

## CSE Harmful Elements Analysis Tool

The CSE Harmful Elements Analysis Tool<sup>1</sup> was created to help parents, school administrators, educators, and other concerned citizens assess, evaluate, and expose harmful elements within comprehensive sexuality education (CSE)<sup>2</sup> curricula and materials. For more information, visit [www.stopcse.org](http://www.stopcse.org).

### Analysis of *Out-of-School Family Life Education Facilitator Manual (Samoa)*

Based on 15 Harmful Elements Commonly Included in CSE Materials

#### CSE HARMFUL ELEMENTS SCORE = 12 OUT OF 15

*Out-of-School Family Life Education Facilitator Manual* contains 12 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: "It aims to:

- Equip children and young people with the knowledge, skills, attitudes, and values that will empower them to realise their health, wellbeing, and dignity
- Develop respectful social and sexual relationships
- Consider the wellbeing of others that are affected by their choices and
- Understand and ensure the protection of their rights throughout their lives" (p. 1)

**Target Age Group:** Facilitators (ages 12-30); Participants (ages 5-35)

**International Connections:** Samoa Family Health Association, Family Planning NSW, Australia Aid, UNFPA

For the complete text of *Out-of-School Family Life Education Facilitator Manual* see:

[https://drive.google.com/file/d/1MoBFGw2zZ869mp0L5uN1vpnaJsifwzW5/view?usp=drive\\_link](https://drive.google.com/file/d/1MoBFGw2zZ869mp0L5uN1vpnaJsifwzW5/view?usp=drive_link)

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<b>1. SEXUALIZES CHILDREN</b> <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</i>	"Facilitators may use role plays or story-telling to support participants to practice communication skills needed to form respectful and healthy relationships and resolve conflicts with family members, peers, <b>friends and romantic or sexual partners.</b> " (p. 16)  "OOS FLE offers a forum for young people to understand and make sense of the images, practices, norms and sexual scripts that they observe via social media

<sup>1</sup> 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](http://www.stopcse.org) for a blank template or to see analyses of various CSE materials.

<sup>2</sup> 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.

<p><i>active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.</i></p>	<p>and pornography. It provides an opportunity to <b>learn about the aspects of sexuality that are absent from pornography</b>, such as emotional intimacy, negotiating consent and discussing modern contraception.” (p. 20)</p> <p>“It is important to develop an atmosphere of trust if young people are to engage in <b>honest discussion about sexual and reproductive health</b>, relationships and personal safety.” (p. 25)</p> <p>“To start the conversation with the group, ask questions such as those below. How can we make this environment a <b>safe place to learn about sexuality</b> and sexual and reproductive health?” (p. 25)</p> <p>“Consider the particular needs of:</p> <ul style="list-style-type: none"> <li>• <b>young people of diverse gender and sexuality</b></li> <li>• those from culturally and linguistically diverse backgrounds</li> <li>• young women</li> <li>• young people with disabilities” (p. 34)</li> </ul> <p>“It is important to adopt a <b>broad view of sexuality</b> which is not confined to the physical body but is linked with cultural, emotional and spiritual wellbeing. <b>Sexuality is who and what we are</b>; our identity as unique individuals. It includes self-expression, gender, relationships, life roles and involves the whole of being human.” (p. 37)</p> <p>“Fundamental to FLE is the <b>recognition of young people as sexual beings.</b>” (p. 37)</p> <p>“There are many benefits for young people of all genders to participate in sessions and <b>learn about sexuality together</b>. This is because many participants may go on to have romantic and sexual relationships with other genders, so it is important to have experience communicating about <b>sexuality across genders.</b>” (p. 81)</p>
<p><b>2. TEACHES CHILDREN TO CONSENT TO SEX</b></p> <p><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></p> <p><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</i></p>	<p>“It provides an opportunity to <b>learn about the aspects of sexuality</b> that are absent from pornography, such as emotional intimacy, <b>negotiating consent and discussing modern contraception.</b>” (p. 20)</p> <p>“<b>Practice and model consent</b>; facilitators should ask young people if certain topics are OK to discuss and they should check-in with young people to ensure they are comfortable.” (p. 23)</p> <p>“<b>Discuss boundaries of intimacy, consent</b>, what’s OK and not OK.” (p. 31)</p> <p>“Communication skills; e.g. <b>Asking for consent.</b>” (p. 32)</p> <p>“Explicitly address and <b>define consent.</b>” (p. 35)</p> <p>“<b>Modelling consent wherever possible</b> e.g. ‘I am going to show you a book to help you learn about the difference between public and private. Some pictures</p>

<p><i>“consent” to sex.</i></p>	<p>are of people without their clothes on. Is it OK to show you the book?” (p. 38)</p>
<p><b>3. PROMOTES ANAL AND ORAL SEX</b></p> <p><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></p>	<p><b>No evidence found.</b></p> <p><b>Note:</b> <i>Though no direct reference to anal or oral sex appears in this manual, it does refer facilitators to use both International Technical Guidance on Sexuality Education (<a href="https://www.unfpa.org/publications/international-technical-guidance-sexuality-education">https://www.unfpa.org/publications/international-technical-guidance-sexuality-education</a>) and Body Talk (<a href="https://bodytalk.org.au/">https://bodytalk.org.au/</a>) for their lessons, both of which have extensive references to anal and oral sex.</i></p>
<p><b>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</b></p> <p><i>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.</i></p>	<p>“Affirms diversity in sexual expression. Uses inclusive language rather than value-laden language which makes <b>assumptions based on sexual orientation or gender stereotypes.</b>” (p. 41)</p> <p>“Young people with differing SOGIE [Sexual Orientation and Gender Identity and Expression] are often denied their right to dignity, equality, non-discrimination, security, health, education and employment. They can face hostility, stigma and serious rights violations. Given this, it is essential that young people with differing SOGIE are <b>provided safe, inclusive spaces that can assist them to get the information,</b> health services, and social support they require.” (p. 84)</p> <div data-bbox="511 1031 1040 1524" data-label="Image"> <p>An illustration within a circular frame showing two men of African descent standing side-by-side, holding a rainbow flag aloft with both hands. They are wearing casual t-shirts and shorts. The background is a light, neutral color.</p> </div> <p>(p. 84)</p>
<p><b>5. PROMOTES SEXUAL PLEASURE</b></p> <p><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></p>	<p>“<b>Sexuality is a central aspect of being human</b> throughout life and encompasses sex, gender identities and roles, sexual orientation, <b>eroticism, pleasure,</b> intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships.” (p. 21)</p> <p>“Physical, emotional, mental and social wellbeing in relation to sexuality is not merely the absence of disease or dysfunction. It requires <b>a positive and respectful approach to sexuality</b> and sexual relationships, as well as the possibility of <b>having pleasurable and safe sexual experiences,</b> free of coercion,</p>

<p><i>active children.</i></p>	<p>discrimination and violence. To be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.” (p. 21)</p>
<p><b>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</b></p> <p><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></p>	<p><b>No evidence found.</b></p>
<p><b>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</b></p> <p><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></p>	<p>Suggested activity: “Skills demonstration: Demonstration by participants, peer instruction e.g. <b>How to put a condom on correctly.</b>” (p. 32)</p>
<p><b>8. PROMOTES PREMATURE SEXUAL AUTONOMY</b></p> <p><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</i></p>	<p><b>No evidence found.</b></p>

<p><i>sexually active children to return to abstinence.</i></p>	
<p><b>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</b></p> <p><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></p> <p><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></p>	<p>“Reproductive health therefore implies that <b>all people are able to have a satisfying and safe sex life</b> and that they have the capacity to reproduce and the freedom to decide if, when and how often to do so.” (p. 22)</p> <p>“I can make this question more general by asking ‘How old are people when they first have sex?’ Like I said before, this is a good question because it could be asking what the normal or average age people begin to have sex. This is a good example that ‘normal’ is different for everyone. <b>There is no right or wrong age to have sex</b>; it is more about being ready and in a safe situation.” (p. 46)</p> <p>Program Outcome: “More <b>frequent use of condoms.</b>” (p. 90)</p>
<p><b>10. PROMOTES TRANSGENDER IDEOLOGY</b></p> <p><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 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></p>	<p>“This section will provide tips and information to tailor sessions to the following groups.</p> <ul style="list-style-type: none"> <li>• Gender-specific and mixed groups</li> <li>• Young people with a disability</li> <li>• Young people with differing sexual orientation, gender identity and expression (SOGIE)</li> <li>• <b>Young transgender people</b>” (p. 81)</li> </ul> <p>“<b>‘Transgender’ is an umbrella term</b> used for all non-cisgender people, i.e., anyone whose gender identity and/or gender expression differs from that usually associated with the sex assigned to them at birth.” (p. 85)</p> <p>“Facilitators should:</p> <ul style="list-style-type: none"> <li>• Identify and <b>consult with support groups for transgender people</b> where possible</li> <li>• Make language inclusive and clear</li> <li>• Have a good list of referral services that are safe for transgender people</li> <li>• Use technology to your advantage; the internet can have a lot of great <b>resources and information for transgender young people</b>” (p. 85)</li> </ul>
<p><b>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</b></p> <p><i>Presents abortion as a safe or positive option while omitting</i></p>	<p>“The International Technical Guidance on Sexuality Education (ITGSE) states that ‘It is essential for young people who plan to have, or are already having sexual intercourse, to receive information about the full range of modern contraception.’ FLE plays a crucial role in providing young people with the knowledge and skills to <b>identify types of contraception</b>, understand where they can be accessed and <b>practice confidence in obtaining them.</b>” (p. 4)</p>

<p><i>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></p> <p><i>May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>Suggested activity: “Ranking or ordering different behaviours or concepts to show values or effectiveness. e.g. Contraception: <b>sorting types of contraception from most to least effective</b>: then from types that need to be used frequently (e.g. contraceptive pill) to least frequently (IUDs)” (p. 32)</p>
<p><b>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</b></p> <p><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></p>	<p>“OOS FLE can also address topics that might be less acceptable in school settings. OOS FLE is grounded in gender equality and empowerment and <b>uses a rights-based approach to encourage participant interaction.</b>” (p. 2)</p> <p>“Facilitators can be: <b>Peer educators</b>; Youth workers; Non-government organizations; Educators; Healthcare workers; Health promotion officers.” (p. 7)</p> <p>“Human rights are often replicated in national or local laws and policies. Before this activity, it is important that facilitators can provide participants of <b>examples of sexual rights that exist in Samoa.</b>” (p. 11)</p> <p>“FLE involves raising awareness among young people, encouraging them to recognise their own rights, acknowledge and respect the rights of others, and advocate for those whose rights are violated. These rights include all young people’s <b>right to access FLE</b>, to learn skills to <b>support safe, responsible and respectful sexual choices</b> free of coercion and violence, and strategies to access and use relevant health services.” (p. 15)</p> <p>“<b>Access to FLE is also a right.</b> The right to education and the right to the highest attainable standard of health form the foundation of FLE and are established in numerous international agreements...” (p. 16)</p> <p>Key messages for promoting sex-positivity: “Sexuality is seen as a positive and life enhancing aspect of being human throughout the lifespan (young and old!). <b>Views sexuality as a basic human right</b> for everyone.” (p. 41)</p> <p>“A sex-positive approach recognises the life enhancing aspects of sex and sexuality such as pleasure, communication, safety and self-esteem, and is free of judgement, shame, secrecy and discrimination. Such an approach <b>respects young people’s rights as sexual beings</b>, embraces diversity of sexual expression, and supports their journey to sexually healthy and responsible adults.” (p. 41)</p> <p>“<b>Peer-educators as facilitators can reframe young people as active players</b> in the educational process, rather than passive recipients.” (p. 42)</p> <p>“The role of a facilitator is... <b>To advocate for young people’s sexual and reproductive health and rights.</b>” (p. 42)</p>

	<p>“It’s normal and OK to feel curious about our bodies and those of others. <b>Young people have a right to reliable and accurate information on their sexual and reproductive health.</b> And we know that without this, inaccurate and harmful messages can be shared, or let’s face it, you’re likely to go look for it yourselves – asking your friends or looking online.” (p. 47)</p>
<p><b>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</b></p> <p><i>May encourage children to question their parents’ beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.</i></p>	<p>“The <b>stigma around sex, sexual and reproductive health and family planning services</b> is also a particular barrier for young people in Samoa. Young people are concerned about accessing SRHR services, worried that it will affect how they are perceived by their communities or <b>conflict with family values.</b>” (p. 5)</p> <p>“A <b>positive approach to sexuality</b> follows the comprehensive definition of sexuality and focuses on positive, life-enhancing aspects of sexuality, not just identification of risks and preventing negative experiences, including disease. <b>Sex-positive education</b> is non-judgmental, inclusive, empowering and considers desire, pleasure and happiness as essential elements of sexual and reproductive health.” (p. 16)</p> <p>“Religious leaders play a unique role in supporting OOS FLE. Faith-based organisations can provide guidance to program developers and providers on how to <b>approach religious leaders to begin a discussion about sexual health and sexuality education.</b> Acting as models, mentors and advocates, religious leaders are ambassadors for faith communities that value young people’s wellbeing.” (p. 20)</p> <p>“Creating an enabling environment is all about building support for OOS FLE programs within a community before beginning to plan a program. This is <b>especially important in communities where FLE may be considered taboo, sensitive or may face opposition.</b>” (p. 23)</p> <p>“Ensure everyone can participate and <b>use inclusive language</b>, for example, engage participants in establishing and maintaining a classroom environment free from bullying and harassment, <b>use the term ‘partner’ instead of ‘boyfriend or girlfriend’ or ‘husband or wife’</b>, avoid using gendered terms where the content applies to people of all genders, <b>include people with disability in classrooms and resources.</b>” (p. 26)</p> <p>“<b>All young people</b>, regardless of disability, ethnicity, socio-economic status, language, gender, sexual orientation or faith, <b>should be empowered and supported to access FLE.</b>” (p. 37)</p> <p>“It is important that facilitators understand the <b>myths that exist around the sexuality of people with disability</b> and understand the impact of these on providing FLE.” (p. 37)</p> <p>“<b>Freedom from:</b> fear, shame, guilt and <b>myths about sexuality and sexual relationships;</b> diseases that are preventable and/or treatable, and which may interfere with sexual life; and freedom from sexual abuse and exploitation.</p>

	<p><b>A rights-based approach includes the right to FLE</b> and should underpin all education programs.” (p. 37)</p> <p>“Information provided to young people often focuses on the consequences of unwanted, unacceptable or risky behaviours. This is done in the hope that it will protect them from harm. This may result if the person feeling that sexuality is something to be avoided or feel ashamed about. <b>Teaching the positive aspects of sexuality</b> includes intimacy, privacy, love, affection and enjoyment. This allows them to understand the difference between ‘good’ and ‘bad’ aspects of sexuality and develop protective behaviours and healthy decision-making skills.” (p. 38)</p> <p>“<b>Focuses on the positive aspects of sexuality</b> as well as attention to risks (e.g. positive relationships, safe sex, protective behaviours, contraception).” (p. 41)</p> <p>Qualities of a facilitator: “Willingness and ability to speak about difficult or <b>sensitive topics such as abortion, sexting, pornography</b> and sexual assault.” (p. 43)</p> <p>“When delivering OOS FLE, it is important that sessions are tailored to the following groups to ensure inclusion and program relevance.</p> <ul style="list-style-type: none"> <li>• Young people living with HIV</li> <li>• Young people who use drugs</li> <li>• <b>Young people who sell sex</b>” (p. 87)</li> </ul>
<p><b>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</b></p> <p><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></p>	<p>“Sexual rights are internationally recognised human rights that relate to people’s sexuality. They include several fundamental human rights, such as:</p> <ul style="list-style-type: none"> <li>• <b>The right to privacy</b></li> <li>• The right to freedom of thought and expression</li> <li>• The right to freedom from violence</li> <li>• The right to education and information” (p. 21)</li> </ul> <p>“Facilitators can stress the <b>importance of confidentiality</b> in the group agreement.” (p. 29)</p> <p>“It is important that parents and communities <b>empower young people to make their own decisions.</b>” (p. 40)</p> <p>“Programs must <b>protect confidential information</b> and the identities of participants.” (p. 49)</p> <p>“Be careful about handing out any SOGIE materials; <b>it may be dangerous for participants to keep the materials outside the learning environment.</b>” (p. 84)</p>
<p><b>15. REFERS CHILDREN TO HARMFUL RESOURCES</b></p> <p><i>Refers children to harmful</i></p>	<p>“When you want to learn about health topics online, it’s important to find reliable websites that have accurate information. Today we will look at <b>BodyTalk</b>, a website from an organisation in Australia... As the website is from Australia, some detailed information, <b>like what contraceptive methods are</b></p>



*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.)*

*Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.*

*(For more information on how Planned Parenthood sexualizes children for profit see [www.WaronChildren.org](http://www.WaronChildren.org) and [www.InvestigatelPPF.org](http://www.InvestigatelPPF.org))*

**available**, could be different here in Samoa. You can check in with me or another co-facilitator at any time if you have any specific questions.” (p. 48)

“We’re going to use the Body Explorer section today. As I click on it a message pops up that says: ‘Hey there, the Body Explorer has cartoon images of genitals. Do you wish to continue?’ As this content is designed for health and education purposes and specifically for young people, this content is not considered pornography... Porn doesn’t always send positive or accurate messages about bodies, consent and relationships – it isn’t real life. Coming back to our educational and reliable source, BodyTalk, we know it has **drawings of human bodies, not photographs of real people**. Before we proceed, I want to check that everyone in the room gives their consent to looking at the images on the website?” (p. 48)