

Step Up Mentor Program  
Kiana Lane  
Lasell College  
April 7, 2016

## Contents

Literature Review .....	3
References .....	14
Grant Proposal .....	16
Appendix A .....	19
Appendix B .....	20
Appendix C .....	21
Appendix D.....	23
Appendix E .....	24
Appendix F .....	25
Appendix G .....	26
Appendix H .....	27
Appendix I .....	28
Appendix J .....	29
Appendix K .....	30
Budget .....	31
Biographical Statement .....	32
Resume .....	33

### **Introduction**

Relationships in our society are based on strict, monogamous values (Witte, 2015). We focus on commitment and exclusivity as the basis of our intimate relationships. We are conditioned to aspire to monogamous, heterosexual marriages with the intention of starting families and continuing our family lineage (Witte, 2015). Historically, monogamy has been the normative teaching across almost all Western cultures and religions (Witte, 2015). But it seems that recently, the notion of monogamy is being called into question. This could be due, in part, to the growing popularity of “hook-up culture” among young people between 15-24 years of age.

There does not seem to be one standardized definition of “hook-up.” It appears to be an umbrella term that refers to a variety of sexual behaviors that can be interpreted in many ways depending on the context and the individual. Researchers and lay people alike vary in what they consider incidents of hooking up. The term “hook-up” is often used interchangeably with terms like “friends with benefits” and “casual sex.” For the purpose of this review, a “hook-up” is “a single sexual encounter that may or may not include sexual intercourse with someone who is a stranger, brief acquaintance, or friend” (Fortunato, L., Young, A. M., Boyd, C. J., & Fons, C. E. 2010). Of course, many factors affect whether or not an individual will choose to pursue a monogamous relationship or engage in casual hook-ups but there is still a vast gap in information regarding the parameters, risk factors, and emotional consequences of those participating in hook-ups compared to those in monogamous relationships.

### **Media Influence**

Hook-up culture is growing in popularity among teens and young adults (Garcia, Reiber, Massey, & Merriwether, 2012). Similarly to the previous definition, some researchers describe hook-ups as “uncommitted sexual encounters” that can include a variety of sexual activities

(kissing, oral sex, intercourse) without the “promise or, or desire for” a romantic relationship (Garcia et al, 2012). The authors of this research suggest that this represents a shift in how young adults view uncommitted relationships in our culture. They also point to popular culture as one of the main causes of this shift, quoting the popular Katy Perry song, “T.G. I. F.” in which she outlines an individual’s Friday night (Garcia et al, 2012). The events that she highlights include partying, waking up to a stranger in her bed and having a headache, among other things, all of which are assumed to be due to consuming alcohol (Garcia et al, 2012). This is just one example of how media is contributing to the seeming shift in the normality of engaging in casual sexual behaviors among American youth. Media and television shows also demonstrate this lax attitude regarding casual sexual encounters (Garcia et al, 2012). A Kaiser Family Foundation report done on media portrayals of sex found that 77% of television programs incorporate some form of sexual encounter (Kunkel, Eyal, Finnerty, Biely, & Donnerstein, 2005). Of those shows, 20% depicted characters hooking up in non-committed relationships and 15% showed characters engaging in sex with someone that they had just met (Kunkel et al, 2005).

According to Garcia et al (2012), youth utilize television programming as a source of education which has detrimental effects when the acts that are being depicted convey false information. The authors suggest that television shows portray uncommitted sexual behaviors as physically and emotionally satisfying even without any emotional attachment afterwards (Garcia et al, 2012). Films such as *Hooking Up*, *No Strings Attached*, and *Friends with Benefits* feature young adults engaging in casual sexual encounters with friends under the premise that neither party expects a relationship (Garcia et al, 2012). Authors suggest that this premise is not common and that hook-ups can negatively affect an individual emotionally and psychologically, and can also lead to sexual assault, unintended pregnancy, and sexually transmitted infections

(Garcia et al, 2012). The authors suggest that these represent only a small percentage of behaviors that are actually happening in our culture, and do not represent the dominant culture (Garcia et al, 2012). Television shows over represent the prevalence of casual hook-ups, creating incorrect beliefs and expectations of sexual behaviors among their target audiences, adolescents and young adults (Garcia et al, 2012).

## **Risk Factors**

### **Sexually Transmitted Infections**

There are many risks that have been associated with having multiple partners. Perhaps most concerning, especially for individuals in non-committed relationships, is the possibility of contracting sexually transmitted infections (STI). The Centers for Disease Control and Prevention (CDC, 2014) report that approximately half of all documented cases of sexually transmitted infections are individuals age 15-24 (CDC, 2014). In 2013 there were 949,270 cases of chlamydia reported among this age group (CDC, 2014). Between 2012 and 2013, 15-19 year old females had the second highest rates of gonorrhea compared to females in other age groups (CDC, 2014). Regardless of age, females had significantly higher rates of infection than males across the board (CDC, 2014). The CDC suggest that there is a need for intervention programs that address the circumstances that contribute to sexual risk taking behaviors among adolescents.

Women who had had five or more sexual partners were eight times more likely to have had a sexually transmitted infection than women who reported to only have had one partner (Joffe, Foxman, Schmidt, Farris, Carter, Neumann, Walters, 1992). Of the total number of participants, only twenty-three percent always used condoms (Joffe, et al, 1992). This calls into question whether the number of partners or personal behavioral risk factors were the root of the

problem but it does provide convincing evidence that there is a correlation between having multiple partners and the likelihood of contracting a sexually transmitted infection.

Lovejoy (2015) found that statistics such as the ones previously mentioned are due in part to the fact that hook-up partners are not required or expected to communicate their sexual histories or sexual health problems before engaging in a hook-up. She also found that, among college students in particular, individuals typically do not use condoms due to the impaired judgment and lowered inhibitions that are equated with heavy drinking, which is common among college students. Even if a STI is not transmitted at the time of a hook-up, individuals experience increased anxiety after the fact when condoms are not utilized (Lovejoy, 2015).

### **Teen Pregnancy**

The Centers for Disease Control and Prevention reported that there were 273,105 babies born to girls 15–19 years old in 2013 (CDC, 2015). Although this was a ten percent decrease from 2012, the CDC states that there is a need for prevention programs due to the short and long-term effects on teen parents and their children (CDC, 2015). Teen pregnancy seems to have a greater effect on females, with only about fifty-percent of teen mothers receiving their high school diploma by age twenty-two compared to ninety-percent of women who did not have children during their teenage years (CDC, 2015). Additionally, the children of teen parents are subjected to a variety of difficulties throughout their lives including health problems, low academic achievement, delinquency, and incarceration (CDC, 2015). Interestingly, the impact of teen pregnancy has more than just an effect on the mother and their child. Some indirect factors include costly payouts from taxpayers (\$9.4 billion for increased health care and foster care in 2010), lost tax revenue due to the low-income of these families, and higher incarceration rates of the children of teenage mothers (CDC, 2015).

Similar to Lovejoy's (2015) findings on inconsistent condom use to prevent STI's, Fielder et al (2014) suggest that condoms may not be used for several reasons including the spontaneous nature of hook-ups, intoxication, and low-perceived risk. Individuals who fail to use condoms correctly and regularly are more susceptible to the risk of unwanted pregnancy and contracting sexually transmitted infections.

### **Emotional consequences and mental health**

Hook-ups are highly individualistic in nature (Lovejoy, 2015). There is an assumption within hook-up culture of limited interpersonal accountability and freedom from emotional intimacy, however individuals often hope for romantic or emotional connection which can result in feelings of regret (Lovejoy, 2015). Eshbaugh and Gute (2008) found that hook-ups could be a predictive factor in determining sexual regret among college women. Situations regarding hook-ups that women rated as the most regrettable were having many sexual partners within the past year, having intercourse with someone once, and only once, and having intercourse with someone known for less than twenty-four hours (Eshbaugh & Gute, 2008). Hook-ups that included intercourse had a significantly stronger relation to feelings of regret than hook-ups that did not include intercourse (Eshbaugh & Gute, 2008). Women who engaged in casual sex with someone in their friend group or with someone with whom they had developed a friendship through the course of the hook-up, experienced strong feelings of regret, anger, and betrayal when the hook-up relationship was terminated (Lovejoy, 2015). Feelings of regret were related to lower self-ratings of overall life satisfaction, and several physical conditions, including headaches, digestive problems and chest pains (Eshbaugh & Gute, 2008).

There were also significant differences in the mental health of men and women regarding hooking up. Men tended to be more open to the idea of engaging in casual sex, while women

tended to seek more romantic relationships, leading to women typically feeling shame, guilt, awkwardness, and regret after the fact (Victor, 2012). Researchers hypothesized that this is due, in part, to gender expectations in our society (Victor, 2012). Women are not expected to act on their sexual desires or pursue sex outside of a romantic relationship, which can lead to negative affect when reflecting on sexual behavior (Victor, 2012). Victor (2012) states that young women are also faced with the issue of not being able to establish these romantic relationships as a result of hook-up culture and are instead forced to hide their fears around hooking up and only appear to enjoy the experience, which further contributes to feelings of regret. In contrast, men are expected to seek sex much more often and, as a result, are not left feeling judged or ashamed for having casual sexual relations (Victor, 2012). While Victor's study does provide useful insight, it is limited by the fact that all participants were heterosexual, college-aged, students at one particular university. This study is not representative of other age groups, sexual orientations, or geographic locations (Victor, 2012).

Hooking up has also been strongly correlated with depression, although the cause and effect of the correlation is unclear (Fielder et al, 2014; Sandberg-Thoma, & Kamp Dush, 2014). Some explanations for this are the perceived risk of acquiring a negative reputation, peer pressure or coercion to go farther than intended, and sexually displeasing hook-ups (Fielder et al, 2015). Both Fielder et al (2015) and Sandberg-Thoma (2014) found a positive correlation between hooking up and depression in college women, in particular. Both sets of research also found that individuals with poorer mental health and pre-existing depressive symptoms were at greater risk for developing more depressive symptoms after engaging in a hook-up. This suggests that individuals suffering with depression may seek a casual sexual encounters as a means to cope with negative feelings (Fielder, 2015). Garcia et al found (2012) that men typically felt



“sorry” for feeling like they “used” another person, while women experienced more feelings of regret that they had been “used”. More research needs to be done with individuals not currently experiencing depressive symptoms to determine whether or not hooking up actually causes depression.

### **Sexual Violence**

Sexual exploitation and violence occur entirely too often within the context of hook-up culture. Examples of sexual violence include rape, attempted rape, sexual coercion, and sexual contact using force (Lovejoy, 2015). Heavy alcohol consumption in combination with the lax norms that are assumed in hook-up culture create a toxic ambiguity that contribute to sexual victimization, especially on college campuses (Lovejoy, 2015). Alcohol consumption also serves as an excuse to defend hook-up behavior later on (Garcia et al, 2012). Lovejoy (2015) states that low expectations for sexual and emotional culpability contribute to the expression of antisocial and aggressive behaviors. Partners feel freer to disrespect their partners and treat them in ways that are thoughtless and demeaning due to the lack of accountability that would normally come with being in a romantic relationship (Lovejoy, 2015).

Fielder et al (2014) suggest that individuals that engage in hook-up culture in college are at greater risk for sexual violence. This could be due, in part to the riskier social environments of unsupervised dorm rooms, parties, increased expectation to hook-up, and the availability of alcohol and other drugs (Fielder et al, 2014). Another explanation is that, due to the ambiguity of the term “hook-up,” there is a difference in the expectations between participants that is not communicated beforehand which can lead to sexual victimization (Fortunato et al, 2010). While sexual violence is never acceptable or excusable, Fortunato et al (2010) explain that one of major

contributors to sexual violence among adolescents is the ambiguity regarding appropriate or consensual sexual activity as they are just learning sexual scripts.

In order to both raise awareness and reduce negative consequences of engaging in hook-up culture, peer mentoring may be an effective intervention technique. Peer mentoring has been shown to carry validity with mentees because peers can equate shared experiences, both positive and negative (Smith, 2011).

### **Peer Mentoring & Teens**

As defined by Smith (2011), “mentoring is a dyadic psychosocial intervention wherein a more experienced or knowledgeable individual is brought into a close relationship with a less knowledgeable person in order to provide support and guidance.” Cross-age peer mentor programs, or programs in which teens mentor younger children (Karcher, Davidson, Rhodes, & Herrera, 2010), can have many positive benefits for young people including, but not limited to, healthy growth and development, exposure to new relationships and opportunities, (Smith, 2011), improvement of social skills, peer connectedness, increased self-esteem (Karcher et al, 2010), enhanced leadership, communication, and organizational skills (Hall, & Jaugietis, 2011). James, Smith, & Radford, (2014) also found that cross-age mentoring programs, in particular, built upon participants interpersonal and problem solving skills, while also constructing confidence in both the mentors and mentees. Mentoring serves as a defense against many risks faced by youth including behavioral issues, academic underachievement, and substance use (Smith, 2011).

### **Cross-Age Mentoring**

In the past, mentoring programs have typically been reliant on adults to mentor youth however, in recent years cross-age mentoring has been gaining popularity (Smith, 2011).

Theoretically, cross-age peer mentoring is thought to be more effective than adult-youth mentoring for a number of reasons. First, teens mentoring teens creates a social network of support that may not be able to be achieved by adult-youth pairings (Smith, 2011). These social networks provide teens with emotional and informational support that can promote positive behavioral changes due to a lessened fear of embarrassment when mentor/mentees are closer in age than adult-youth pairings (Smith, 2011). Smith (2011) suggests that there is more perceived psychological safety in cross-age peer mentoring because youth typically view adults as having authority simply based on their age, position, and level of responsibility. Cross-age mentoring eliminates this intimidation factor by closing the age gap between mentor and mentee. Peer mentors also have an understanding of the difficulties faced by their peers and can relate on a more personal level (James, Smith, Radford, 2014). Older peer mentors are also more influential compared to adult-youth mentors because, from a child developmental perspective, children equate older peers with maturity and model their behavior accordingly, and because youth are closer in age than adult-youth pairing, the relationships can be built from more of a place of understanding and relatability (Smith, 2011). In addition, teens are typically more available and therefore have more free time to volunteer their time compared to adults (Smith, 2011). Teens are also able to work from more of a place of empathy, and be more considerate of their mentee's intentions than adult mentors (Karcher et al, 2010). Finally, Smith (2011) suggests cross-age peer mentoring as an effective way to teach health-based curriculum due to the powerful nature of peer influence in impacting risk behaviors and promoting health-related behaviors and outcomes.

**Effects on Mentors**

Although the goal of mentoring is typically to positively impact the life of a younger or more naïve mentee, mentors also greatly benefit from the experience (Hall & Jaugietis, 2010; Karcher et al, 2010; James, Smith, & Radford, 2014). Participants in peer-mentoring programs report enhanced leadership, communication, employment, and organizational skills as well as an increase in self-confidence (Hall & Jaugietis, 2010). Karcher et al (2010) found that students who mentored in cross-age mentoring programs reported improvements in academic connectedness and self-esteem. Peer mentors also reported feelings of increased maturity due to their role as a role model which helped ease thoughts about the transition to adulthood (James, Smith, Radford, 2014). Having to deal with challenges associated with the role also permitted mentors to work on their problem-solving capabilities (James, Smith, Radford, 2014). Research shows that peer mentoring programs that have structured training programs and regular debriefing sessions are more effective in preparing teens for challenges that they may face (Smith, 2010). James, Smith, and Radford (2014) found that mentors and mentees who participated in programs that lacked adequate training and supervision had a negative impact on both parties compared to programs in which mentors were well-trained and supervised.

**Conclusion**

Hook-ups have become an integral part in the lives and development of a growing percentage of youth and adolescents. At this time, more research needs to be done on the effects that hooking up has on the formation of other, non-intimate relationships in the lives of adolescents. The casual sexual encounters involved in hooking up are associated with a variety of risks that negatively impact adolescent development. There also needs to be more research conducted on the short-term and long-term effects of hook-up culture. Current literature only

begins to formulate an understanding of this phenomenon but is a little dated. In the fifteen plus years since most of the research and articles were completed, the dynamic of college/university culture and the issues of today have shifted. In addition, most of the research that has been done on hook-up culture and casual sexual relationships has focused on heterosexual, female college students which is understandable as they are at the highest risk for unplanned pregnancy, sexually-transmitted infections, and sexual victimization among college students (Joffe, et al, 1992 & Lovejoy, 2015). However, more research needs to be done with other demographics in order for us to be able to consider the results of these studies representative of the larger culture. Sexually-based issues, such as sexual violence and misrepresentation in media, have been brought to the forefront of college student consciousness. It would also be interesting to see what, if any, benefits come from engaging in hook-up culture.

In general, the need for youth mentors is high, particularly in areas where proper candidates are few and far between (Hamilton & Hamilton, 2010). Cross-age mentoring is an effective way to teach youth because of the impact that peers have on each other, therefore it may serve to be an effective intervention tool for high-risk youth. In addition, research suggests that school-based mentoring programs benefit more than just the mentor and mentee, but also the school site by creating peer networks that incorporate positive role models from the community into the school (Smith, 2010). This increases feelings of connectedness within the school and community which predicts healthier behaviors and better health in youth participants (Smith, 2010). In conclusion, hook-up culture is a concept that needs to be recognized and better understood in order to provide appropriate information, resources, and comprehension of possible risk factors and complications and more peer mentor programs should be in place to teach youth about healthy relationships and sexual health.

### References

- Centers for Disease Control and Prevention (CDC). About Teen Pregnancy. (2015, May 19).
- Centers for Disease Control and Prevention (CDC). STDs in Adolescents and Young Adults. (2014, December 16).
- Eshbaugh, E. M., & Gute, G. (2008). Hook-ups and sexual regret among college women. *Journal Of Social Psychology, 148*(1), 77-90.
- Fielder, R. L., Walsh, J. L., Carey, K. B., & Carey, M. P. (2014). Sexual hook-ups and adverse health outcomes: a longitudinal study of first-year college women. *Journal of Sex Research, 51*(2), 131-144. doi:10.1080/00224499.2013.848255
- Fortunato, L., Young, A. M., Boyd, C. J., & Fons, C. E. (2010). Hook-up sexual experiences and problem behaviors among adolescents. *Journal of Child & Adolescent Substance Abuse, 19*(3), 261-278. doi:10.1080/1067828X.2010.488965
- Garcia, J. R., Reiber, C., Massey, S. G., & Merriwether, A. M. (2012). Sexual hook-up culture: A review. *Review of General Psychology, 16*(2), 161-176. doi:10.1037/a0027911
- Hall, R., & Jaugietis, Z. (2011). Developing peer mentoring through evaluation. *Innovative Higher Education, 36*(1), 41-52. doi:10.1007/s10755-010-9156-6
- Hamilton, S. F., & Hamilton, M. A. (2010). Building mentoring relationships. *New Directions for Youth Development, 2010*(126), 141-144. doi:10.1002/yd.354
- James, A. I., Smith, P. K., & Radford, L. (2014). Becoming grown-ups: a qualitative study of the experiences of peer mentors. *Pastoral Care In Education, 32*(2), 104-115. doi:10.1080/02643944.2014.893008
- Joffe, G., Foxman, B., Schmidt, A., Farris, K., Carter, R., Neumann, S., Walters, A. (1992) Multiple partners and partner choice as risk factors for sexually transmitted disease among female college students. *Sexually Transmitted Diseases. 19*(5):272-8.
- Karcher, M. J., Davidson, A. J., Rhodes, J. E., & Herrera, C. (2010). Pygmalion in the program: The role of teenage peer mentors' attitudes in shaping their mentees' outcomes. *Applied Developmental Science, 14*(4), 212-227. doi:10.1080/10888691.2010.516188
- Kunkel, D., Eyal, K., Finnerty, K., Biely, E., & Donnerstein, E. (2005). Sex on TV 4. *Kaiser Family Foundation, 5*-60.

- Lovejoy, M. (2015). Hooking up as an individualistic practice: A double-edged sword for college women. *Sexuality & Culture*, 19(3), 464-492. doi:10.1007/s12119-015-9270-9
- Sandberg-Thoma, S. E., & Kamp Dush, C. M. (2014). Casual sexual relationships and mental health in adolescence and emerging adulthood. *Journal of Sex Research*, 51(2), 121-130. doi:10.1080/00224499.2013.821440
- Smith, L. H. (2011). Cross-age peer mentoring approach to impact the health outcomes of children and families. *Journal for Specialists In Pediatric Nursing*, 16(3), 220-225. doi:10.1111/j.1744-6155.2011.00286.x
- Victor, E. (2012). Mental health and hooking up: A self-discrepancy perspective. *New School Psychology Bulletin*, 9(2), 24-34
- Witte Jr., J. (2015). Why two in one flesh? The western case for monogamy over polygamy. *Emory Law Journal*, 64(6), 1675-1746.

### Step Up Mentor Program

I propose that Lasell College starts a cross-age, multi-faceted mentor program for Lasell students, clients in the Family Independence Teen Parenting Program (TPP), and students from West Roxbury Academy (WRA). The program will address a variety of relevant sexual health topics including, but not limited to, contraception, sexually transmitted infections, healthy relationships, and consent (Appendix A). There are several goals for this course. First, to create a multi-level peer mentoring program at Lasell. Second, for mentors and mentees to increase their working knowledge of sex education and healthy relationships. Lastly, for mentors in specific, to be able to further develop their leadership and communication skills. Because this is a multi-level mentor program, both Lasell students and Family Independence TPP clients can reap these benefits. In addition, Lasell College credit will be offered to clients of Family Independence TPP upon successful completion of the program.

Kian Lane will serve as the Program Coordinator and supervisor for the Step Up Mentor program. The program will be a combination of training sessions over the course of a semester that will train students how to be peer mentors/educators. Lasell students will enroll in a twice a week experimental course through Lasell. As part of the enrollment process, students will need to complete both the Massachusetts Criminal Offender Record Information (CORI) Personal Request Forms (Appendix B). Upon approval, students will be accepted to the course.

The course will be taught by an adjunct professor who specializes in sex education and healthy relationship building. The first half of the course will be dedicated to training Lasell students. In the second half of the course Lasell students will be transported to West Roxbury to train TPP clients during the first meeting of each week. During the second meeting of the week Lasell students and TPP clients will go to West Roxbury Academy to teach the material that they



learned during the previous meeting using the same curriculum. Because of the proven benefits of regular supervision and debriefing sessions, mentors will collectively have the opportunity to discuss any issues that they may be having during class sessions and via online discussion forums. TPP clients have regular, monitored access to computers throughout the week so they will be encouraged to participate in this as well. The forum will be monitored by the course professor who will address any issues or concerns with mentors when necessary. In addition, the program coordinator and adjunct professor will meet weekly to discuss progress and any areas of the program that may need to be adjusted.

West Roxbury Academy students will participate on a voluntary basis by either signing up for the program, or by being recommended by the school's guidance department. All students interested in the program will need to get written permission from a parent or guardian (Appendix C) before the first session. The program will run in a classroom at West Roxbury Academy after school hours. Each session will be approximately one hour long starting at 5pm and run until about 6pm. Dinner will be provided at the beginning of the session (Appendix D).

The first session will be an introduction and overview of the program. The program coordinator and mentors will also gauge where students are at in terms of general sex education (refer to Appendix E). Session two will cover different forms of contraception as well as a discussion about how to talk about birth control and condom use with a partner (Appendix F). Session three will include an in-depth discussion about sexually-transmitted infections and symptoms (Appendix G). Mentors will also connect this discussion to the previous session in terms of talking to students about the importance of communicating with your partner about protection. All mentors will also be trained in how to conduct a role play with mentees because this will play a vital role in the sessions around healthy relationships and consent (see Appendix

H & I). The final session will bring all of the material covered together in a game of sex “Jeopardy” and students will be given the opportunity to ask any final questions they make have (Appendix J).

Transportation for Lasell students and TPP residents will be provided by a licensed student or faculty member whom is authorized to drive a van via Lasell College. WRA students will be responsible for transportation to and from the program. During meeting times childcare for the children of TPP mentors will be provided on-site based on a rotating schedule of Lasell students enrolled in the class.

The effectiveness of this program will be evaluated by an outside program evaluation consultant. For the TPP clients, the consultant will be expected to track things such as, any future involvement in the Department of Children & Families, periodic check-ins with client’s Department of Transitional Assistance workers, and gathering information through Family Independence’s two-year follow-up program. West Roxbury Academy students will also have the opportunity to evaluate the mentors and the overall program during the conclusion session of the program (Appendix K). All participants will participate in a pre and post test to determine their knowledge of sex education and healthy relationships before and after completing the program during the first and last sessions, respectively. These tests will be administered by the program consultant.

Through this grant I hope to provide a sense of leadership and empowerment for Lasell students and clients residing in the Family Independence Teen Parenting Program through education, leadership, and peer-networking. I also hope to increase students of all age’s knowledge of sexual health and healthy relationships so that they are able to make safer, more informed decisions in their lives.

## APPENDIX A

**Program Outline:****\*Schedule is subject to change**

<b>Week:</b>	<b>Topic/Focus:</b>
1	<b>Intro</b>
2	<b>Contraception</b>
3	<b>Sexually Transmitted Infections</b>
4	<b>What makes a healthy relationship?</b>
5	<b>Consent/Title IX</b>
6	<b>Conclusion</b>

## APPENDIX B



DEVAL L. PATRICK  
GOVERNOR

TIMOTHY P. MURRAY  
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD  
SECRETARY

JOHN AUERBACH  
COMMISSIONER

**The Commonwealth of Massachusetts**  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Health Care Safety and Quality  
Clinical Laboratory Program  
99 Chauncy Street, 11<sup>th</sup> Floor, Boston, MA 02111  
(617) 753-8439/8438 (617) 753-8240 - Fax

**DPCLP  
G**

**CORI REQUEST FORM**

Massachusetts Department of Public Health, Clinical Laboratory Program has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for clinical laboratory licensure, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)**

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

\_\_\_\_\_  
*PLACE OF BIRTH*

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER  
(Requested but not required)

\_\_\_\_\_  
*MOTHER'S MAIDEN NAME*

\_\_\_\_\_  
CURRENT AND FORMER ADDRESSES

*SEX:* \_\_\_\_\_ *HEIGHT:* \_\_\_\_\_ *ft.* \_\_\_\_\_ *in.* *WEIGHT:* \_\_\_\_\_ *EYE COLOR:* \_\_\_\_\_

*STATE DRIVER'S LICENSE NUMBER:* \_\_\_\_\_

**\*\*\*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT  
ISSUED PHOTOGRAPHIC IDENTIFICATION:** \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

## APPENDIX C

Dear Parent or Guardian:

We would like to provide an opportunity for your student to participate in an educational program at school regarding sex education and forming healthy relationships. The Step Up Mentor Program is designed to be preventative and developmental. Being a part of a group is an excellent way for students to learn new skills, develop self-confidence, become more aware of how others see them, practice new behaviors, and better understand how to deal with the many problems life presents.

You are asked to review the attached information regarding the group and determine whether or not your child would benefit from participating in this group. This group will be offered once a week for five weeks, and we will fill groups on a first come, first serve basis.

If you have any questions/concerns, please contact your child's guidance counselor or Step Up Mentor Program Coordinator, Kiana Lane at (XXX) XXX-XXXX.

**\*\*\*Please detach and return lower portion of the page to the West Roxbury Academy Counseling Office. \*\*\***

My child \_\_\_\_\_ Grade: \_\_\_\_\_ *has*  
*my permission to participate* in this group.

Parent's Printed Name: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Parent's Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPENDIX C continued

**What is the Step Up Mentor Program?**

West Roxbury Academy, Family Independence, and Lasell College have teamed up to form the Step Up Mentor Program. This is an educational program designed to increase teens' knowledge about sex and forming healthy relationships. Trained Lasell College students and Family Independence mentors will come to West Roxbury Academy once a week over the course of five weeks to teach students about topics such as contraception, sexually transmitted infections, healthy relationships, and consent.

Dinner will be provided. If your child has any dietary restrictions or allergies, please let us know in advance so that we can accommodate their needs.

Participation in the program is completely voluntary and students can withdraw at any time.

**How do I sign my child up?**

Simply fill out and sign the form on the bottom half of the first page and have your child return it to the guidance department by (deadline).

APPENDIX D

Dinner provided by Stop & Taste, 239 Dudley St, Roxbury, MA 02119

Cheese Pizza

Garden Salad with dressing (ranch, Italian, balsamic)

Assorted Juice Boxes

\*Alternative gluten/ dairy free options available upon request

## APPENDIX E

## Session 1

Topic: Introduction to program

Time needed: 45 minutes – 1 hour

Goals of this session:

- Provide insight into purpose of this program
- Gauge student's knowledge of sex education
- Identify/debunk any myths that they may believe

## I. Dinner

## II. Attendance/Introductions

## III. General overview of program

## IV. Ice Breaker activity/Discussion:

Every student will be asked to take 4-5 starburst candies. Each of the four colors represents a question that the student will answer.

Red – What do you hope to learn from this program?

Orange – Name one sex myth that you have heard.

Yellow – Why did you decide to participate in this program?

Pink – Talk about one thing that you are good at.

Mentors will write myths down on the board, and discuss/explain why each is false

## V. Wrap up/Questions



## APPENDIX F

## Session 2

## Topic: Contraception

Time needed: 1 hour

## Goals of session:

- Provide students with knowledge of different forms of contraception, including abstinence
- Explain which methods are effective for protecting against pregnancy and sexually transmitted infections vs. which methods only protect against pregnancy
- Discuss the importance of talking to your partner about contraception

By the end of this session students should be able to:

- List and describe different methods of contraception
- Be able to make informed decision of what method may be right for them

## I. Dinner

## II. Attendance

## III. Brainstorm list of contraceptive methods

- a. Birth control → the pill, intrauterine device, the patch, Depo-Provera, implant, nuvaring
- b. Condoms → male, female, dental dams
- c. Plan B
- d. Withdrawl (pull out method)
- d. Abstinence

## IV. Activity/discussion about effectiveness of each method

- Have students list the methods by order of effectiveness
- Mentors will correct lists as needed and discuss effectiveness of each method
- Explain importance of talking to partner about protection

## V. Wrap up/Questions

## APPENDIX G

## Session 3

## Topic: Sexually-Transmitted Infections

Time needed: 1 hour

Goals for this session:

- Provide students with knowledge of most common sexually-transmitted infections
- Discuss resources available for STI testing

By the end of the session students should be able to:

- List and describe symptoms of common STIs
- Be more comfortable talking to partner about getting tested
- Know what resources are available in their community to get tested

## I. Dinner

## II. Attendance

## III. Discuss common STIs

(chlamydia, gonorrhea, HIV/AIDS, herpes, hepatitis B & C, HPV, syphilis)

## IV. Activity

Students will be given a list of STIs and symptoms. Students will work in small groups to try to match the STI to the symptoms. The group that gets the most correct will get starbursts.

## V. Connection to previous session about importance of talking to partner about protection

## VI. Wrap up/Questions

## APPENDIX H

## Session 4

Topic: What makes a healthy relationship?

Time needed: 1 hour

Goals for this session:

- Help students differentiate between healthy and unhealthy behaviors in relationships
- Discuss safety planning and being an active bystander

By the end of this session students should be able to:

- Identify unhealthy behaviors in their own and their peer's relationships
- Understand the risks of staying/leaving an abusive relationship
- List available resources in their community that could provide help/support

I. Dinner

II. Attendance

III. Discuss what behaviors they have seen in their own and their peers relationships that seem unhealthy and why

IV. Discuss resources and safety planning

V. Role play with mentors/mentees about unhealthy relationships

Mentors will act out some of the behaviors previously discussed. Mentees will act as friend of the non-abusive partner and express what is concerning about the relationship They will talk to them about their options and a potential safety plan.

IV. Wrap up/Questions

## APPENDIX I

## Session 5

## Topic: Consent &amp; Title IX

Time needed: 1 hour

Goals of this session:

- Define consent
- Provide basic understanding of Title IX and how it relates to students

By the end of this sessions students should be able to:

- Define consent
- Understand that only yes means yes
- Have a basic working knowledge of Title IX

## I. Dinner

## II. Attendance

III. Discussion - Have students discuss what the word “consent” means to them.

## IV. Activity

Mentors will act out scenarios where consent is not given (i.e. trying to hold someone’s hand, going through someone’s phone without permission, taking a piece of someone’s food without asking, etc.). Mentees will be asked what went wrong in each scenario and how it could have gone differently. Explain importance of consent, especially when it comes to sex.

\* Relate back to previous session about health relationships

Take away messages:

- Always get consent
- Consent should never be assumed.
- Just because a person gives consent once, does not mean that they will give consent in the future.

## V. Overview of Title IX

- What is it?
- Why should you care about it?

## VI. Wrap up/Questions

## APPENDIX J

## Session 6

## Topic: Conclusion

Time needed: 45 minutes – 1 hour

Goals of this sessions:

- Make sure students do not have any lingering questions about any topics covered by program

## I. Dinner

## II. Attendance

## III. Activity: Sex ed. Jeopardy

Students and mentors will break up into teams. Teams will be asked questions about topics covered over the course of the program. The team with the most points at the end will receive starbursts.

## IV. Mentor/program evaluation survey

## V. Wrap up/Questions

## APPENDIX K

## Step Up Mentor Program Evaluation Form

The mentoring program was well structured, with clear goals and activities established for each session.

1                      2                      3                      4                      5

Mentors demonstrated high level of knowledge and understanding of human sexuality and healthy relationships.

1                      2                      3                      4                      5

This program increased my knowledge of healthy relationships.

1                      2                      3                      4                      5

This program increased my knowledge of safe sex practices.

1                      2                      3                      4                      5

I felt comfortable talking to the mentors.

1                      2                      3                      4                      5

I would describe my overall experience with the Step Up Mentor Program as positive.

1                      2                      3                      4                      5

I was able to develop a strong relationship with the mentors.

1                      2                      3                      4                      5

This program allowed me to learn new things that I may not have learned elsewhere.

1                      2                      3                      4                      5

Overall, I feel like I learned valuable information from this program.

1                      2                      3                      4                      5

Additional comments: