Schalet 1599). Currently only seven states regulate the teaching of LGBTQ sexuality. Six states still prohibit teaching students that homosexuality is an acceptable lifestyle and some even stress their states sodomy laws, despite the unconstitutionality of these laws (“Sex Education in Schools” 3).

Throughout his time in office, President Obama has held true to his campaign promises by continuing to support and fund evidence-based, comprehensive sex education (“Sex Education in Schools” 8). Moreover, support for comprehensive sex education has continued to rise. In 2011, 82% of adults, age 18 to 83 years of age, selected at random within the United States, supported comprehensive sex education that taught students about both “abstinence and other methods of preventing pregnancy and sexually transmitted diseases” (Stanger-Hall 8). Though surveys have shown that adults living in the South tend to have less permissive attitudes than those in the East or West (Landry 262).

National organizations such as the American Medical Association, the American Academy of Pediatrics and the National Academy of Sciences recommend that school sexual education programs implement comprehensive curricula (Landry 261); yet sex education is hindered by laws, regulations, policies and censorship, therefore, sexual practices are often discovered rather than taught (MacKay 77).

Closer to Home: Sexual Education in California

California public school districts have the ability to choose to incorporate comprehensive sex education curricula into their schools. If they do, they are required to comply with all predetermined requirements; abstinence-only education is not permitted in California public schools. Education Code 51933 states that, “School districts may provide comprehensive sexual health education, consisting of age-appropriate instruction, in any kindergarten to grade twelve, inclusive, using instructors trained in the appropriate courses” (“Comprehensive Sexual Health”). California standard also requires, at minimum, sex education commence in grade 7 and continue in high school, usually 9th grade, which seems to be the most accepted timeline for introducing sexual health curricula (“Comprehensive Sexual Health”).

New standards continue to evolve out of our understanding of best practices. While current science standards require sexual education for California public schools, the adoption of the Next Generation Science Standards does not specify sexual education standards within the science standards (“Next Generation Science Standards”). Therefore, while California mandates that STD/HIV information be taught, the latest science standards are not holding space for such materials. This leaves sex education programs up to the discretion of each school or even each sex. ed. teacher (“Next Generation Science Standards”).

According to Education Code 51932, the following does NOT qualify as comprehensive sexual education instruction (when it stands alone): “Instruction of

materials that discuss gender, sexual orientation, or family life” (“Comprehensive Sexual Health”). Meaning that these topics alone would not provide a complete comprehensive sexual education program. Yet it does lend itself to taking these topics out of sexual education and presenting them to students at the appropriate developmental stage; which newly emerging Social-Emotional Learning Programs have begun to do.

Moral Educations as a Foundation for Sex Education

In schools, sex education and moral education have been independent of each other, yet educators have argued that, “moral and sex education can be and need to be incorporated into the entire curriculum” (Lamb “Sex Education As Moral Education”). Combining moral and sex education means expanding beyond anatomy, reproduction, and disease prevention; and providing space for young people to explore gender role socialization, interpersonal behaviors, pleasure and fantasy (Lamb “Sex Education As Moral Education”). The fear of incorporating the two curricula is that “sex education would become moralistic rather than morally related” (Lamb “Sex Education As Moral Education”). However, topics of sex and sexuality could be presented without preaching ‘right’ from ‘wrong’; and allow young people time to reflect on their own virtues, providing support for families to share their own beliefs. The role of sex education is not only to inform but also to support young people to self-reflect on issues of gender and sexuality (Lamb “Sex Education As Moral Education”) and many Social-Emotional programs have

emerged to support students with issues presented in sexual education that need more time to process and absorb.

Social-Emotional Learning to Aid Sexual Education

Social-Emotional Learning has become significant in educating today's youth around matters of sex, sexuality, relationships, identity, and body image. In 1994, the Fetzer Institute, whose global mission is to foster awareness of the power of love and forgiveness, met to discuss concerns over ineffective prevention and health promotion ("About Us").ⁱ This meeting included school-based prevention researchers, educators, and child advocates, whose common goal was to enhance student's positive development. Topics include social competence, emotional intelligence, drug education, violence prevention, sex education, health promotion, character education, service learning, civic education, school reform, and community partnerships. In response to schools' needs this group introduced the term *social and emotional learning (SEL)*. SEL has been defined as: The ability to show understanding and empathy for others (social awareness); the ability to form positive relationships, work in teams and deal effectively with conflict (relationship skills); the ability to make constructive choices about personal and social behavior (responsible decision-making); the ability to recognize your own emotions, values, strengths and limitations (self-awareness); and the ability to manage your own behaviors to achieve your goals ("Collaborative for Academic, Social, and Emotional Learning"). From this meeting in 1994, came the Collaborative for Academic, Social, and Emotional Learning (CASEL), the leading organization in the development of

social and emotional education (Greenberg).

SEL emerges from the understanding that learning comes out of supportive relationships. Social and emotional skills construct good students and in turn good citizens, who then have the resources available to help prevent or reduce risky behaviors such as drug use and violence. The short-term goals of SEL programs include: promoting student's self-awareness, social awareness, relationships and responsible-decision-making skills; as well as improve student attitudes and beliefs about self, others and school ("Collaborative for Academic, Social, and Emotional Learning"). SEL programs aim to instill within young people the skills needed to meet new developmental challenges (Lambrecht).

SEL programs have begun to pair with sexual education curricula to support young people in acquiring these skills which are needed to understand and implement healthy sexual activities. My undergraduate thesis was on the benefits of pairing these programs. Yet while not widespread, and facing their own limitations, such SLE programming has does not seem to be the only answer to supporting young people's sexual education.

Use of Media in Sexual Education

In our culture of more, better, faster technology, media has an overwhelming influence on people of all ages but especially young people. In 2015, ninety-five percent of 12 to 17 year olds had access to the Internet via computers at home, school, or mobile devices (Holstrom 277). Naturally, the Internet and media sources have become a way to educate and influence young people's development; and are

already being used for sexual education. However, research on how best to utilize these tools is thin (Holstrom).

A 2015 literature review aimed at online sexual health interventions found that young people rely on search engines, primarily Google, to find information on sexuality and sexual health (Holstrom 280). The problem that seems under researched is what young people will inevitably find while looking for information online. A smart phone application aimed at providing comprehensive sexual health information to girls age 12 to 17, called *Girl Talk*, was found to be “a feasible sexual health educational tool that is appealing to teenage girls” (Brayboy 16). When searching for the application in my iPhone App Store, the first 8 applications had names like: *Asian Hot Dating – Talk with Strangers and Match*; *Sexy Black Fling – Lonely Strangers Talk, Meet & Match*; and *Flirt & Hook Up – Dating App to Chat with Local Singles* (Searched on July 26, 2016). While seeking accurate, comprehensive sexual education, what young people are likely to find is pornography and inaccurate information. “Online sexual health education is lacking consensus on what is a successful outcome, how to measure it, or what theoretical foundations should be used to build interventions” (Holstrom 288). Alternatively, research reveals that the Internet offers anonymity and social support to young people looking to explore topics of sexuality despite barriers in their home communities (Hasinoff 454).

In today’s media driven world, the images that youth are exposed to drastically effect their self-esteem (“Teen Health and the Media”). More than ever teens are suffering from body dissatisfaction, eating disorders, as well as drug and

alcohol abuse (“Teen Health and the Media”). Girls especially grow up with a clearly defined idea of beauty, a beauty that is in many ways unnatural and unhealthy. One study found that 80% of 10-year-old girls were afraid of being fat; and that by age 12 girls’ self-esteem plummets and most commonly does not improve until age 20. The same study stated that girls who suffered from low self-esteem were 50% more likely to become teenage mothers (“NYC Girls Project”).

Media literacy within sexual education can help young girls identify confusing or damaging messages about their bodies or sexuality and promote positive images of themselves and others (Lamb & Peterson 712). This is an area of development, particularly for girls, that could benefit from more attention in and outside of sexual education programming and will be an element of the workshop curriculum in the pages to follow.

The Need for Gender-Relevant Programs

Research shows that a program’s effectiveness can vary for male and female studentsⁱⁱ (Chin 288-289). National organizations such as the National Council on Research for Women, the American Association of University Women, and the United Way of the Bay Area have called for gender-relevant programs (specifically for girls) that “allow girls to voice their experiences, develop positive connections, and gain skills to pursue meaningful goals in education, careers, and relationships” (Steese 56).

Adolescence is characterized by young people's striving to form their identity (Hay 78). Gender self-identity is an aspect of this development, which can be greatly effected by hormones and peer expectations, and has been linked to emotional stability and behavior (Hay 78). While many adolescents can navigate this developmental phase relatively smoothly (Hay 78), threats to adolescent health and wellbeing can include suicide, depression, substance abuse, pregnancy, sexually transmitted diseases, sexual abuse, and eating disorders (Steese 55-56; Hay 78). Gender differences in self-esteem have been shown to emerge during adolescence with young girls showing signs of lower self-esteem than boys (Impett 722). Self-esteem, being defined as, "The totality of an individual's thoughts and emotions regarding the self" (Impett 723); factors of self-esteem include race/ethnicity, socioeconomic status, educational achievements, pubertal timing, and body satisfaction. The later being central to many young girls self-definition (Impett 723).

Relationship authenticity became an area of interest for feminist scholars studying girls' self-esteem. These scholars believe that, "desire for connection unfortunately comes with a cost: the tendency to sacrifice or "science" one's own needs and desires in order to please others and avoid conflict" (Impett 724). Their research suggests that the onset of puberty coincides with girls beginning to compromise their authenticity in relationships (Impett 724); and prescribe that the antidote to objectification is authenticity (Lamb "The 'Right' Sexuality for Girls"). Parents, peers and education can positively affect an adolescents' self-concept – defined as one's sense of confidence and self-worth (Hay 87); therefore, it is

important to empower young people with pictures of healthy relationships and to support their authenticity within relationships.

Caulbridge Education: “Girls Time”

Caulbridge is a new education model with a demonstration school in Fairfax, California. The school has three basic principles: Childhood is a distinct time; Learning is acting in new ways; and Learning is physiological and begins in the body. In order to meet the developmental needs of their middle school students, school psychologist, Dr. Derek Rubinstein, has developed “Boys Time and Girls Time”; a weekly class for students in grades sixth through eighth. In a blog post, the school described the class as follows:

“Boys Time and Girls Time fosters resilience through the development of healthy social-emotional skills, self-regulation, empathy, ethics, social-problem solving and interpersonal skills. The class is also a time to have developmentally appropriate conversations about puberty and self-care as it relates to students changing bodies and minds. Using a strengths-based approach, we incorporate mindfulness as a key practice to cultivate present moment awareness, compassion, and curiosity. Through brief mindfulness practices and games, students learn to be aware of their bodies, calm their minds, and become adaptive thinkers with strength of heart and character” (“Coming of Age with Mindfulness”).

Once a week, Dr. Rubinstein leads Boys Time and I lead Girls Time. The impetus for this weekly class being that discussions related to adolescent development need more time than allotted within traditional sex education programs (where these topics are usually stored) in order for young people to be able to absorb, understand and incorporate healthy behaviors into their own lives.

Girls Time acknowledges the girls' coming of age, this acknowledgement is in turn a kind of "rite of passage", the importance of which is being recognized by many experts in education and psychology (Lines 31). Girls Time allows the students at Caulbridge School the space to work with developmental issues as they arise in real time. This class does not replace sex education and as facilitator I do not bring content related to sex and sexuality. However, "Sexuality functions as a malleable feature of self, a prime connection point between body, self-identity and social norms" (Measor 2), so when and if such questions arise from the girls, we do take the time to discuss them thoughtfully.

Some of the topics discussed included: menstruation, crushes, friendships, respect (towards self, peers, teachers and surroundings), self-care, changes the girls experience within their bodies, gender and sexual identity, family dynamics, bullying, beauty and societies expectations of beauty, as well as personal values and communication skills.

Each of these topics were initiated by what the girls brought to the group. John Hattie's research states that, "It is what students brings to the table that predicts achievement more than any other variable." He states that the students account for 50% achievement variance, teachers account for 30%, and the remaining 20% is a combination of home, school and peers (Hattie 1-3). This practice of working from what the students bring to the group is what Caulbridge describes as their "strength-based approach" ("Coming of Age with Mindfulness").

The benefit of separating the students by genderⁱⁱⁱ is that the class can meet the needs of the girls, which isn't always on par with the developmental needs of the

boys. Research shows that boys and girls react differently to education scheme (Measor 1), moreover, the biological development of the 12-14 year old, suggests that young people with higher levels of maturity benefit from small group discussions while those with lower levels of maturity thrive in play-based education models (Meschke 95). Early adolescence can be a time of extreme self-consciousness, insecurity, and inferiority; providing a safe, small group space is thought to be an effective strategy to reduce young people's intimidation (Meschke 97). The ongoing, weekly class, provides continuous support that meets the girls emotional development over the course of the school year.

“Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs and values about such important topics as identity, relationships and intimacy” (“Guidelines for Comprehensive Sexual Education” 13).

The biggest factor for a successful discussion during Girls Time has been the relationship between the girls and their relationship with myself as the facilitator. According to the Jean Baker Miller Training Institute, girls' connections with others are a central component of their psychological make-up and can affect their psychological health, self-image, and relationships (Steese 56). An article on the importance of teaching care ethics to educators states, “The relational nature of teaching needs to be made visible to teachers” (Rabin 168). The theory is that teachers who take time to develop relationships with their students, both as individuals and as a class, positively effect the learning environment. Sadly, “most students report that in their entire experience of schooling they had less than five teachers who ‘cared’” (Rabin 167).

Incorporating care ethics into educational curricula requires teachers to continuously assess student needs and adjust lesson plans accordingly. Lessons should orient towards teaching students to care about themselves, their peers, and the larger community (Rabin 165). Research shows that peer support can be a stronger catalyst for learning than content alone (Meschke 96). Relationships are an essential aspect of learning, and healthy relationships with strong individuals can promote healthy sexuality. This stage in a student's development is an essential time for teachers to instill a sense of normalcy, by allowing students to understand that their peers are also experiencing many internal changes and struggles. From this knowledge students can gain an independence and self-esteem that can support their maturation (Oswalt).

A key component of Girls Time is the council like format (Steese 57), where one student is speaking at a time while the others practice mindful listening. This practice "intends to increase empathy skills on the part of the listeners" (Steese 57). In order to create a safe container for Girls Time, the group declared rules around respect and confidentiality. This space allowed friendship dynamics and other social barriers to be set aside and the group was able to bond over their shared experiences. Because I am not the girls' primary teacher nor am I a therapist, the girls view me as an ally that they have grown to trust and respect. My approach upon entering the group was not to educate but to support. The students bring what they want or need and I do my best to meet them from my own knowledge and experience. In many ways this role requires an aspect of humility; without sharing my own story, I do my best to relate to the girls' experiences.

Woven into the Girls Time and Boys Time are practices of mindfulness; Dr. Rubinstein's research has been on mindfulness and its positive effect on adolescent development (Rubinstein). Research in the field of mindfulness shows that, "mindfulness practices can have a profound effect on one's sense of self and self-relationship" (Rubinstein 50). Studies have begun to examine the effect of mindfulness on adolescents and note the positive correlation of young people's sense of self, identity, moral development, and general maturation. Moreover, mindfulness practices have shown to improve young people's ability to self-regulate their attention, emotions and behavior (Rubinstein). As a yoga teacher, I have also guided the girls through body awareness exercises and empowerment asanas. Finding new mediums to address the girls' questions and concerns has held their interest. During one class session we previewed the music video "Try" by Colbie Caillat, which prompted our discussion on beauty and societies expectations of beauty. I was excited by the girls' reactions and proud that the class ended with the girls wanting to give each other appreciations and left hugging and holding hands!

Learning how to be in relation with those around you has been a constant thread for Girls Time. The girls are learning how to detach from their parents (Gilbert 53), how to respect their teachers as an authority other than their parents (Meschke 96), they are negotiating peer leaders (Meschke 97), as well as developing crushes and entering into romantic relationships.

Education needs to support the healthy development of the whole child. At Caulbridge School, by incorporating Girls Time into the weekly schedule, this allows the girls a regular, safe space to unpack and explore the current developmental

milestones they are experiencing in their everyday lives. Feedback from the faculty and students indicate that the Girls Time model has been effective for the girls at Caulbridge School.

From my experience, and research supports (Rabin), my relationship with the girls and their relationship with each other are key factors in the success of the class. Given some of the middle school girls are “young” for their age, I interspersed some creative and play-based activities in order to meet the individual needs of the girls (Meschke). Having the freedom to follow the girls’ needs, whether that means addressing incoming questions they have or engaging their senses in order to bring new focus or release anxiety, has made this class not only a time that the students looked forward to but also a support that the teachers and parents rely on.

Caulbridge School has developed metrics to measure student outcomes such as Observations Skills, Positive Self-Concept, and Courageous Learning; and further assessment will be done on Boys Time and Girls Time, yet from my own assessment and reflection, this program is teaching girls how to respect and trust themselves and how to navigate the world around them.

Bridging the Gap

Current sexual education can be ineffective due to lax standards and a lack of formative assessment. Furthermore, medically accurate comprehensive sexual education does not generally offer the social-emotional skills needed to process and learn healthy sexual behaviors. Sex education cannot simply provide the “facts” about sex; students must be given the space and support to make connections

between the information and their own behaviors. The United States is one of few cultures that does not specifically honor the transition from childhood to adulthood.

This acknowledgement has been shown as critical for development (Lines).

Providing a space to acknowledge where young people are developmentally can help to establish a sense of normalcy for their experience. With media portraying mature ideals of beauty and sexuality, young people, especially girls, can suffer from body dissatisfaction (“Teen Health and Media”; “NYC Girls Project”) and seek sexual experiences to understand their development.

Childhood has become compacted in order to meet new expectations put upon young people. Adolescence is an extremely difficult transition that has been policed rather than supported (Harden). This phase of adolescent development marks new cognitive abilities (Ballonoff); young people are able to rationalize in ways that the young child cannot. However, without life experience to support decision-making, young people can resort to high-risk or sensation-seeking behaviors in order to link their abstract knowledge to their concrete experience (Ballonoff). This gap between the information provided in sexual education programs and young people’s concrete experience is what I am calling the center point between education and behavior.

In order to meet the immediate developmental needs of young people I have created a one-day workshop for girls, which is meant to augment current sexual education programming. Moving forward, this same model should be developed for male and non-cisgender youth. This model is extremely important for young girls who are constantly faced with mixed messages about their sexuality. The aim of the

one-day workshop is to bridge the gap between information that girls have received from school programming or parents with the new emotional and physical sensations specific to their developing sexuality, to foster connections with peers, and instill a sense of normalcy and self-authenticity. Unlike SEL programming, which I believe is a needed support for sexual education within a classroom setting, this workshop allows for an emersion in a single-gender setting that serves as a rite of passage for the girls. This workshop developed out of my direct experience with the girls at Caulbridge School during our weekly Girls Time class.

There are three outcomes for the workshop: 1 – Integrate understanding of physical changes with personal experience; 2 – Cultivate self-respect and self-love; and 3 - Evaluate the dynamics of healthy relationships. The first objective is meant to bridge the information the girls have received during prior sexual education programs with their own physical and emotional experience. By discussing media's representations of women, the girls will be able to dissect and reconstruct what is a normal and beautiful female body and healthy sexuality. This discussion will be supported by a mindfulness-based practice in which the girls will learn how to connect with their own body and develop a healthy relationship to their body based on self-respect and self-love. This practice leads into the second outcome, creating self-respect and self-love, which are foundations for self-efficacy and empowered decision-making. From this self-empowered state of being, the girls should have the ability to discuss the qualities of a healthy relationship (friendship or romantic partnership).

The goal of this workshop is not to provide more information to the girls, but instead to provide them with a space to connect the information they have with the new desires they are sure to be experiencing, and thereafter, they should leave feeling empowered and able to negotiate new situations or find support when they feel unsure. What follows is the curriculum for the daylong workshop for girls age 11 to 13.

Workshop Curriculum

Outcomes:

1. Integrate understanding of physical changes with personal experience
2. Cultivate self-respect and self-love
3. Evaluate the dynamics of healthy relationships

Welcome & Introduction (9:30-10:30am):

Objective:

- Creating a safe container, understanding confidentiality and workshop objectives

Activities:

- Welcome, agenda, workshop overview, introductions
- Confidentiality guidelines
- Yoga practice
- Participant check-in (i.e. nervous, navigating sexuality, excited, etc.)
- Introduce Question Basket
- Games and Icebreakers
 - Two Truths and One Lie
 - Circle Game

Instructor Notes:

- Welcome, agenda, workshop overview, introductions

Welcome the girls and have them sit in a circle on the floor. Introduce the space (i.e. locate bathrooms, sitting props, etc.). Share the agenda (i.e. snack and lunch breaks) and overview for the day. Go around the room and have each of the girls say their name only (further introductions to follow).
- Confidentiality guidelines

Define confidentiality: "In order to create a safe space for everyone here we will maintain the confidentiality of what happens here today. When you leave here you can share your story and your experience, but you cannot share other people's story and their experience. Everything you say will remain confidential unless you are hurting someone or someone is hurting you. In that case, as the adult, I am responsible for your care and safety and would need to break confidentiality to report what I know, in order to get you help."
- Yoga practice

See Appendix A.
- Participant check-in (i.e. nervous, navigating sexuality, excited, etc.)

Share with the girls how you are feeling about the day; let them know that whatever brought them here, whether it was their own desire to know more, or their parents making them come, that we are all

bringing something to the group. Go around the circle giving them a chance to check-in about how they are feeling.

- Introduce Question Basket
Pass out paper and pens to all the girls. Identify the question basket and where it will be kept in the room. Let them know that throughout the day they can write questions they might not feel comfortable asking out loud and put them in the basket at any point. These questions will be answered in the afternoon.
- Games and Icebreakers
 - Two Truths and One Lie
Introduce the game - each person will tell the group three things about themselves, two of which are true and one thing that is a lie, then the group will try to guess the lie.
 - Circle Game
*(This game requires a ~5 foot rope or scarf that has been tied in a loop)
Have the girls hold hands in a large circle. Start with your arm through the rope loop and demonstrate as you explain that the goal is to get your body through the loop then send it to the next person without breaking the circle. Send the loop around the circle until it comes back to where it started.*

Our Beautiful Bodies (10:30-11:30am):

Objective 1:

- Cultivate body awareness and presence

Activities:

- Mindfulness Practice

Objective 2:

- Discuss body image

Activities:

- Magazine Hunt – “Where is normal?”

Objective 3:

- Discuss physiology and the changing body

Activities:

- Discussion about puberty
- Discussion about female sex and sexuality
- Share visual representations of women’s naked bodies and vulvas

Instructor Notes:

- Mindfulness Practice
See Appendix B.
- Magazine Hunt – “Where is normal?”
Ask the girls to flip through an array of magazines and share how they see women represented or portrayed.

Suggested Discussion Prompts:

1. What does a normal woman look like?
 - a. Share with them that the average woman is 5'4" and weighs 140; while the average model is 5'11" and weighs 120; and that only 4% of the population naturally attains this idealized form (Schrader).
 2. What are feminine characteristics?
 3. Do these make you a woman? Without them are you not a woman?
 4. What is beautiful?
 5. How does the media portray women?
 6. What expectations are there around feminine beauty?
 7. Are these expectations supportive or damaging to women?
 8. Is physical beauty the only kind of beauty?
 9. What other qualities do you see as beautiful?
 10. How can you embrace those qualities more in yourself?
- Discuss puberty

Ask the girls what they have learned about their physiology; what they know about or have experienced of puberty; what happens to the female body during this phase of development?

Share that puberty is a time when the female body changes significantly; and that the girls may have already begun to notice changes especially in their breasts, vulva and body hair.
 - Discuss female sex and sexuality

State that while individuals have their own beliefs around sexual intercourse, sex can be more than for procreation. Sex can be pleasurable, though first time sex may also be uncomfortable or painful. Share with the girls that the female clitoris is the only part of the human body solely for pleasure. It is a bundle of nerves that contains 8,000 nerve fibers, which is a higher concentration than anywhere else in the body including the lips, fingertips and tongue, and is twice as many as in the penis (Schrader).

Share that while the girls may have their own moral ideas about masturbation, it can be a way to explore what feels good to them so that when they are sexually active they can educate their partner.
 - Share visual representations

Before breaking for lunch, tell the girls that you will leave some images "beautiful" female bodies for them to look at on their own. Leave these laid out on the floor in the main room or somewhere that the girls can look at these away from where the group is eating lunch.

Lunch Break (11:30-12:15pm)

Sexuality & Healthy Relationships (12:15-3:00pm):

Objective 1:

- Understanding the dynamics of healthy relationships

Activities:

- Polarity: masculine and feminine
- Consent & Boundaries

Objective 2:

- Understanding the pros and cons to technology and social media

Activities:

- Cyber Civics & Social Media: Relationships, resources and risks

Objective 3:

- Understanding risks of sexual activities and ways to protect oneself physically

Activities:

- STDs, pregnancy, and protections

Instructor Notes:

- Polarity: masculine and feminine attraction is natural and part of being human; sexual orientations

Introduce the idea that aside from gender, there is femininity and masculinity within each of us, and that in some relationships we are more feminine or more masculine in order to balance out the relationship or meet particular needs within us.

Polarity within relationships is a natural phenomena and can sometimes translate to our sexual relationships; whether one is female and attracted to a male, or female and attracted to the masculinity within another female. Yet there isn't a need for complementary roles within relationships and often a female can be really attracted to a man's inner femininity.

- Consent & Boundaries

Ask if anyone can define the term "consent".

Talk about how consent is not limited to sexual relationships but is extremely important when pertaining to sex or their bodies.

Define: "Consent is deciding for yourself what you are comfortable with and communicating that to a partner – Consent is not just being silent and going along with whatever may be happening"

Tell the girls, "I want you all to repeat after me, NO MEANS NO. You always have the right to stop anything at any time."

Ask the girls to think of a time when something didn't feel right – "How did you know? What signs did your body give you?"

Role-play: Pair/partner the girls and ask them to act out the following situations

- First date
 - Someone wants a kiss goodnight
 - Going in/over to house/room
 - Inviting someone in/over
 - At end of the date
 - Suddenly someone needs to leave
- Study session
 - Figuring out if you'll be alone
 - Sitting on the bed
 - Inviting someone over to watch a movie
- Hookup/Intimate relationship
 - Already kissing
 - Touching
 - Undressing
 - Someone is in his or her underwear...now what?
 - Someone really want to have sex
 - Someone is wanting to try something new
- At a party
 - Dancing
 - Drinking/drunken
 - Getting home
- Discussion

Speak about each of the interactions presented in the role play.

Ask the girls, what kinds of things could someone respond with when you say no (ex. come on, don't be lame; just for a minute; I promise I'll do xyz; etc.)?
- Journaling: Ask the girls to spend a few minutes writing down their response to the following, let them know that they do not need to share this.

"Ultimately, you are the only one who will know when you are ready to become sexual (or if you are sexually active already, what kind of sexual relationship you want); think about what you might need in place to feel safe, sure and comfortable."
- Cyber Civics & Social Media: Relationships, resources and risks

Share with the girls that relationships have more complexity now than when their parents or grandparents were dating. Social media has changed the way we interact with people.

Talk about the permanence of what is posted online and the importance of keeping their personal information safe. Talk about the potential risks of meeting people online or communicating with people online that they don't know. As well as how to appropriately seek out new friendships/ relationships through online platforms (i.e. when/where/ how to meet in person, etc.)

Speak to how cyber space can give people a freedom they may not feel within their own lives to act out or understand their sexuality (ex. chatrooms for LGBTQ+).
- STDs, pregnancy, and protections

Tell the girls that we don't have time to fully discuss STDs, pregnancy or forms of birth control, nor is this workshop a sex. ed. class; but that any specific questions they do have can go into the Question Basket or be asked after the next break.

Let them know that the internet can be a great resource for information, HOWEVER (stress), that so much information online is inaccurate.

Let them know that you can be a continued resource and provide them with information for their local Planned Parenthood; let them know that Planned Parenthood has a lot of good information on their website.

Break – Put on dance music (3:00-3:15pm)

Questions (3:15-4:30pm)

- Answer anonymous questions from basket and allow time for discussion and further questions

Closing (4:30-5:00pm)

- Sharing
Ask the girls: "What are you taking away from today?"

Instructor Prep:

- Advertise the workshop
Reach out to local schools
Post flyers
Post on social media
- Registration form
Get written parent permission for the girls to participate
Provide parents with what they should expect the girls to get from the workshop; that it's not about giving advise, medical or otherwise, that it is an orientation and acknowledgement of where the girls are in their development.
- Facility
Be sure to check if there is a waiver for the facility
Provide parents/participants with driving directions and parking information
Clean/set up the room
Provide yoga mats, sitting cushions, question basket, flowers, candle, one ~5 foot rope or scarf that has been tied in a loop for the circle game

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Appendix A: Yoga Practice

Surya Namaskar – Sun Salutation:

Come to the front of the mat

Bring your feet together, big toes touching and heels slightly apart

Tadasana – mountain pose

Bring your hands together in front of your heart – *Anjali Mudra*

Inhale – sweep your arms over head – *Urdhva Hastasana*

Exhale – bend the knees, hinge from the hips and fold forward – *Uttanasana*

Inhale – step the right foot back into a lunge, rest your knee down on the mat, breath here, raise the knee again

Exhale – step the left foot back and lift the hips up and back into Downward Facing Dog – *Adho Mukha Svanasana*

Inhale – shift the shoulders above the wrists – Plank pose

Exhale – lower knees, chest and chin to the earth and come to lie on your stomach

Inhale – ground the pubic bone into the earth and send the heart forward, draw the shoulders and toes back – Cobra pose

Exhale – roll over the knees, lift the hips back into – *Adho Mukha Svanasana*

Inhale – step the right foot forward into a lunge, rest your knee down on the mat, breath here, raise the knee again

Exhale step the left foot through to meet the right, folding from the hips – *Uttanasana*

Inhale – come all the way up, reaching the arms overhead in *Urdhva Hastasana*

(If the girls are engaged, keep flowing through a few more sun salutations)

Bring the hands to the heart, step your feet out wider than your mat, inhale, then exhale and squat down into Goddess pose; (turn on music) begin to move/dance from Goddess pose.

Appendix B: Body Scan

Find a comfortable position lying on the ground. Allow your body to melt into the earth. Feel your body supported. You can relax. Now bring your attention to your forehead, see if you can relax the space between your eyes, your ears, your checks. Relax your jaw and allow your throat to soften.

Notice the points of contact with the earth, the back of your head, your upper back and shoulder blades, your hips and limbs.

Then bring your attention to your left shoulder, resting your attention there. Notice your upper left arm, your elbow, and now your lower arm and hand, then all five fingers. Feel your arm as it's resting on the earth, supported. Move your attention to your right shoulder, feel your right upper arm, right elbow, lower arm, hand and fingers.

Now bring your attention to your chest and feel any sensations there. Feel your belly. Take your time, to feel it rise and fall with each breath.

Notice your left leg from the hip to the knee. Feel the knee and the calf. Feel the ankle, the foot and all five toes. Bring your attention to your right hip and feel the right thigh, your knee, your calf, your foot and toes.

Now notice your entire body at once. Keep your attention on your entire body, letting your attention notice everything at once. Feel whatever sensations are alive in you right now, acknowledge them, don't judge them or try to figure them out, just feel.

Take three deep breaths. Then start to wiggle your fingers and toes and bring your attention back into the room. Come to a seated position when you're ready.

Questions:

What was that experience like?

What parts of your body were easy to relax?

What sensations stood out when you paid attention to your whole body?

Notes

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- ⁱ John Fetzer believed that the world's most critical issues must be addressed at their roots. His legacy continues through the efforts of the Fetzer Institute.
- ⁱⁱ This research does not extend to non-cysgendered students. Cysgender has been defined as, "someone who exclusively identifies as their sex assigned at birth. The term cisgender is not indicative of gender expression, sexual orientation, hormonal makeup, physical anatomy, or how one is perceived in daily life" ("LGBTQ+ Definitions").
- ⁱⁱⁱ "While Boys Time and Girls Time is structured so that each gender has a space to explore important topics relevant to their changing bodies and minds, our core value is to be inclusive of all students, including those who are questioning or exploring their gender identity" ("Coming of Age with Mindfulness").