

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 Later* Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 14 OUT OF 15

Catching On Later contains **14 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 Later will help young people understand the life stage they are in – their sexual development, their desire to link up with peers and the emotional impact of the many changes that are taking place in their lives. They need to develop a capacity to understand the conflicting messages they receive about bodies, sexuality, and popularity, and a chance to learn where help and support is available before it is needed.” (p. 2)

Target Age Group: Ages 12-15

International Connections: AusVELS, UNESCO International Technical Guidance on Sexuality Education

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

https://drive.google.com/file/d/1HDOO6gumN_CrTSyQiE2r4SdHzMxYdY-K/view?usp=sharing

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 discussion of sexual experiences,</i>	“LEARNING INTENTIONS • To provide students with an opportunity to remember what they have learned in sexuality education in order to establish prior knowledge. • To provide students with the opportunity to connect prior knowledge with the setting of learning goals within sexuality education. • To recognise and alleviate the embarrassment that young people may feel in talking about sexuality. • To establish language that is age-appropriate and respectful for use in the school setting.” (p. 32) “We need to learn... ABOUT SEX

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.

attractions, fantasies or desires.

Making up my mind – **personal values about being sexual** including how we treat one another.

- What's the right age?
- When is 'it' considered sex?" (p. 34)

"Learning Intentions: To recognise and alleviate the embarrassment that young people may feel **in talking about sexuality.**" (p. 41)

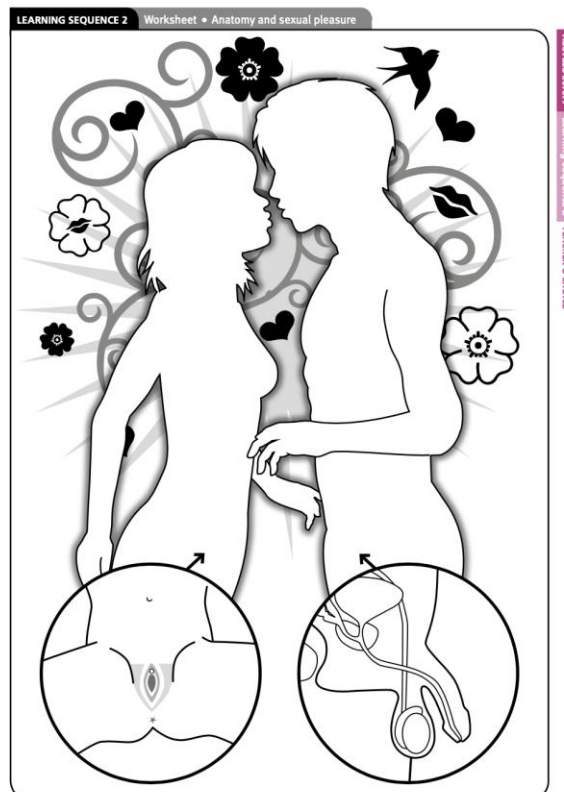
"Males and females can have **sexual feelings any time in their lives** but these get much stronger around puberty." (p. 43 and p. 126)

"SCENARIO 1: Your friend has just told you they might have some sort of **infection around their genitals.** There seems to be what looks like a pimple and it's very sore and red.

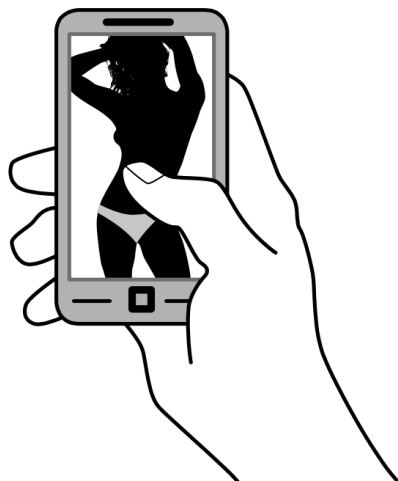
SCENARIO 2: You and a friend are walking to the bus when she starts crying. You ask what's wrong and she says she **thinks she might be pregnant and doesn't know what to do.** She doesn't want to tell her parents unless it's absolutely necessary.

SCENARIO 3: Your friend tells you **he/she is same-sex attracted** and would like to get some advice about how to tell his/her parents." (p. 83)

"LEARNING INTENTION: To provide young people with a more **complete context for sexual activity** and accurate information that resonates with what they already know." (p. 102)



(p. 105)



(p. 143)

“Learning Intentions: ...To **explore the concept of safer sex** and what it means in a sexual relationship, i.e. to increase student comfort and confidence around safer sex practices, sexual decision-making, and knowledge of STIs.” (p. 169)

Students explain why they agree or disagree with the following statements:

- “You can’t catch sexually transmissible infections **if you only have oral sex**.
- You can’t catch a sexually transmissible infection **if you or your girlfriend is using contraception** like the contraceptive pill or the contraceptive injection.
- Sexually transmissible infections are harmless.
- I would be happy to ask **the person I am about to have sex with** if they think they might have a STI or are at risk of getting one.
- Only **people who sleep around** catch sexually transmissible infections.
- It is embarrassing to talk about using condoms with the person you want to have sex with/are having sex with.” (p. 174)

“**Maya first had sex at the age of 16**. Her two friends sometimes teased her that she had never had a boyfriend, and they encouraged her to ask out a certain boy and to have sex with him. She was curious, but mostly she felt pressured by her friends, so she asked the boy out and they had sex. Almost everyone at school found out that Maya and the boy had had sex. Over the next two years, Maya had sex with four other boys... **She enjoyed having sex**. Maya knew that she did not want to marry any of these boys, but she was nice to each boy at the time, and she never lied to them about her feelings. Having sex partners made Maya feel attractive and important. Most of the time, Maya was careful about using condoms, but one time she **became pregnant and had an abortion**. Another time she got a sexually transmissible infection from a partner but was treated for it immediately. Now Maya is engaged to a young man whom her family wants her to marry. She likes this young man but she knows that she is expected to refrain from having sex with him until they marry in two years. When she was visiting her cousin in another town, she ran into one of her old boyfriends **who wanted to have sex with her again**. Maya decided that it wouldn’t hurt anyone

to have sex this one time before settling down in marriage. She felt, after all, **two years with no sex is a long time**. Afterward, she confided in her closest friend, who understood.” (p. 221)

“Learning Intentions:

- To enable students to connect and organise new content with prior learning about sexuality.
- To provide an opportunity for students to sustain a conversation that **deepens their individual and collective understanding of sex.**” (p. 245)

“Sexual behaviours:

- **Holding hands** – A person gets sexual pleasure from holding hands with someone.
- **Kissing** – Partners use their mouths to pleasure each other’s mouths. Can also kiss anywhere on partner’s body.
- **Body and/or genital rubbing** – Rubbing genitals against a partner’s body or genitals for sexual pleasure.
- **Love letters** – A person gets sexual pleasure from writing or receiving love letters.
- **Anal intercourse** – A man inserts his penis into his male or female partner’s anus.
- **Cuddling** – A person gets sexual pleasure from cuddling their partner.
- **Oral sex (cunnilingus)** – A person uses his or her tongue to stimulate the female partner’s genital area.
- **Vaginal intercourse** – A male inserts his penis into his female partner’s vagina.
- **Fantasy** – Imagining things that are sexually arousing.
- **Oral sex (fellatio)** – A person uses his or her mouth/tongue to stimulate their partner’s penis.
- **Digital stimulation** – A person inserts their finger(s) into their partner’s vagina or anus.
- **Internet messages** – Messages which are sexually arousing but not abusive.
- **Massage** – A person gets sexual pleasure from being massaged.
- **Masturbation** – Giving yourself sexual pleasure usually by touching or rubbing your genitals. Can involve fantasy.
- **Nipple stimulation** – Licking, sucking or rubbing etc. the nipples for sexual arousal.
- **Pornography or sex toys** – Using images or toys for sexual arousal and pleasure.
- **Phone sex** – Phone calls which are sexually arousing but not abusive.
- **Text messages** – Messages which are sexually arousing but not abusive.” (pp. 247-248)

Students indicate whether they agree or disagree with the following Statements on Sexuality:

- “Contraception is always the girl’s responsibility.
- **Boys brag to their friends if girls have sex with them.**

	• Boys who don't watch porn are not very masculine. • Boys always put pressure on girls to have sex. • Sex should only be with someone you love. • Oral sex is equally enjoyed by both partners. • Sexuality is different to sex. • Young people should experiment with sex. • People don't have to have vaginal sex to have sex. • I feel sorrier for babies with HIV than gay men. • I would support a friend who told me he or she was gay or lesbian. • Condoms are the safest way to avoid getting a STI. • I would know how to help a friend who had been sexually harassed. • Pornography is a good way to learn about sex. • Girls have it easier than boys in relationships. • It's OK to send a nude photo of your boyfriend to other students at your school. • It's hard for same sex-attracted young people to come out at school. • If a girl enjoys sex, she is a slut. • Young people don't have to worry about getting a sexually transmissible infection (STI); this only happens to adults. • I'd feel flattered if someone of the same sex asked me out. • It doesn't matter what the age difference is between people when they have sex, as long as they freely consent." (p. 197) "Sexuality is how people experience and express themselves as sexual beings. Many factors contribute to people's sexual behaviours, relationships, feelings, identity, desires and attitudes. One of these factors is biology, especially sex hormones. Another factor is individual personality and experience. Yet another factor is culture, which influences people's attitudes, expectations and experiences related to sexuality. Cultural norms also affect laws and policies about sexuality. All of these factors interact throughout life." (p. 214) "Sexuality is a vital and dynamic part of who we are but it is difficult to define. The term becomes easier to understand if we divide it into three parts, namely sexual attraction, sexual behaviour and sexual identity. In this way we can begin to understand why there is so much diversity in how the term sexuality is defined by different cultures and at different times." (p. 214) "IN SUMMARY: 1. Sexual identity is how we self-identify and/or publicly identify. 2. Sexual attraction is who we are attracted to. 3. Sexual behaviour is the sexual contacts we have." (p. 214)
2. TEACHES CHILDREN TO CONSENT TO SEX <i>May teach children how to negotiate sexual encounters or how to ask for or get "consent"</i>	"Consenting means agreeing to do something. Giving sexual consent means agreeing to have sex." (p. 104) "Learning Intentions: • To develop language that is helpful in negotiating your wants or desires in an intimate relationship.

<i>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>	• To provide a safe environment for students to rehearse this conversation.” (p. 250) “Sexual intercourse may – but does not always – happen within an intimate relationship. There are many reasons why the nature of a relationship can change and many ways for this to occur. In the previous activity, the class discussed several different ways of being intimate. In order to increase their repertoire for managing this rather difficult conversation, it’s important for students to rehearse opening lines and responses. You will notice the similarities between this activity and several of the previous activities.” (p. 250) “Ask all students to think about an opening line they might use to get a conversation started about whether or not to have sex. Each student writes this statement on the piece of yellow paper and places it into the yellow box. They can use the statements already on the board to help them get started. Now ask all the students to think of a response they might use if their partner had started the conversation about having a sexual relationship.” (p. 250) “Why is communication about sex important? Possible answers: • It helps to ensure that consent to having sex is given freely, without coercion. • It helps to avoid misunderstandings. • It might help prevent an unintended pregnancy. • It might help prevent the spread of STIs.” (p. 251)
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>	Students decide whether this behavior indicates that another person is interested in them: “Wants me to give her/him oral sex” (p. 161) “You can help protect yourself against STIs: • Use a male or female condom every time you have vaginal or anal sex. • If you have oral sex, cover the penis with a condom, or the female genitals or male or female anus with a dam (latex or polyurethane – soft plastic – square).” (p. 175) “You see a message posted on Facebook about your friend Sally having oral sex with a boy she met last weekend. You know who has posted the message. You know Sally will not see it and would certainly not want it there. What are you thinking? What are you feeling? What will you do?” (p. 211) “Sexual behaviours: • Anal intercourse – A man inserts his penis into his male or female partner’s anus. • Oral sex (cunnilingus) – A person uses his or her tongue to stimulate the female partner’s genital area. • Oral sex (fellatio) – A person uses his or her mouth/tongue to stimulate their partner’s penis.” (p. 247) “If you have sex, you may also have an STI, along with subtle or noticeable STI

symptoms. Straight or gay, married or single, you're vulnerable to STIs and STI symptoms, whether you engage in **oral, anal or vaginal sex.**" (p. 275)

4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR

Normalizes or promotes acceptance or exploration of diverse sexual orientations, sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.

"If a young person **thought they might be gay** because they often had romantic feelings for a person of the same sex, how would these messages make that person feel?" (p. 72)

"People may experience feelings of love, attraction and **sexual desire for the other sex, the same sex, or both.** This variation has been true throughout history. It is true in all societies, whether or not the society accepts same-sex attraction. The term '**heterosexual**' is used to describe people who desire people of the other sex. The term '**homosexual**' is used to describe people who desire people of the same sex. These terms are preferred in some settings, while in other settings, other terms are used." (p. 213)

"People may or may not identify themselves as heterosexual, homosexual (gay or lesbian), or **bisexual (attracted to people of both sexes).** People may be labelled with a sexual identity that they do not claim for themselves. Some people do not want to be categorised in terms of their sexuality or sexual identity, regardless of their desires." (p. 213)

"The factors that determine whether a person experiences desire for the same sex, the other sex, or both, are not well understood. **These desires cannot be changed by religion, therapy or medical intervention.** A person's desires, behaviour or identity may shift over time and from situation to situation. (International Sexuality and HIV Curriculum Working Group, 2009.)" (p. 213)

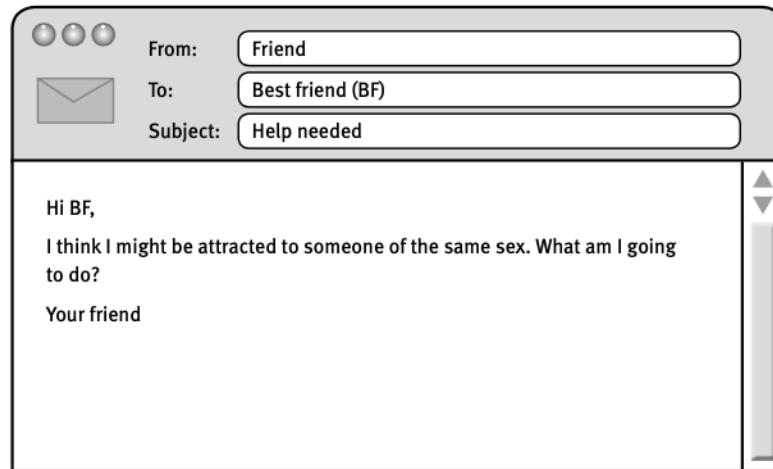
"Sexuality is more complicated than just **being gay, straight or anything in between.** People don't need to have a label. A label doesn't tell us about all aspects of sexuality." (p. 213)

PROFILE 4

Name	
Age	15
Gender	Male
Relationship Status	Looking for same sex partner
My Interests	Sport

(p. 148)

SCENARIO 4



The image shows a stylized email window. At the top, there are three small circles (macOS window controls) and a header bar. Below the header, the email fields are: 'From: Friend', 'To: Best friend (BF)', and 'Subject: Help needed'. The main body of the email contains the text: 'Hi BF, I think I might be attracted to someone of the same sex. What am I going to do? Your friend'. On the right side of the email body, there is a vertical scrollbar.

(p. 188)

Students determine whether the person in each scenario is straight, gay, or bisexual, or whether a label is not easily given.

- **Situation 1:** Mia dated several boys in Years 8 and 9 but when she was in Year 11 she had a couple of **sexual experiences with another girl**. Sometimes she doesn't even want to think about dating and relationships because it's just too confusing.
- **Situation 2:** Sam says that by the time he was seven or eight years old, he knew he was different from other boys. He is now in Year 11 and has not had sex with a girl, although many of his friends are girls. He has recently **met a guy he likes** in a way that feels nice but different to how he feels about his other friends.
- **Situation 3:** Jo is a university student who had a **two-year sexual relationship with her female roommate**. When the relationship broke up she began dating a male student. She has married him and enjoys her sex life.
- **Situation 4:** Maria is 40 years old and has only ever been attracted to and had sexual relationships with men. Six years ago she met a woman whom she was sexually attracted to and for six months she **fantasised about having sex with her**. Once this attraction passed she has never been attracted to another woman...
- **Situation 6:** After 20 years of marriage and two children, Ginny divorced her husband under difficult circumstances. She moved in with a divorced woman and, after several months, the two of them **began a loving, sexual relationship** that has continued for several years. Before this experience, Ginny had never imagined having a sexual relationship with another woman.
- **Situation 7:** Amy is a 17-year-old at a party. In order to get the attention of one of the guys at the party she begins kissing one of her girlfriends and **finds that she rather likes it**.
- **Situation 8:** Van is 18 and plays football at the local club. He finds himself

fantasising about some of the naked guys in the shower.” (p. 215)

“**Sexual attraction** refers to a person’s basic attraction to other people. This attraction may be to members of the other sex (**heterosexual**), members of the same sex (**homosexual**) or members of both sexes (**bisexual**). There has been considerable debate about whether a person’s sexual attraction is fixed or if there is an element of choice involved. No objective conclusions have been reached. It would appear that many people believe their feelings to be fixed or inherent while others report a change in attraction at a particular stage in their lives.” (p. 216)

“**Sexual behaviour** refers to what a person does sexually. In many cases this behaviour matches our sexual attraction **but in many cases it does not**. In this sense a person may be involved in heterosexual behaviour but experience sexual attraction to the same sex.” (p. 216)

“**Sexual identity** refers to **how people see themselves** and how they present themselves to others. At times, sexual identity can be different to people’s sexual attraction and sexual behaviour. This can cause a high level of personal stress. This is especially important in terms of the dominance of heterosexuality.” (p. 216)

“This activity enables students to move from identifying assumptions made about sexual diversity and looking at how they have developed, to more closely investigating the implications of these assumptions. Students will have the opportunity to experience someone else’s situation so that **they can become more aware of what it might be like to be gay, lesbian or bisexual**. Putting themselves into someone else’s shoes, if they have not before considered the issues and implications, can be challenging, so it is crucial that a supportive classroom environment is created and maintained.” (p. 257)

“Divide the class into two groups. **Assign one group to be ‘straight’ and the other to be ‘gay’**. Once they have been assigned their identities, the students can mingle again. Inform students that the aim of this activity is to gain awareness of issues affecting different groups in the community... Explain that you will ask a series of yes/no questions (from the ‘Stepping out’ question sheet). Students will have to decide if they should answer ‘yes’ or ‘no’ **with reference to their assigned sexual identity**. The students will not have all the relevant information for each scenario so will have to make a response based on their assumptions.” (p. 257)

“Before you begin asking the questions, get the students to **shut their eyes** for a minute to imagine themselves **into the position of the person with the sexual identity they have been assigned**. Then tell them to open their eyes and answer aloud as you read the questions out one at a time... Emphasise that the questions must be answered according to what they think *really* happens, not what they feel *should* happen. Observe the response time – i.e. quick to answer or hesitant – as it says a bit about how easy or comfortable a particular question is.” (p. 257)

	“Question sheet: Stepping out • Can you talk to a parent about your sexuality? • Could you invite your partner home? • Is your family likely to support and recognise your relationship? • Would your partner be included in family gatherings like weddings, birthdays, New Year’s Eve parties? • Would your family feel OK if they started introducing your partner to their friends as your boyfriend/girlfriend? • Can you go to school without harassment? • Would you take your partner to the school dance? • Could you tell people in your sports club about your sexuality? • Could you tell your friends what you did on the weekend and with whom? • Would you chat about your love life with a close friend on the bus? • When you go out in a crowd of friends do you feel you can give your partner a kiss and a hug? • Could you easily find other couples like yours if you wanted to go out as a group?... • Could you talk to the leader of your church youth group, sporting club etc. if you were having problems with your relationship? • Do love scenes on TV and the movies commonly show relationships like yours? • Could you tell your boss about your sexual preference without putting your job at risk? • Are you able to be open with your doctor when he/ she talks to you about contraception? • Can you get married when you want to?” (p. 259) “When all the questions have been answered, begin the debriefing process by asking those students closest to the front of the room to reveal their sexual identities. Then do the same with the students furthest to the back. Compare the identities of the other students who are somewhere in between. Ask students how they felt about their character as they saw others move ahead or behind them. Did everyone who represented a straight person end up in the same place? Why? Did everyone who represented a gay person end up in the same place? Why?” (p. 258)
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</i>	“Sexuality can be a source of great pleasure and meaning in life. Sexual activity is only one aspect of sexuality. People experience sexuality through their physical feelings, emotions, thoughts, identity, and relationships. Cultural norms, individual experiences, and hormones all influence the way we understand and experience sexuality.” (p. 70) “Each person has different responses, and each person’s response depends on the situation. Certain parts of the body that contribute to sexual pleasure are specific to males or to females: • In boys and men, they include the penis, testes, scrotum and prostate.

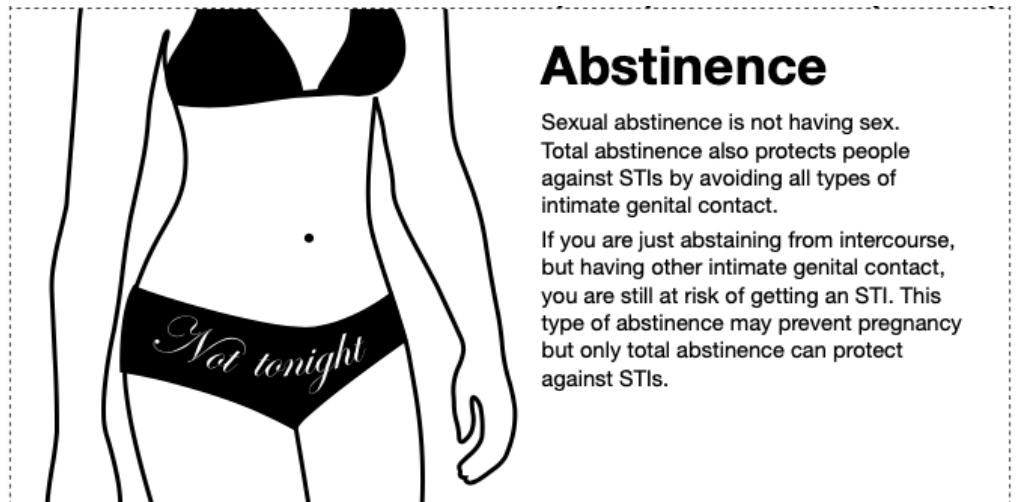
<i>active children.</i>	• In girls and women, these parts include the clitoris, vulva, vagina and breasts.” (p. 106) “Sources of sexual pleasure may include fantasies, words, reading, watching a film, caressing, kissing, or genital contact. For sex to be enjoyable, people must know what feels good to them and to their partners.” (p. 106)
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>	“Touching or stroking oneself (especially one’s own genitals) for sexual pleasure is called masturbation. Masturbation is an important way that people learn about their bodies and sexuality. Most people seek pleasure through masturbation throughout their lives, including periods when they have a sexual partner or are married.” (p. 106) “Sexual behaviours: ...Masturbation – Giving yourself sexual pleasure usually by touching or rubbing your genitals. Can involve fantasy. “Sexual contact that carries a low risk of STI transmission includes: • Kissing, cuddling, massage, masturbation, mutual masturbation ejaculating on unbroken skin.” (p. 267)
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 or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.</i>	“Condoms can be purchased in supermarkets, petrol stations, public toilets etc. Condoms are sold in a variety of sizes, colours, etc.” (p. 268) “To get started, show the video The Importance of Condoms http://vimeo.com/32160162.” (p. 282) Students discuss in small groups whether the following statements are true: • “It is only necessary to use condoms if you have casual sex. • It is the girl’s responsibility to insist on using condoms. • Young people don’t use condoms to prevent pregnancy but to prevent themselves from getting infections. • It would be easy to discuss using condoms with a person during a sexual encounter. • The main reason why young people don’t use condoms is that condoms are hard to get. • If you love someone, they won’t give you a STI. • You can tell by looking at someone whether they could have a STI. • Young people never have unintended sex if they have been drinking. • It would be easy to say no to sex without a condom if the other person was putting pressure on you.” (p. 307)

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>	“Through discussion, come to an understanding that the decisions one makes about relationships and sex are individual.” (p. 163) “Sex is meant to be: • something you decide to do when you’re ready to • something that makes both participants feel good • something both people agree to and are mentally old enough to be able to consent to • something you can interrupt or stop at any time • safe (because you’re both prepared with condoms to protect you from sexually transmissible infections and unwanted pregnancy) • something you are legally old enough to engage in • honest – emotionally and factually honest • mutual – a shared, two-way intimate experience” (p. 167) “There is no right time for you to have sexual intercourse. Hopefully activities like this give you a chance to explore whether or not you are ready, and the consequences of this decision. If you and your partner both agree that this is the right time to have sex, if there is no pressure on either of you to do so, and if you have had the chance to discuss safe sex with your partner, then you are on your way to being well-informed and can increase the chance of making healthy, responsible choices.” (p. 173) “If you are having heterosexual intercourse then you may need to consider using contraceptives in order to enjoy this experience without the worry of an unintended pregnancy. Some methods of contraception are also ways of preventing STIs and for this reason are important in both heterosexual and homosexual sexual activity.” (p. 178)
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>	“The sexual health of adolescents can be viewed as encompassing the issues of body image awareness, interpersonal relationships, decision-making, and sexual intimacy.” (p. 69) “What are the responsible behaviours for preventing an unintended pregnancy? Not having vaginal intercourse. If you are having vaginal intercourse, using a method of contraception.” (p. 107) “Brainstorm and write up, on the board, the reasons young people may want to have sex. Then brainstorm the reasons young people may not want to have sex and record these next to the first list.” (p. 250) “Avoid sharing sex toys. If you do share them, wash them or cover them with a new condom before anyone else uses them.” (p. 175) “Ask students to explain what they think is meant by ‘safe sex’. Ask students to explain the difference between ‘safe sex’ and ‘safer sex’. Once you have allowed time for this discussion, read out the following definition from Better Health Channel, 2011: “Safe sex” is having sexual contact while minimising the

risk that you will get a sexually transmissible infection (STI). Sexual contact that doesn't involve the exchange of semen, vaginal fluids or blood between partners is considered to be safe sex. Unsafe sex may pass on STIs such as chlamydia, HIV or gonorrhoea, or result in an unintended pregnancy. Safe sex is also called "safer sex" to highlight the fact it is not a 100 per cent guarantee but it significantly reduces the risk of STIs." (p. 262)

Students indicate whether they believe the following sexual activities are "safer," "low risk," or "high risk/unsafe" for STI transmission.

- "Kissing
- Open-mouthed kissing (also called deep kissing)
- Massage
- **Having sex without a condom** (male or female)
- Cuddling
- Ejaculating on unbroken skin
- Sexual intercourse **using a barrier contraception** such as a condom (male or female)
- Re-using a condom
- Doing anything that involves blood-blood contact
- **Masturbation**
- Using a condom that is past its use-by date
- **Withdrawing the penis** before ejaculation instead of using a condom
- Mutual masturbation
- Having sex without a condom (male or female)" (p. 263)



(p. 183)

"Low-risk sexual activities

Activities that probably won't involve the exchange of bodily fluids include:

- open-mouthed kissing – also called deep or French kissing. This type of kissing is fine if neither of you has a mouth sore and no blood is present.
- **sexual intercourse using barrier contraception** such as a male or female condom. Remember that a diaphragm (a cap worn high in the vagina to cover the cervix) offers good protection against pregnancy but low protection against STIs." (p. 267)

	“In this activity students will be examining the idea of safer sexual practices. To do this, students will look at a range of sexual practices that place people at risk of contracting a STI as well as those that are safer. This also enables young people to start thinking about safety in terms of risk behaviours rather than risk groups.” (p. 301) “Can you think of other ways to prevent an unintended pregnancy or STIs? What are they? Why do you think they haven’t been mentioned in our lesson today?” (p. 108) “What are the implications if a person says ‘yes’ to sex? What is safer sex and why do we say ‘safer’ instead of ‘safe’ sex? What are some safer sex practices that become a person’s responsibility when they get involved in a sexual relationship?” (p. 170) “Once you become sexually active, you can practice safer sex by limiting your number of sexual partners and using condoms and contraceptives properly and consistently.” (p. 171) “Learning Intention: To explore the concept of safer sex and what it means in a sexual relationship, i.e. to increase student comfort and confidence around safer sex practices, sexual decision-making, and knowledge of STIs.” (p. 172) “Discuss the level of openness someone may have with a sexual partner and whether it is more embarrassing to discuss STIs or to deal with the consequences. Explore the barriers to discussing safer sex and how participants feel that people could overcome those barriers.” (p. 177) “It is embarrassing to talk about using condoms with the person you want to have sex with/are having sex with. Discuss the level of openness someone may have with a sexual partner and whether it is more embarrassing to discuss STIs and/or unintended pregnancy or to deal with the consequences. Explore the barriers to discussing safer sex and how participants feel that people could overcome those barriers.” (p. 177)
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 theories. Fails to teach that most gender-confused children</i>	“For more information on students who may be transgender transitioning, see the DEECD policy ‘Gender Identity (students with a transgender or intersex status)’, in the <i>School Policy and Advisory Guide</i> (2011).” (p. 75) “To enable students to explore their feelings, thoughts and actions in different situations involving sexual attraction and gender identity issues.” (p. 209) “Transgender is an umbrella term and identity used to describe all kinds of people who sit outside the gender binary or whose gender identity is different from the sex assigned to them at birth. Other terms include trans and transsexual.” (p. 216) “Like everyone else, transgender people (people whose gender identity differs

<i>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>	from the sex they were assigned at birth) may be attracted to people of the same sex, the other sex, or both.” (p. 213) “Rae is 26 years old. She grew up male, as Raymond, but for as long as she can remember she has always felt female. She has now ‘transitioned’ and has had gender reassignment surgery. She has had a boyfriend for a year and enjoys her sex life.” (p. 215)
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>	“We need to learn... ABOUT CONTRACEPTION. What is it and how does it work? Who needs to use it?” (p. 34) “Divide the class into groups of three or four and hand out the worksheet ‘Preventing an unintended pregnancy and the spread of STIs’. Using the worksheet, ask groups to brainstorm and record what they know about the listed methods of contraception. (It’s likely that some groups may not be able to give detailed responses to the questions.)” (p. 108) “Learning Intentions: • To present new content regarding methods of contraception. • To refine students’ understanding of the various methods through the use of scenarios.” (p. 178) “Now ask students to brainstorm methods of preventing an unintended pregnancy that young people might use. Write the suggestions on the board. It’s a good idea to add any of the following that are not suggested: • abstinence • condoms • withdrawal • contraceptive • pill implants • vaginal ring.” (p. 179) “Read out the following statements, or display them on the whiteboard, and ask the groups to hold up the relevant cards: • Method available only from a GP/sexual health clinic. [The pill and implant. A medical person needs to prescribe hormonal contraception.] • Method available at a shop. [Condoms and emergency contraception or morning after pill – available at some chemists and from sexual health clinics.] • Methods that are used inside the body. [Pill and implant.] • Methods that are used outside the body. [Male condom.] • Methods that protect people from HIV and STIs. [Condoms – when used properly – and abstinence, where there is no intimate contact at all.]” (p. 180)

Students **decide which method of contraception is best** for the following scenarios:

- “Scenario 1: This couple has been going out for most of Year 12. They both turn 18 in December and have been **talking about having sex** for the first time on the night of the Year 12 break-up.
- Scenario 2: This couple have been going out together since Year 9. One partner is about to move away interstate and will go onto university in another city.
- Scenario 3: This couple has been **having sex off and on for almost 12 months** but had a ‘scare’ the last time. They have decided they won’t do it again until they decide on a method of contraceptive.
- Scenario 4: This couple are at a party and have had just a couple of drinks but are getting on really well. Both think it’s a **good idea to have sex**. The female has had a few problems with the side effects of the pill and stopped taking it two weeks ago.
- Scenario 5: This couple just met a week ago at a party. They don’t know if the other person is interested in sex or not. The **opportunity to have sex may come up** the next time they meet.
- Scenario 6: This couple have a long-term relationship. **They have had sex a few times** but have decided they don’t want an unintended pregnancy as both want to get on with studying, and starting a family is not in their immediate plans.” (p. 181)



Withdrawal

Withdrawal, sometimes called the pull-out method or coitus interruptus. This is when a male withdraws his penis from the vagina just before ejaculation. The idea is not to allow any semen to enter the vagina.

It takes a great deal of self-control by the couple.

There is a risk that semen may spill around the vulva or that there is sperm in the pre-ejaculate.

(p. 182)

“The **oral hormonal contraception, known as ‘the pill’**, is highly effective in preventing a pregnancy when taken correctly. There are two types available – the combined pill and the mini pill. Both can be purchased from pharmacies with a doctor’s prescription. The pill works by:

- preventing an egg from being released each month (ovulation)
- thickening the mucus made by the cervix (entrance to the womb), making it harder for sperm to get through
- changing the lining of the uterus (womb) to prevent a fertilised egg from sticking.

If used correctly, the combined pill is 99.7 per cent effective in preventing a pregnancy.” (p. 182)

“**Male condoms are an effective form of barrier contraception** if used properly, and also reduce your risk of contracting a sexually transmissible infection (STI). Use condoms every time you have vaginal, anal and oral sex to prevent an exchange of blood, semen or vaginal fluids. Each condom should be used once only for each activity.” (p. 182)

“The **vaginal ring** is a type of contraception that works in a similar way to the oral contraceptive pill to prevent pregnancy. A **soft flexible ring is worn inside the vagina** for three out of every four weeks. It slowly and steadily releases synthetic forms of the natural hormones oestrogen and progesterone. The vaginal ring can be a good option if you find it hard remembering to take a pill every day or aren’t comfortable using implants or intrauterine devices (IUDs). If used correctly, it’s 99.7 per cent effective in preventing pregnancy. In Australia, you can **buy the vaginal ring from pharmacies** with a doctor’s prescription under the brand name NuvaRing.” (p. 183)

“**Implanon is a hormonal implant** the size of a matchstick which is inserted under the skin at the inner side of the upper arm. This 4 cm-long implant contains etonogestrel, a progesterone-like hormone that prevents ovulation. This hormone also thickens the mucus in the cervix (entrance to the uterus) preventing sperm from getting through. The device is inserted under local anaesthetic by a doctor. Advantages of *Implanon*:

- it’s close to 100 per cent effective
- it lasts for three years
- it can be used by most women who can’t take synthetic oestrogens.” (p. 183)

“Learning Intention: To **explore the most common methods of contraception** that young people are likely to use, including withdrawal, the morning-after pill, implants, ‘the pill’, and condoms.” (p. 286)

“Divide the class into six groups. Place all the ‘Contraception’ cards face-down on the floor and invite one student from each group to collect one of the cards for their group. The groups should now **design a poster for the contraceptive** they have picked which will be used by the rest of the class in the second part of the activity... Things to consider for inclusion on the poster are:

- name of contraceptive
- **how it is used**
- who’s responsible for using it
- approximate cost (where possible)
- effectiveness
- **benefits other than contraception** (where applicable) where and how can you get it.” (pp. 286-287)

“Ask each student to imagine they have just received a private email message in

	their inbox from a very close friend. This friend has provided them with the following information (students to invent this): • name • name of their partner • age • age of their partner • something about the family and community they come from • something about where the relationship is currently (never had sex through to having regular sex). Referring to the informational posters, students should now research their response, including: • recommended type of contraceptive and STI protection reasons for their recommendation • how to use it • where to get it • its effectiveness • any implications or consequences of using it • whether or not the friend will need to see a doctor or health worker • who in the relationship should take responsibility for acquiring it and understanding how it works. Each student then writes a return email using the worksheet ‘Advice to a friend’.” (p. 288)
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>	“Learning Intentions: To explore sexuality in the context of human rights...” (p. 223) “Many young people in schools are forming support groups (for example, gay-straight alliances) and many schools and individuals belong to the Safe Schools Coalition Victoria (SSCV). This is a coalition of schools and individuals dedicated to creating safer educational environments where same-sex attracted and gender-questioning young people are supported; where every family can belong; where every teacher can teach and every student can learn.” (p. 224) “Divide the class into groups of three or four. Tell students they have been hired by the Victorian government to provide advice on the development of a list of rights to help young people feel positive about their sexuality. Each group must come up with one right for inclusion and a justification of why it is important. Encourage students to think broadly about issues of gaining information, discrimination, and sexual orientation, access to advice, using community services, being provided with education, gender identity and so on.” (p. 324) “WHO identifies 10 sexual rights – the right of all persons, free of coercion, discrimination and violence, to: • the highest attainable standard of sexual health, including access to sexual and reproductive health care services • seek, receive and impart information related to sexuality • sexuality education • respect for bodily integrity

	• choose their partner • decide to be sexually active or not • consensual sexual relations • consensual marriage • decide whether or not, and when, to have children • pursue a satisfying, safe and pleasurable sexual life." (p. 325)
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 or gender identity.</i>	"What makes school-based sexuality education programs important and different to the lessons children learn from home is that the lessons and discussions are carried out among peers. Beliefs about what everyone else is doing are a crucial part of a child's decisions about how they will behave. A young person's peer group is a force that can influence them strongly. It can challenge unhelpful and damaging beliefs and behaviours, and provide more positive ways of addressing the questions of adolescents." (p. 2) "It is difficult to separate issues of gender, sex and sexuality. These activities are designed to assist students' understanding of traditional notions, categories and expectations around gender. They are also designed to provide students with an understanding of gender and its impact on sexuality. You may find the following definitions useful to provide a framework for exploring gender with the students: • GENDER is used to describe those characteristics of women and men which are socially constructed. People are born female and male but learn to be girls and boys who grow into women and men. This learned behaviour makes up gender identity and determines gender roles... • GENDER refers to socially or culturally defined ideas about masculinity (male roles, attributes and behaviours) and femininity (female roles, attributes and behaviours). • GENDER is not the same as sex. Sex is the difference in biological characteristics of males and females as determined by a person's genes. For example, only males produce sperm. Only females produce eggs and can become pregnant." (p. 200) "To examine intimate relationships and sexual standards for young people." (p. 254) "To provide an opportunity for students to explore and clarify their own beliefs and values regarding common myths of sexual safety." (p. 306) "Becoming aware of the personal, social and cultural nature of sexual behaviour, and of the kinds of pressures that personally affect them, can help young people to clarify their own values relating to sexual behaviour and make informed decisions about which influences they choose to accept." (p. 308) "The World Health Organization (WHO) says 'Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction.' Learning about how to be sexually healthy is a basic human right for all of us the

	world over. We learn important lessons at school, from our families and loved ones, from reputable information sources, and from health professionals such as doctors. There are many issues related to sex – STIs, unwanted pregnancies, bullying, exploitation, abuse etc. – and we need to learn about these too, and about safe, respectful approaches to sex, bearing in mind that sexuality itself is a positive, healthy thing and a fundamental ingredient of life.” (p. 325)
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>	No evidence found.
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</i>	“Ask the students to imagine they have a friend who needs help with a personal problem, perhaps a relationship or health problem. Ask each group to read through the list of sources on the group worksheet and tick or circle the ones they would use. The group should then brainstorm and record as many ‘other’ places as they can think of which may be useful.)” Information sources include: • Local health centre • Family doctor • Internet • School welfare person • Close friend • Parent or carer • Brother or sister • Grandparent, aunt or uncle” (pp. 82, 84) “Refer to AusVELS Level 8, Learning sequence 5, activity 4, ‘Contraception – hope is NOT a method’. The set of information cards in that activity includes images and descriptions of the methods of contraception outlined here. Using a key word search of <i>contraception</i> (or similar key word), you may also decide to use a website such as http://www.betterhealth.vic.gov.au/ or http://www.fpv.org.au/teaching-resources/. If you want the students to learn how to apply a condom, remember that there are free educational kits that can be ordered from http://www.ansellsex-ed.org.au/.” (p. 108) Note: Most of the links referenced in this section are no longer active.

www.WaronChildren.org and
www.InvestigateIPPF.org)

“Most STIs can be treated easily. It is important that any treatment is properly completed, even if the symptoms go away. You can contact the following services for help and further advice:

- **The Action Centre**
(for people under 25 years),
tel. (03) 9660 4700 or 1800 013 952
- **Family Planning Victoria**,
tel. (03) 9257 0100 or 1800 013 952
- **Melbourne Sexual Health Centre**,
tel. (03) 9341 6200 or 1800 032 017 or
TTY (for the hearing impaired) (03) 9347 8619.” (p. 175)

“**For gender-questioning young people**, there are support groups that can make all the difference. To find a group in your area you can contact the Safe Schools Coalition Victoria: <http://www.safeschoolscoalitionvictoria.org.au/>. Alternatively, you could contact WayOut: Rural Victorian Youth & Sexual Diversity Project: <http://wayout.org.au/>, Minus 18, an Australia-wide support network for gay and lesbian teenagers: <http://www.minus18.org.au/>; or Zoe Belle Gender Centre: <http://gendercentre.com/>.” (p. 213)

“Use your own resources or one of the following sites to ensure you have the most recent information regarding STIs:

- **STI Health Australian Government**
<http://www.sti.health.gov.au/internet/sti/publishing.nsf/content/home-1>
- **Better Health Channel**
http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/ct_sexuallytransmittedinfections?open
- **Family Planning Victoria** <http://www.fpv.org.au/sexual-health-info/sexually-transmissible-infections-stis-bbvs/what-are-stis-and-bbvs/>
- **Melbourne Sexual Health Centre**
<http://www.mshc.org.au/Default.aspx?alias=www.mshc.org.au/general>”
(p. 274)

Note: Many of these websites are no longer active.

“Learning Intentions:

- To find out where young people get their information about sexuality.
- To explore how much they trust these sources of information.
- To **critically examine the sources of information young people use.**” (p. 278)

“Using any of the five questions from the worksheet ‘Where do I get my information?’, ask students to find three places in their local community where they could go for help or information. It’s possible to share this information with the class by **compiling a small student directory using the different local services** (teachers would need to check that the information provided by the students is correct.)” (p. 279)

	“Invite your local health services (including youth-friendly doctors) to provide a speaker who can address the questions from the worksheet and also talk about the health services they provide for young people.” (p. 279)
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