

CSE Harmful Elements Analysis Tool

The CSE Harmful Elements Analysis Tool¹ was created to help parents, school administrators, educators, and other concerned citizens assess, evaluate, and expose harmful elements within comprehensive sexuality education (CSE)² curricula and materials. For more information, visit www.stopcse.org.

Analysis of *Catching On Early (Australia, 2013)* Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 7 OUT OF 15

Catching On Early contains 7 out of 15 of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children**. Having several of these elements should disqualify such materials for use with children.

Program Description: “*Catching On Early* is an evidence-based resource founded on the latest research into sexuality education and child sexual development. Its developmentally-based program is designed to help schools teach the sexuality education components of AusVELS Foundation to Level 6 in the Health and Physical Education and Interpersonal Development domains. The program uses active learning strategies to build on students’ early learning and experiences about gender, bodies and relationships. It combines the biological, social and emotional aspects of sexuality education to assist schools in meeting students’ needs as they relate to sexual growth and change.” (p. 2)

Target Age Group: Ages 5-14

For the complete text of *Catching On Early* see:

https://drive.google.com/file/d/1vgIfRICN4wdUh2BdzhGIKBSMOgRmKbcN/view?usp=drive_link

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN <i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage</i>	“A surprisingly large part of school interactions can relate to sexual territory. School camps, managing periods, love affairs, swear words, calling others ‘sissies’ and ‘tomboys’, peeking under toilet doors and bashfulness in the change rooms are all examples of school activities linked to sexuality.” (p. 7) “A significant proportion will become sexually active (deep kissing, close touching) by age 14. This is an important time for young people to begin to think about the promise and consequence attached to romantic relationships and sexual intimacy. They also need practical information and skills related to sexual decision-making, and how alcohol affects those choices.” (p. 11)

¹ The CSE Harmful Elements Analysis Tool was created by Family Watch International. Family Watch is not responsible for the way in which the tool is used by individuals who do independent analyses of CSE materials. Visit www.stopcse.org for a blank template or to see analyses of various CSE materials.

² CSE programs are often labeled as comprehensive sex education, sexual education, sexuality education, anti-bullying programs, sexual and reproductive health education, Welcoming Schools programs, and even family life, life skills or abstinence plus education programs, etc. Regardless of the label, if program materials contain one or more of the 15 harmful elements identified in this analysis tools, such materials should be categorized as CSE and should be removed from use in schools.

discussion of sexual experiences, attractions, fantasies or desires.

“It is important **not to inadvertently teach students that sexuality is dangerous and harmful.**” (p. 23)

“**Knowing the proper terms** for the sexual parts of the body and body functions is a first step in achieving communication that is clearer, more direct and consequently (in time) less embarrassing. Taking this discussion **out of the realm of the forbidden and into the classroom** is a lesson in itself, and teaches students how to ask questions and get good information about their bodies. It is particularly important that students feel able to **talk with adults about the sexual parts of their body** in a socially sanctioned way so that they can ask questions and seek help.” (p. 36)

“It is appropriate for students to know and name the main external parts of the body and the agreed names for the external sexual parts, for example, **penis, vulva, breast** and buttocks (or bottom).” (p. 48)

“Some teachers are comfortable enough to encourage students to **brainstorm family and schoolyard names for genitals** so that the teacher can be sure the students understand which parts of the body are being discussed.” (p. 49)

“Focus on the baby outline (to avoid embarrassing the prep child who volunteered for the body outline). Ask the students to **name as many parts of the body as they can**. If the students giggle or say that it’s rude, do not reprimand them. This is an expected response and demonstrates the child understands there is something different and private about these parts.

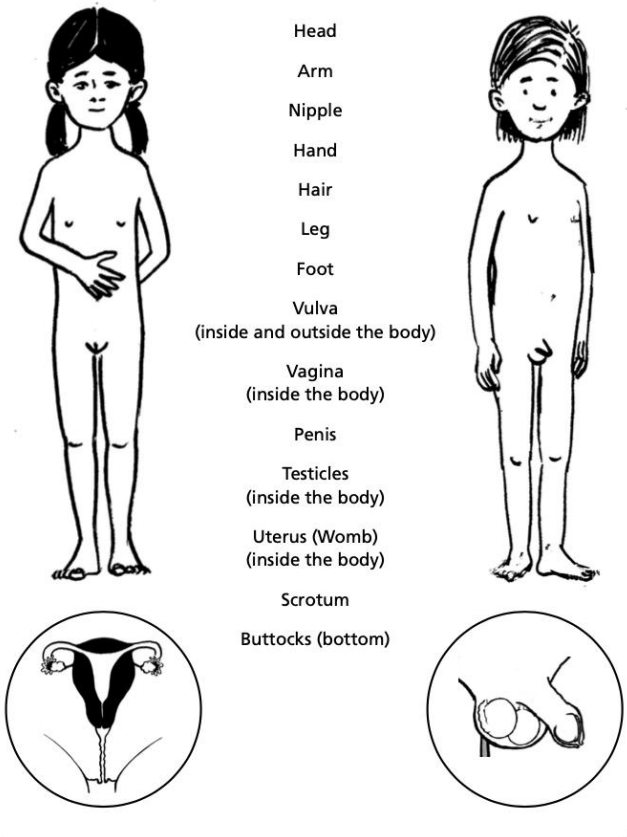
Comment:

- Sometimes we giggle when we feel embarrassed especially when we are talking about parts that are private. We are going to **learn the proper names for these parts so we can find out about our whole body** (not just the bits outside our clothes).

Some teachers like to prepare labels beforehand so that students can attach the label to the body. This can take some of the pressure off the teacher **when it comes to getting used to naming genitals in class**. First, label the body parts that both boys and girls have (for example, legs, arms, nipples). Now ask the students to name some body parts that only a boy has: **penis, scrotum and testicles**. Now students can identify some girl parts: **vulva, vagina and womb**. Reinforce that boys and girls have most parts the same and some that are different.” (p. 50)

What are the parts of the body called?

Draw a line from each word to the body part on the boy and girl below.



(p. 52)

“It is important students know that every part of our body has a name... It is appropriate for them to know and name the main external parts of the body and the **agreed names for the external sexual parts**, the penis, vulva, breast and buttocks (bottom).” (p. 48)

“Praise students who were **brave enough to volunteer the names of sexual body parts**, whether they were the proper, scientific or ‘science-type’ names, or informal, home names. If the students volunteer their home names for the sexual body part, provide them with the proper name too.” (p. 81)

“Comments:

- Some of us might have felt a bit **embarrassed to talk about these parts because they are private**. Some of us might have felt fine.
- We are not trying to be rude but we think it is important that you know what the proper names are for all of your body parts, so we can learn about the whole body and so you know how to ask questions.” (p. 82)

“**Draw two child-sized body outlines** (or use the sample pictures provided at the end of this learning sequence):

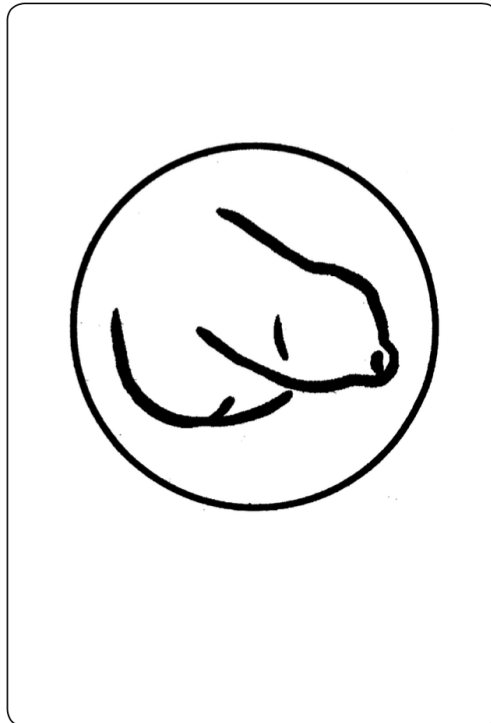
- one to represent a girl
- one to represent a boy.

Stick the outlines up on the whiteboard leaving enough space between them for writing down parts of the body that both boys and girls have in common... Ask the students to name the **body parts that only a boy has: penis, scrotum and testicles**. As they call them out write these on the whiteboard beside the boy. Now ask the students to **identify some girl body parts: vulva, uterus and vagina**. As they call them out write these on the whiteboard beside the girl. Reinforce that boys and girls have most parts the same and some that are different.” (pp. 82-83)

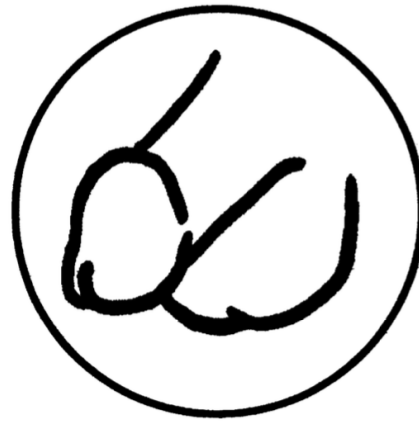
“It’s to be expected that students will have family names and slang names for their sexual body parts. Some teachers are comfortable enough to encourage students to **brainstorm family and schoolyard names for genitals** so that the teacher can be sure the students understand which parts of the body are being discussed.” (p. 84)

LEARNING SEQUENCE 5 RESOURCE

Sample picture of penis and scrotum



(p. 88)

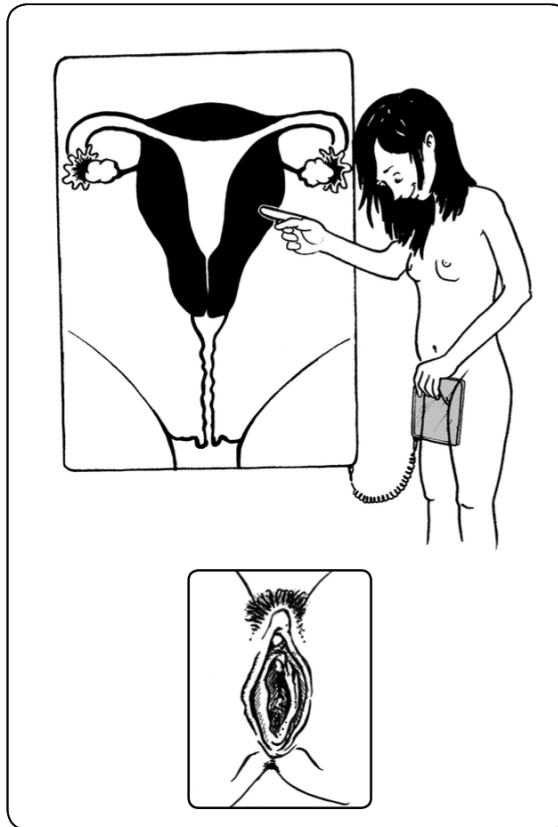


(p. 89)

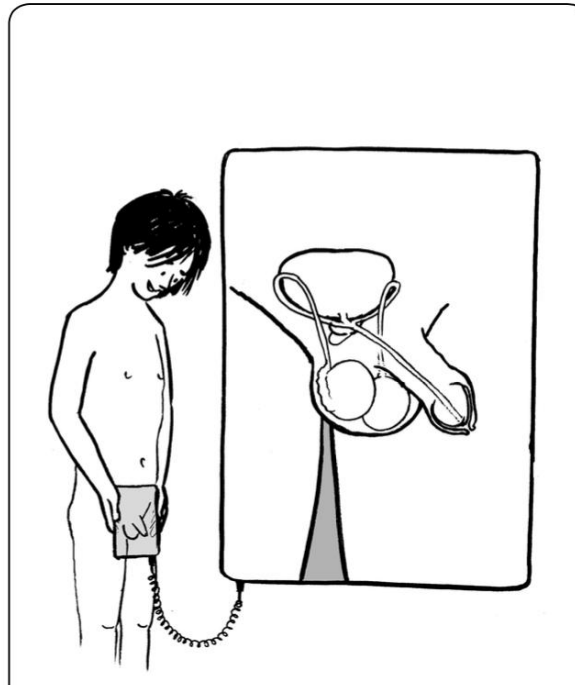
“This learning sequence sets the scene for discussing physical development in detail. It provides an opportunity to **identify and express feelings about discussing sexual development**. This helps students learn that they are not alone in feeling curious, uncomfortable and excited.” (p. 94)

“In this learning sequence, the students label a life-sized diagram with the **names of external and internal sexual body parts**. They learn to identify parts of the reproductive system in males and females **and their functions**. They also **talk about the long list of slang names for sexual body parts**, consider the reasons for this and decide on what kind of language to use in different places.” (p. 99)

“We have some body parts we can see on the outside. other parts of our body are inside and cannot be seen. This is the same with our reproductive organs. Some parts can be seen on the outside, **such as a boy’s penis**. Other parts are inside the body, **such as a girl’s vagina and parts of the vulva**. **Display the x-ray diagrams – these are an accurate representation of male and female bodies including reproductive organs**. Male sexual body parts: Using their body outlines and by drawing or labelling, ask the students to add as many external and internal parts that only males have, for example, **penis, testicles and scrotum**. Female sexual body parts: Ask the students to make a second body outline to draw or label female sexual body parts, for example, vagina, uterus (womb), ovaries, fallopian tubes, vulva, labia (inner and outer lips) **and clitoris**.” (p. 100)



(p. 105)



(p. 106)

“Girls can also experience what could be called a wet dream. This may result in **vaginal wetness [sic] and a feeling of pleasure.**” (p. 112)

	“Sometimes they decide to have sexual intercourse with each other. Usually people call this ‘having sex’ or ‘making love’. This is when the man puts his penis into the woman’s vagina. During this time, sperms [sic] leave the man’s body and enter the woman’s. Sometimes (not all the time) an egg from the woman combines with a single sperm from the man and that might develop into a baby.” (p. 122) “During puberty, it is normal to feel more sexual. In boys, the main sign of strong sexual feelings is an erection of the penis. In girls, it is wetness of the vagina, a hardening of the clitoris and may include sensitive nipples. Sexual feelings can come from reading a romantic novel or thinking about another boy or girl. Having sexual feelings is normal and is nothing to feel guilty about.” (p. 149)
2. TEACHES CHILDREN TO CONSENT TO SEX <i>May teach children how to negotiate sexual encounters or how to ask for or get “consent” from other children to engage in sexual acts with them.</i> <i>Note: “Consent” is often taught under the banner of sexual abuse prevention. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.</i>	No evidence found.
3. PROMOTES ANAL AND ORAL SEX <i>Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.</i>	No evidence found.
4. PROMOTES HOMOSEXUAL/BISEXUAL BEHAVIOR <i>Normalizes or promotes acceptance or exploration of diverse sexual orientations,</i>	“One of the questions most often asked when delivering sexuality education is how to cater for the diverse populations represented in each classroom... An important component of inclusive teaching is about ensuring perceptive, interactive teaching strategies. The simplest strategy to ensure the teaching is for all is to have a selection of images that accurately represent the community we live in, including the range of masculinities and femininities, ethnicities, faiths, relationships, sexual orientation, and family composition.” (p. 21)

<i>sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.</i>	“Sexuality education policies and materials play a lead role in demonstrating an inclusive approach to sexual diversity and same-sex relationships in school policy and curriculum. Research shows that many young people know that they are attracted to others of the same sex from an early age, and we know that many students have gay and lesbian people in their family. We also have gay or lesbian people who are teachers and other school staff members.” (p. 21)
5. PROMOTES SEXUAL PLEASURE <i>Teaches children they are entitled to or have a “right” to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i>	No evidence found.
6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION <i>While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.</i>	“Child sexual development, ages 5-8: ...They usually know that some parts of the body are private, and that masturbation is a private thing.” (p. 9) “Child sexual development, ages 12-24: ...They may discover masturbation and experiment with same-sex peers for pleasure.” (p. 11) “This Victorian Government website provides simple tips and information about a wide range of health and wellbeing related issues. Some of the topics include: • sex education for children with intellectual disabilities • masturbation” (p. 182)
7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS <i>May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or "fun" with condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays, etc.) to promote condom use to children. May provide medically inaccurate information on condom effectiveness and omit</i>	No evidence found.

<i>or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.</i>	
8. PROMOTES PREMATURE SEXUAL AUTONOMY <i>Teaches children they can choose to have sex when they feel they are ready or when they find a trusted partner. Fails to provide data about the well-documented negative consequences of early sexual debut. Fails to encourage sexually active children to return to abstinence.</i>	No evidence found.
9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD <i>Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.</i> <i>May teach children that all sexual activity—other than “unprotected” vaginal and oral sex—is acceptable, and even healthy. May present abstinence and “protected” sex as equally good options for children.</i>	No evidence found.
10. PROMOTES TRANSGENDER IDEOLOGY <i>Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate</i>	“The more challenging requirement is that we begin to include and represent sexual diversity and gender identity more accurately in relationships. By continuing to include only some groups of people, we are ignoring a large part of our community and unwittingly reinforcing that some children, their families and some teachers, are ‘wrong’ and that it is OK to consider them ‘suspect’, or ‘second rate’.” (p. 22)

<i>theories. Fails to teach that most gender-confused children resolve their confusion by adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.</i>	
11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN <i>Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.</i> <i>May encourage the use of contraceptives, while failing to present failure rates or side effects.</i>	“The school nurse • Invite the school nurse to visit the class. • Prior to the nurse’s visit, have students practise asking their prepared conception, pregnancy and contraception questions. • Send the nurse a copy of the students’ questions prior to the activity. • As the nurse to also describe agencies where young people can get help about sexual health issues.” (p. 166)
12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY <i>May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote abortion.</i>	No evidence found.
13. UNDERMINES TRADITIONAL VALUES AND BELIEFS <i>May encourage children to question their parents’ beliefs or their cultural or religious values regarding sex, sexual orientation</i>	No evidence found.

or gender identity.	
14. UNDERMINES PARENTS OR PARENTAL RIGHTS <i>May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.</i>	“Older students often want to know who they can talk to when feeling upset or worried, and who they can talk to if they don’t want to talk to their parents... Teachers can create safe learning environments where students can talk about their feelings and problems.” (p. 37)
15. REFERS CHILDREN TO HARMFUL RESOURCES <i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)</i> <i>Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.</i> <i>(For more information on how Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigateIPPF.org)</i>	“Ansell Sex-Ed. This website from La Trobe University’s Australian Research Centre in Sex, Health and Society (ARCSHS), is moderated by an experienced teacher in sexuality education. It gathers a wide range of resources, including classroom activities and ‘all things sex ed’. Ansell Sex-Ed. is accessible at: http://www.ansellsex-ed.org.au/.” (p. 181) “The Hormone Factory Developed by the Australian Research Centre in Sex, Health and Society, La Trobe University, this website offers specific sexual and reproductive development information for parents and children (10 to 12 years). The Hormone Factory is accessible at: www.thehormonefactory.com.” (p. 182) “The Victorian Better Health Channel This Victorian Government website provides simple tips and information about a wide range of health [sic] and wellbeing related issues. Some of the topics include: • sex education for children with intellectual disabilities • masturbation • menstrual cycle • puberty • acne • female genital mutilation • circumcision. Better Health Channel is accessible at: www.betterhealth.vic.gov.au.” (p. 182) “Family Planning Queensland The Family Planning Queensland website provides fact sheets designed to inform you about puberty. It also has excellent information about sexual development in children and a range of excellent teaching resources. Areas covered include:

- communicating about sexuality with children and sexual development in early childhood
- sexuality education and Asperger's syndrome – information for parents and carers
- puberty – information for parents and carers.

The website is accessible at: www.fpq.com.au." (p. 182)

"Children, Youth and Women's Health Service

This South Australian website provides parenting and child health information on family and relationships, growth and development, emotions and behaviour, and healthy lifestyle. The website is accessible at: www.cyh.com." (p. 182)

"Family Planning Victoria

This extensive website provides a range of resources on sexual development, sexual health and training. It also describes how you can access support services, including young people with a disability. Additionally, you can subscribe to e_Update and receive free electronic publications three times a year. The website is accessible at: www.sexlife.net.au." (p. 183)

"Australian Institute of Family Studies

This website provides a range of research articles on raising children and family life, including the school experiences of **children of lesbian and gay parents**. The website is accessible at: www.aifs.gov.au." (p. 183)

Note: *Many of the above hyperlinks are no longer active, but they are copied as written in the manual.*

"Planned Parenthood

This website from the United States provides information to support parents when talking to their children about sexuality. Articles include:

- 'Human sexuality: what children should know and when they should know it'
- 'The facts of life – a guide for teens and their families'
- 'How to talk with your child about sex'
- 'Talking with kids about tough issues'
- 'Ten tips for parents to help their children avoid teen pregnancy'.

The website is accessible at: www.plannedparenthood.org." (p. 183)

"For students – VELS Levels 1 and 2

- *It's Not the Stork: A Book about Girls, Boys, Babies, Bodies, Families and Friends* (2006) by Robie H. Harris, Michael Emberley. This text is straightforward, informative and personable. Facts are presented in a step-by- step manner and with humour.
- *Everyone's Got A Bottom – A Storybook For Children Aged 3-8 Years* (2007) by Family Planning Queensland. This book is a useful tool for parents and carers to gently start a conversation with their children about self-protection.
- *Where Did I Really Come From?* (2008) by Narelle Wickham. About

conception, adoption and surrogacy. Unlike other books of this genre, *Where Did I Really Come From?* embraces a wide range of conception stories, including donor insemination, IVF and surrogacy, and a wide range of family types.

- *My House* (2002) by Brenna and Vicki Harding. This is one of a series of colourful Australian picture books for younger primary school readers. It describes a girl with two mothers having fun in a family doing everyday things.” (p. 184)

“For students – VELS Levels 3 and 4

- *Let’s Talk about Where Babies Come From* (2004) by Robie H. Harris. Includes topics such as *How Babies Really Begin; Growing Up; What’s Love?; Sperm and Egg Meet; Pregnancy, Birth and Adoption;* and ‘good’ and ‘bad’ touches.
- *Secret Boys’ Business* (2006) by Fay Angelo, Heather Pritchard and Rose Stewart, illustrated by Julie Davey. This is a book to help boys understand the changes they go through when reaching puberty. *Secret Boys’ Business* has large clear text that is easy to understand and every page is full of amusing and colourful illustrations.
- *Secret Girls’ Business* (2003) by Fay Angelo, Heather Pritchard and Rose Stewart, illustrated by Julie Davey. This attractive book about periods will particularly appeal to younger girls. *Secret Girls’ Business* is fun and easy to understand with plenty of brightly coloured illustrations. Girls learn about changes that happen at puberty and are encouraged to make the transition with dignity and joy.
- *Special Girls’ Business* (2004) by Fay Angelo, Heather Pritchard and Rose Stewart, illustrated by Julie Davey. This book about managing periods is for girls with special needs and their carers. It comes in a large format, uses engaging, full colour illustrations and clear text. It includes a section on handy hints for mums, dads and carers, and a section specifically for school staff.
- *What’s the Big Secret? Talking about sex with boys and girls* (2000) by Laurene Krasny Brown and Marc Brown. Are boys and girls different on the inside? How do you tell girls and boys apart? Do girls and boys have the same feelings? Is sex a dirty word? What does being pregnant mean? How do you get a belly button? This book explores these questions and more.
- *Hair in Funny Places* (2000) by Babette Cole. This is a picture storybook about puberty for middle to late primary school boys and girls. In this book, Mr and Mrs Hormone, two hairy monsters, mix potions that turn children into adults. We see some of the changes that result from these potions. *Hair in Funny Places* can be a good conversation starter, easing the way for more detailed discussions about puberty.
- *The Puberty Book: A guide for children and teenagers, fourth edition*, (2007) by Wendy Davill and Kelsey Powell. This new edition of *The Puberty Book* contains up-to-date information on all aspects of puberty and includes a new chapter on mental health which addresses issues that may concern young people as they are growing up.

	• <i>Puberty Boy</i> (2006) by Geoff Price. This book provides a reassuring discussion of male adolescence including detailed drawings and diagrams of male and female anatomy. It addresses topics from sweat to semen, and body odour to body image. The book includes coverage of the emotional changes, independence, and the responsibilities that come with puberty. • <i>Puberty Girl</i> (2005) by S. Movsession. This beautifully illustrated book covers information for girls 11-15 about all aspects of puberty, from body changes and menstruation through to hygiene, body image, personal safety and conflict resolution. • <i>Let's Talk About Sex: Growing Up, Changing Bodies, Sex and Sexual Health</i> (2005) by Robie H. Harris. This book is informative, interesting and reassuring – with a generous dash of humour. • <i>Autism-Asperger's and Sexuality: Puberty and Beyond</i> (2002) by Jerry and Mary Newport. This is a personal look at the sexual challenges of those diagnosed with autism or Asperger's syndrome." (pp. 184-186)
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