

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

Project School Wellness High School Sex Ed Curriculum **Based on 15 Harmful Elements Commonly Included in CSE Materials**

CSE HARMFUL ELEMENTS SCORE = 13 OUT OF 15

Project School Wellness High School Sex Ed Curriculum contains **13 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: This program aims to help students develop a positive view of sexuality and sexual behavior. Students are taught how to decide when they're ready to have sex and how to give consent. They are also taught about a variety of birth control methods. A particularly concerning aspect of this curriculum is the moral relativistic approach it takes to the crucial topics of sexting and pornography. Rather than teach youth about the scientifically proven harms of pornography and discourage pornography use, the program states that the goal is for children to "critically assess the sexual images they view" and to choose how they interact with pornography. And instead of explaining the potentially severe consequences of sexting (such as sextortion and emotional trauma, not to mention that it is illegal in nearly every state), the program teaches that students should assess how sexting influences their sexual health.

Target Age Group: Ages 14-18

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</i>	"Learning Goal: Students will understand what Sexual Health is and identify why it's an important part of their health education." (Teaching Guide, p. 4) "Ask students to write out their definition of Sexual Health on a scrap piece of paper. After students have written their definition, read all of the definitions aloud to the class. Most likely responses will center on 'sex.' While the actual act of sex is a part of Sexual Health, by no means does it fully encompass a person's Sexual Health." (Teaching Guide, p. 4) "Next, as a class, make a list on the whiteboard of the most common reoccurring

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.

sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.

thoughts and key aspects students mentioned. As students define key aspects, challenge them to dig deep and identify various aspects of Sexual Health... Common thoughts may include: **sex, gender, romantic feelings**, health, body, pregnancy, STIs, relationships, **pornography, masturbation**, etc.” (Teaching Guide, p. 4)

“After the discussion, share this definition – **Sexual Health refers to embracing and enjoying your sexuality throughout life** by building confidence and security in your identity; nurturing enriching relationships; exercising autonomy over your sexuality and body; keeping your body working at an optimal level; all so you can **engage in meaningful, pleasurable, and healthy sexual experiences.**” (Teaching Guide, p. 5)

“It’s not just about sex! Sexual Health is holistic and comprehensive, relating to all of the core aspects of a person’s life, and is a core aspect of their identity. In connection to this, here are the core learning objectives of this unit:

- Understand that sexuality encompasses a person’s sexual feelings, thoughts, and behaviors.
- Identify and strengthen the **social, emotional, and decision-making skills** needed to engage in healthy and positive sexual experiences.
- Learn how to build intimacy and nurture healthy relationships.
- Examine what self-advocacy looks like in terms of Sexual Health and identify strategies for **exercising autonomy and agency over your sexuality.**
- Understand that consent is the basis of all positive human interaction and learn how to ask for and grant or deny consent.” (Teaching Guide, p. 5)

“Sexual Health... Relates to a person’s understanding and **being confident in their sexuality** and able to manage the corresponding experiences, relationships, and choices in a healthy and enriching manner.” (Lesson 1 PowerPoint, Slide 7)

“Learning Goal: Students will **understand what sexuality is** and identify what aspects of a person’s identity relate to their sexuality.” (Teaching Guide, p. 9)

“...[A]sk students to discuss the following prompt: Define the term sexuality. Similar to Sexual Health, students **may primarily connect the term to ‘sex.’** While engaging in sexual activity does play a role in determining a person’s sexuality, it’s only one piece of the puzzle.” (Teaching Guide, p. 9)

“The purpose of this lesson is to **help students better understand human sexuality** by exploring the topics of sexual orientation, gender identity, and gender expression. In this lesson, students will explore what each of these terms means and what they look like in real life.” (Teaching Guide, p. 9)

“Explain to students that sexuality refers to how a person sees themselves sexually, the sexual feelings and thoughts they experience, how they choose to

express sexual desire (sexual orientation), and their gender identity and gender expression. Sexuality is deeply personal, diverse, and **there is no wrong or right expression of sexuality.**" (Teaching Guide, p. 10)

"So if **sexuality isn't just about sex**, what does it mean? Before explaining to students what sexuality is, they're going to do a group discussion. Divide students into five groups and **assign one aspect of sexuality to each group**. As a group, ask students to write out everything they know or have heard about the assigned term. When they're done, ask each group to share with the class." (Teaching Guide, p. 10)

"This tool [The Gender Unicorn] highlights key aspects of a person's sexuality. In connection to each aspect, viewers rate themselves on the listed continuums. This rating system is a **visual representation of how sexuality is not binary** and that each person has their unique and personal brand of sexuality." (Teaching Guide, p. 10)

"Ask students to discuss the following: **What does 'sex' mean?** While it seems like a simple question, the answer to 'what does "sex" mean?' isn't actually so clear. The term **'sex' can refer to a number of different meanings**, and it is important students understand those different meanings. Use the PowerPoint to briefly introduce students to the various meanings.

- Sex as a reference to a person's biological sex
- Sex as the act of two people physically connecting their bodies
- Sex as the process for reproducing and procreating" (Teaching Guide, p. 26)

"While most students will have at least a general understanding of what it means to have sex (or sexual intercourse), it's important to ensure students are learning an inclusive, medically accurate definition of sex. This involves **looking at common ways people have sex** (and engage in other sexual activity) and reviewing the sexual response." (Teaching Guide, p. 27)

"Learning Goal: Students will **define what optimal Sexual Health looks like** and identify a personal standard of thriving." (Teaching Guide, p. 31)

"For this activity, students will be pretending to be a physician at a local medical clinic. They will 'see' six patients, **each with a different Sexual Health concern**. They will need to access valid information in order to provide proper care for their patients. At the end of each consultation, they will enter a specific message/code into the Google Form to progress to the next patient." (Teaching Guide, p. 53)

"Ask students to discuss the following prompt: **What is intimacy?** After the discussion, ask students to share key ideas that came to mind when talking about intimacy. For many, not just teenagers, it's easy to confuse intimacy for sex when in reality you can have **sex without intimacy and experience intimacy without sex**. Understanding this truth is fundamental to nurturing Sexual

Health.” (Teaching Guide, p. 59)

“How does the level of intimacy two people experience **impact a sexual encounter** (not specifically ‘sex’ but any sexual activity)?” (Teaching Guide, p. 61)

“Simply put, building healthy relationships is a key element of Sexual Health and intimacy is a key element of healthy relationships. Additionally, the better a person can nurture true intimacy in their relationships, the more likely they are to **have positive and healthy sexual experiences.**” (Teaching Guide, p. 62)

How interpersonal communication and sexual health connect: “Using your voice to express yourself and **your unique sexuality and sexual identity**” (Lesson 13 PowerPoint, Slide 13)

“After students have discussed consequences, take a moment to give students a few questions to consider when **deciding if they personally want to engage in sexting:**

- Does this person actually want to receive this message, image, or video?
- Who will see the text, photo, or video?
- What happens to the text, photo, or video if you break up or are no longer sexually involved with the person?
- Does text, photo, or video ever completely go away?
- What would happen if you sent it to the wrong person? Or how would you feel if someone accidentally or on purpose read or saw your message?” (Teaching Guide, p. 94)

“Learning Goal: Students will examine **what makes a sexual experience enriching** using the meaningful, pleasurable, and healthy framework.” (Teaching Guide, p. 98)

“Activity Directions:

- **Identify three sexual experiences** you’ve observed in the media
- Determine if the experiences were meaningful, pleasurable and healthy
- Support your answer with specific evidence” (Teaching Guide, p. 103)

“After sharing the example media messages, it’s time for students to identify media messages they’ve seen in the media related to sexual health... Students will get into small groups and **choose (or be assigned) an element of sexual health to examine.** On the worksheet, they will identify which element they are focusing on and share a definition of the element. In groups, students identify specific media messages the media promotes about their chosen (or assigned) element of sexual health.” (Teaching Guide, p. 135)

“Learning Goal: Students will explore the concept of pornography and examine how to **make healthy decisions related to pornography** consumption.” (Teaching Guide, p. 141)

	<p>“Before diving into the lesson, stress that the goal of this lesson isn’t to define what’s right or wrong or good or bad in terms of pornography. Instead, explain that the goal is to teach them how to critically assess the sexual images they view in the mainstream media and pornography and be able to make values-based decisions about how they choose to interact with it.” (Teaching Guide, p. 141)</p> <p>Note: A wide range of family organizations and NGOs acknowledge that the consumption of pornography is developmentally harmful to minors. Young people do not possess the knowledge or maturity to “make values-based decisions” about interacting with pornography.</p>
<p>2. TEACHES CHILDREN TO CONSENT TO SEX</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. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.</i></p> <p><i>Note: “Consent” is often taught under the banner of sexual abuse prevention.</i></p>	<p>“After reviewing what happens to the body during the sexual response, it’s important students understand that just because a person shows signs of being sexually aroused (like having an erection or secreting lubrication) it doesn’t mean a person wants to have sex or is choosing to have sex (sexual desire). This means a person cannot rely on how their partner’s body is responding to know whether or not their partner wants to have sex. The only way to know for sure if a person wants to have sex is through open and honest conversation (we’ll continue to look more at this in later lessons on consent).” (Teaching Guide, p. 28)</p> <p>“Understand that consent is the basis of all positive human interaction and learn how to ask for and grant or deny consent.” (Lesson 1 PowerPoint, Slide 13)</p> <p>“Sexual Consent: Actively agreeing to engage in sexual activity with another person.” (Lesson 19 PowerPoint, Slide 9 and Teaching Guide, p. 107)</p> <p>“Having autonomy over what happens to your body is a critical element of sexual health. Establishing consent empowers a person to exercise autonomy over their body, sexuality, and well-being and is the foundation of engaging in meaningful, pleasurable, and healthy experiences.” (Teaching Guide, p. 108)</p> <p>“Here are the Ground Rules for Consent:</p> <ul style="list-style-type: none"> • Consent is ongoing – For example, if a friend lets you use their phone on the bus in the morning, that doesn’t mean you can just take and use it in the afternoon. • Consent is freely given – Consent has to be given free of coercion. Coercion is when one person persuades another person to do something by using force or a threat. An example of this would be if a friend says, ‘Come on, just do it, or I’ll post <i>that</i> photo of you.’ • Consent is enthusiastic – This means that consent cannot be given halfheartedly. Consent is only consent if a person is fully engaged and invested. • Consent can be taken away – Remember how I said consent is ongoing? That also means that can [sic] consent can be withdrawn at any time. For example, if your friend says they’ll go to the football game with you but then wants to leave at halftime, they don’t have to stay.

	<ul style="list-style-type: none"> • Consent can only be given when you're fully informed, conscious, and aware – This means people cannot give consent when they are sleeping or under the influence of alcohol or any other drug." (Teaching Guide, pp. 108-109) <p>"Learning Goal: Students will understand the basic principles of asking for consent." (Teaching Guide, p. 113)</p> <p>"This process of really getting to know someone through open and honest conversation takes time and effort, which is why the more intimate the experience (like engaging in sexual activity), the more time and energy is needed to really know another person and be able to read and understand their emotions and non-verbal cues." (Teaching Guide, p. 115)</p>
<p>3. PROMOTES ANAL AND ORAL SEX</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>"Having Sex – Vaginal sex, Anal sex, Oral sex, Manual sex" (Lesson 4 PowerPoint, Slide 10)</p> <p>"What does it mean to have sex? Explain to students that there isn't a simple answer to this question because 'sex' can refer to any highly physically intimate activity that provides connection and pleasure. However, generally 'having sex' refers to either: vaginal, oral, or anal sex." (Teaching Guide, p. 27)</p> <p>"In terms of Sexual Health and this lesson, abstinence refers to not having sex. Note that the meaning of 'sex' can vary from person to person. For some, 'sex' may refer only to vaginal intercourse. For others 'sex' may also include anal and oral sex. And for others it could refer to all sexual activity (kissing, touching, masturbation, etc.). This is a great example of why open and honest communication is a key aspect of engaging in healthy and positive sexual experiences." (Teaching Guide, p. 56)</p>
<p>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</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>"Sexual Orientation – The enduring emotional and physical attraction you feel towards other people." (Teaching Guide, p. 12 and Lesson 2 PowerPoint, Slide 23)</p> <p>"Lesbian – A woman whose enduring emotional and physical attraction is to people of the same gender." (Teaching Guide, p. 12 and Lesson 2 PowerPoint, Slide 25)</p> <p>"Gay – A person whose enduring emotional and physical attraction is to people of the same gender." (Teaching Guide, p. 12 and Lesson 2 PowerPoint, Slide 26)</p> <p>"Bisexual – A person whose enduring emotional and physical attraction is to people of the same and other genders, or towards people regardless of their gender. (Some may choose to use the word pansexual to be more inclusive)." (Teaching Guide, p. 12 and Lesson 2 PowerPoint, Slide 27)</p> <p>"Queer – An umbrella term referring to individuals who are not heterosexual or cisgender." (Teaching Guide, p. 12 and Lesson 2 PowerPoint, Slide 29)</p>

	<p>“Plus – Used to encompass all other identities that fall under the queer umbrella.” (Teaching Guide, p. 12 and Lesson 2 PowerPoint, Slide 30)</p>
<p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>May teach 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></p>	<p>“The Sexual Response refers to the physical and psychological changes a person experiences when they are preparing to have and engage in sexual activity (of any kind). There are a few different sexual response theories, so to simplify it for your students, we’ll focus just on three key pieces: sexual desire, sexual arousal, and sexual pleasure.” (Teaching Guide, p. 27)</p> <p>“As we explore, stress to students that because humans are complex and unique, this is just a general idea of what happens during the Sexual Response.</p> <ul style="list-style-type: none"> • Sexual Desire – An interest in engaging in sexual activity • Sexual Arousal – When a person becomes sexually excited, and the body prepares for sexual activity • Sexual Pleasure – When sexual activity feels good” (Teaching Guide, p. 27) <p>“What is an Orgasm? Explain to students that a part of sexual pleasure (although not the only aspect) is an orgasm. An orgasm is the peak of sexual pleasure.” (Teaching Guide, p. 28)</p> <p>“An orgasm refers to the intense feelings of pleasure, the release of sexual tension, and the muscle contractions around the genitals in both the male and female bodies. During orgasm, the brain also releases dopamine and oxytocin.” (Teaching Guide, p. 28)</p> <p>“Note that men generally reach orgasm through stimulation of the penis and women from stimulation of the clitoris (internally and externally). Additionally, during an orgasm the penis ejaculates semen.” (Teaching Guide, p. 28)</p> <p>“Explain to students that there isn’t just one way to engage in sexual activity and to experience sexual pleasure. Use the PowerPoint to share the following with students:</p> <ul style="list-style-type: none"> • Masturbation – When a person touches themselves for sexual pleasure. • Sexual activity such as kissing and touching – Sexual activity that is not ‘sex,’ involving touching of another person’s genitals • Sex – The act of two people physically connecting their bodies through genital contact such as vaginal, anal, or oral sex.” (Teaching Guide, p. 28) <p>“Additionally, as the class discusses the sexual response, it’s important to stress the point that the penis and clitoris (not the vagina) are the sexual pleasure centers of the body. This is something that will also be addressed in the lesson reviewing the reproductive systems. However, it’s helpful to begin pointing this out early on.” (Teaching Guide, p. 29)</p> <p>Sexual Response Matching Game: “Directions: 1) Print either page 1 (color) or page 2 (black and white) and a blank game board (page 3) as a singled-sided</p>

document. 2) Cut out the descriptions and body parts and put into a bag. 3) Give each group of students a sheet with blank boxes and a bag of strips of paper.

- **The Brain**

- Sexual Desire: A person becomes interested in engaging in sexual activity
- Sexual Arousal: The brain tells the body to prepare for sexual activity
- Sexual Pleasure: Releases feel-good chemicals like dopamine and oxytocin

- **Vagina**

- Sexual Arousal: The vagina lengthens and expands
- Sexual Arousal: Releases lubrication to reduce friction during sexual activity
- Sexual Pleasure: Muscles contract during an orgasm

- **Clitoris and Vulva**

- Sexual Arousal: Labia majora and minora become engorged
- Sexual Arousal: Lubrication secrets [sic] from the labia major and minor [sic]
- Sexual Arousal: Fills with blood and becomes erect
- Sexual Pleasure: The sexual pleasure center in the female body, contracts during an orgasm

- **Penis**

- Sexual Arousal: Pre-ejaculation releases before an orgasm to make the urethra safe for sperm to travel through
- Sexual Arousal: Testicles swell and the scrotum tightens
- Sexual Arousal: Fills with blood and becomes erect, hardening and extending out from the body
- Sexual Pleasure: The sexual pleasure center in the male body, during an orgasm it will ejaculate sperm” (Lesson 4, Sexual Response Matching PDF)

“**Clitoris** – A highly sensitive erectile structure that is filled with nerve endings. The tip of the clitoris, the clitoris glans, is protected by the clitoral hood, which is visible within the folds of the labia minora; however, the clitoris extends further inside the body. The clitoris provides **pleasure during sexual activity.**” (Teaching Guide, p. 41)

“**Pleasurable:** The experience is fun, connected to your desires, it feels good emotionally and physically, and ultimately brings you satisfaction.” (Lesson 18 PowerPoint, Slide 23)

“As students engage in this lesson, it’s important to remind them that because sexuality is so unique and deeply individual, **what constitutes a meaningful, pleasurable, and healthy experience** will vary greatly from person to person.” (Teaching Guide, p. 99)

“So what does it mean for an experience to be meaningful, pleasurable, and healthy?

- **Meaningful** – the experience connects to and exemplifies your personal

	<p>values, needs, wants, and boundaries and brings meaning to your life.</p> <ul style="list-style-type: none"> • Pleasurable – the experience is fun, connected to your desires, it feels good emotionally and physically, and ultimately brings you satisfaction. • Healthy – throughout the experience you have full autonomy, it doesn't bring harm to your body, and your body is working the way it's supposed to (with a specific focus on the sexual response)." (Teaching Guide, p. 99)
<p>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</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>"Masturbation – When a person touches themselves for sexual pleasure." (Teaching Guide, p. 28)</p> <p>"Masturbation is generally a very interesting topic for students, and they tend to have lots of questions. The most common being, is it healthy and/or 'good' to masturbate. It's important to address this topic head on. Like all sexual activity, masturbation is a private and personal experience that is generally healthy and positive." (Teaching Guide, p. 28)</p> <p>"People may masturbate to release sexual tension, to better understand their body and sexuality, or simply because it feels good. Some may do it often, others occasionally, and some rarely, if ever. It can be a healthy way to understand your body and build confidence in your sexuality, and it can bring sexual pleasure. However, if masturbation becomes a compulsion and is interfering with relationships and responsibilities, it is unhealthy." (Teaching Guide, p. 29)</p>
<p>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</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>"Always use a condom to protect from STIs, even if you are using other forms of contraceptives." (Lesson 8 PowerPoint, Slide 21)</p> <p>"If you have a wooden condom demonstrator, you can also ask students to practice putting on a condom during activity #2." (Teaching Guide, p. 52)</p> <p>"How to Put on a Condom – Print, cut, put into a bag for each group of students...</p> <ul style="list-style-type: none"> • Talk with your partner and mutually decide to engage in sexual activity. • Check the expiration date on the condom. If it's expired, throw it away and get a new one. • Open the condom before sex, do not use teeth or any other sharp object to open it. • Wait until [sic] the penis is erect to put the condom on. Then, hold the tip of the condom and roll it down to the base of the erect penis. If it doesn't roll easily, it may be inside out. Remove and use a new condom. • If necessary, lubricate the outside of the condom with water or silicone-based lubricant (a few drops of lubrication can also be put on the tip of the penis before putting on the condom). • Have oral, anal, or vaginal sex. • After ejaculation, withdraw the penis while it is erect. Hold the base of the condom to keep it from falling off. • Remove the condom and tie a knot on the end to keep the semen inside. Wrap it in a tissue and throw it away." (Lesson 9, How to Put on a

	Condom Cards PDF)
<p>8. PROMOTES PREMATURE SEXUAL AUTONOMY</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 sexually active children to return to abstinence.</i></p>	<p>“Before diving into the lesson, I want to stress that the goal of this lesson is not to impart or promote any particular values on to students. Instead, the purpose of this lesson is to help students learn what sexual values are, examine how they impact sexual health, and to learn how to uncover and identify their personal values.” (Teaching Guide, p. 15)</p> <p>“Sexual values are the personal beliefs and principles defining what is right for a person sexually. Essentially, sexual values are the standards of behavior we view as good and right. Additionally, note that to have enriching experiences, we need to act according to the standards we hold.” (Teaching Guide, p. 16)</p> <p>“I know this can be very confusing for students to understand, so here are a few examples of values related to sexuality and the elements of sexual health that a person may hold (these are not necessarily values I hold, they are just examples):</p> <ul style="list-style-type: none"> • Sex is a deeply personal experience and meant for true connection that should only happen between two people who care deeply for each other. • Each person should be the expert of their own body and know how it works, what it looks like, and how it feels. • Equality and reciprocity are fundamental and MUST be present for healthy and enriching sexual experiences to take place. • Sexuality is a core aspect of a person’s identity and should be focused on and intentionally nurtured through their life. • Healthy dating relationships require respect, care, and kindness from all parties.” (Teaching Guide, p. 16) <p>“After sharing the example, give students time to discuss and explore in pairs or small groups. To help guide the discussion, give each pair/group a printout with the five examples of sexual values and space to write out possible feelings, thoughts, and behaviors associated with the sexual value.” (Teaching Guide, p. 17)</p> <p>“Also explain to students that when it comes to sexual health and trying to enhance sexual well-being, the more a person understands what their values are, the more intentional they can be at making choices that exemplify personal values.” (Teaching Guide, p. 18)</p> <p>“But before people can make intentional choices that connect to their values, they first need to know what their values are. So the next thing to do is to teach students how to uncover their sexual values. Note that sexual values don’t only relate to sexual acts, they relate to all elements of sexual health.” (Teaching Guide, p. 18)</p> <p>“Students can learn how to uncover their sexual values by working through this step-by-step progression. As I mentioned earlier, the purpose of this progression isn’t to share your values, it’s to help students learn how to better know and</p>

understanding [sic] their personal values. With that in mind, here's the step-by-step progression (follow along on the worksheet):

- **Step one** is to do a brain dump of all of your feelings and thoughts about the element of sexual health.
- **Step two** is to take all of those feelings, sort through them, and identify what you view as right or wrong, good or bad, healthy or unhealthy, in terms of whatever element of sexual health you're examining.
- **Step three** is to outline what the ideal engagement/expression of this element of sexual health looks like for your life.
- **Step four** is to define what underlying values (or standards of behavior) are beneath the ideal that you've identified in step three.
- **Step five** outline [sic] why this value is important to you and what it might look like in action throughout your life." (Teaching Guide, p. 18)

"In closing, explain to students that one of the primary goals of this sex ed curriculum is to **teach them how to make values-based decisions**. Values-based decisions refer to making a choice based on what a person innately values rather than on what is easy and popular. It is the key to **intentionally nurturing sexual health** but it is impossible to do if a person doesn't know and understand their personal values." (Teaching Guide, p. 19)

"Essentially, students should understand that the more they know their values, the more they can and will make decisions that bring them joy and happiness. Also, remind them that as they go through life they will need to **define their personal values in relation to all of the layered elements of sexual health** (i.e. identify [sic], body, autonomy, sexuality, relationships, family planning, sexual experiences, etc)." (Teaching Guide, p. 19)

"Students have spent the previous lessons learning about the basics of Sexual Health, sexuality, and sex functioning. As this unit continues, students will take a deeper dive into the various elements of Sexual Health. However, before that journey begins, students are going to pause and **define what optimal (a.k.a. thriving) Sexual Health looks like in their life.**" (Teaching Guide, p. 31)

"After the student discussion, explain that the purpose of this activity is to **help students identify their personal ideal** so they can then judge and determine for themselves how things like using contraceptives, consuming pornography, abstinence, etc. impact their ability to nurture a thriving level of Sexual Health." (Teaching Guide, p. 32)

"Learning how to make **values-based decisions** takes intentional thoughtfulness and practice. Throughout this unit, students will practice this skill by **using the D.E.C.I.D.E. Model...**

- D – Define the Decision
- E – Explore Your Options
- C – Consider the Consequences
- I – Identify Your Values
- D – Decide and Act

- E – Evaluate the Outcome” (Teaching Guide, p. 33)

“Wrap up class by reminding students that for a person to nurture an optimal level of Sexual Health, they need to set a clear standard of living and **make values-based decisions using the D.E.C.I.D.E. Model** in connection to the defined standard.” (Teaching Guide, p. 33)

“Learning Goal: Students will examine valid information to identify **how to access proper medical care for common Sexual Health issues.**” (Teaching Guide, p. 52)

“Also note that abstinence doesn’t have to be forever; you have the autonomy to decide **when and for how long you choose to abstain** from sexual activity.” (Teaching Guide, p. 57)

“The purpose of this lesson is NOT to define if digital relationships and sexting are good or bad. Instead, the goal is for **students to critically assess how digital relationships and sexting influence** their ability to nurture an optimal level of sexual health.” (Teaching Guide, p. 92)

“The goal of this lesson is to give students a simple (and totally customizable) framework for **determining if sexual experiences will be enriching** to their lives.” (Teaching Guide, p. 98)

“Questions to Think About

- What are your **personal values related to sexual experiences**?
- What are some of your boundaries for a sexual experience?
- What types of experiences bring meaning to you?” (Lesson 18 PowerPoint, Slides 14-15)

“What does it mean to you to **have full autonomy of your body and sexuality**? Do you know how your sexual response works? How can you prevent pregnancy?” (Lesson 18 PowerPoint, Slide 17)

“As the class comes to end, take a moment to stress to students that **choosing to consume or not consume pornography is a personal decision**. Stress that like with all aspects of sexual activity it is one that should be thoughtfully considered and ultimately should connect to a person’s individual values, wants, needs, and boundaries.” (Teaching Guide, p. 143)

“Open the lesson by reminding students that like physical health (or any other dimension of health), sexual health is something we all have and that **it’s only with intentionality that a person creates an optimal level of sexual well-being**. After explaining this, stress to students that learning how to think critically and make enriching decisions is the key to nurturing sexual health.” (Teaching Guide, p. 148)

“After this introduction, in pairs or small groups, ask students to **come up with a**

	<p>list of major sexual health decisions people have to make in their life... Here are a few examples of big sexual health decisions:</p> <ul style="list-style-type: none"> • If or when to have kids • When to have sex • Who to have sex with • What type of contraception to use • What type of period management product to use • Whether or not to stay in a relationship” (Teaching Guide, pp. 148-149) <p>“Activity Directions</p> <ul style="list-style-type: none"> • Choose a sexual health scenario to focus on • Answer the prompts on your worksheet related to each step of the D.E.C.I.D.E. Model • Outline how you would make a healthy decision with drawings and descriptions” (Teaching Guide, p. 151)
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</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>“Thriving vs. Surviving: Sexual Health Sort</p> <ul style="list-style-type: none"> • You mostly feel confident and secure in your identity and sexuality and have the freedom to express yourself • You have healthy and positive sexual experiences • You have enriching and meaningful relationships with people who treat you with kindness, love, and respect • You are free to exercise autonomy over how you express your sexuality • You are in control of what happens to your body • You have access to medical information, services, and products to keep your body free of sexually transmitted infections • You have access to medical information, services, and products to choose when and if you would like to start a family” (Lesson 5 PowerPoint, Slides 5-12) <p>“How to Prevent STIs: Use a condom (external or internal) to create a barrier between skin and bodily fluids. Or abstain from all sexual activity.” (Lesson 8 PowerPoint, Slide 18)</p> <p>“How to Be Safe:</p> <ol style="list-style-type: none"> 1. Get tested regularly 2. Treat any infections 3. Be open and honest with your partner 4. Avoid risky behavior 5. Always use a condom” (Lesson 8 PowerPoint, Slide 21) <p>“Wrap up this lesson by highlight [sic] to students that the purpose of learning about abstinence is not to tell students what they can and cannot do or should and should not do. Rather, it’s all about helping students understand that it’s okay and healthy to wait to engage in sex and other sexual activity until they are ready, taking time to know yourself, and learning what you want and how to express your needs and wants. All of which empowers you to exercise autonomy over your sexuality and body and engage in healthy and positive sexual</p>

experiences!" (Teaching Guide, p. 57)

"To **engage in healthy and positive sexual experiences** you need a partner you can trust, talk openly with, and who will honor and support your needs." (Teaching Guide, p. 67)

"When you're in a healthy relationship, the other person not only gives you the freedom to **make choices about your sexuality** and body, but they also encourage and empower you to take ownership of your choices." (Teaching Guide, p. 67)

"To keep your body free of infection, you need to have open and honest communication, trust, and respect with your partner. You need to trust that they are being **honest with you about their sexual choices**, and you must respect each others' methods for contraceptive decisions and STIs [sic] protection. Additionally, you need open communication to discuss any medical concerns you may have." (Teaching Guide, p. 67)

"Before starting class, review the ground rules and the definition of Sexual Health, specifically highlighting the '**meaningful, pleasurable, and healthy sexual experiences**' aspect. As you review, you can explain to them that this element of sexual health relates to **engaging in experiences that enrich their well-being** as opposed to regrettable experiences that diminish well-being." (Teaching Guide, p. 99)

"To help students **better understand what meaningful, pleasurable, and healthy sexual experiences look like** there are two activities you can do (feel free to do one or both):

- Option 1: In pairs, students will come up with specific questions people can ask themselves to help **define what meaningful, pleasurable, and healthy means to them personally**. This would consist of writing a list of possible questions and would be turned in for you to review. They would not answer these questions.
- Option 2: In pairs, students will identify examples in the media of sexual experiences that fit none, some, or all of the meaningful, pleasurable, and healthy criteria. This would be turned in for you to review." (Teaching Guide, p. 100)

"Learning Goal: Students will examine **what makes a sexual experience enriching**." (Teaching Guide, p. 101)

"Give students an opportunity to really think about the decision making strategies a person uses to know if they trust and feel comfortable with a person when **choosing to be physically intimate with them**." (Teaching Guide, p. 129)

"What **aspects of a sexual (or social) experience** make you feel emotionally good?" (Lesson 18 PowerPoint, Slide 16)

10. PROMOTES TRANSGENDER IDEOLOGY

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.

“Sex Assigned at Birth: Based on a person’s DNA and observable genitalia at birth.” (Teaching Guide, p. 10 and Lesson 2 PowerPoint, Slide 12)

“Gender Identity: A person’s internal concept of self as male, female, a blend of both, or neither; can be the same or different than their sex assigned at birth.” (Teaching Guide, p. 11 and Lesson 2 PowerPoint, Slide 14)

“Gender Expression: An external expression of a person’s gender identity; including behavior, clothing, haircut or voice, mannerisms, etc.” (Teaching Guide, p. 11 and Lesson 2 PowerPoint, Slide 15)

“Cisgender – A person whose gender identity is the same as their sex assigned at birth.” (Teaching Guide, p. 11 and Lesson 2 PowerPoint, Slide 19)

“Transgender – A person whose gender identity is different than their sex assigned at birth.” (Teaching Guide, p. 11 and Lesson 2 PowerPoint, Slide 19)

“Non-binary, gender-fluid, gender-nonconforming, gender diverse, genderqueer, and gender creative are also used to describe a person’s gender.” (Teaching Guide, p. 11 and Lesson 2 PowerPoint, Slide 20)

Graphic by:
TSER
Trans Student Educational Resources

The Gender Unicorn

Gender Identity

- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

Gender Expression

- Feminine
- Masculine
- Other

Sex Assigned at Birth

- Female
- Male
- Other/Intersex

Physically Attracted to

- Women
- Men
- Other Gender(s)

Emotionally Attracted to

- Women
- Men
- Other Gender(s)

To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

(Lesson 2 PowerPoint, Slide 10)

11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN

Presents abortion as a safe or

“Learning Goal: Students will understand how to exercise autonomy over their body by **learning how to prevent pregnancy** and the spread of infections.” (Teaching Guide, p. 47)

“After the discussion, use this video to explain what contraceptives are – [link](#).

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.

May encourage the use of contraceptives, while failing to present failure rates or side effects.

Then, use the PowerPoint to review the methods of blocking sperm, disabling sperm, and suppressing ovulation. Additionally, introduce students to a fourth method, behavior.” (Teaching Guide, p. 48)

“Next, students are going to practice the first two steps: Define the Decision and Evaluate Your Options of the DECIDE Model. For each scenario the decision that needs to be made is: **What contraception option is best?**” (Teaching Guide, p. 48)

Scenarios:

1. “Rachel wants to **use a contraceptive without hormones**. What are her options?
2. Olivia wants a **contraceptive that’s easy to manage** and she doesn’t have to remember to take or change on a regular basis. What are her options?
3. Kevin doesn’t want his partner to be the only one responsible for contraceptives. What types of contraceptive options does he have?
4. Russell had a vasectomy to prevent pregnancy but he also wants to prevent STIs. What can he use to prevent STIs?
5. Jessica wants a hormone contraceptive but she **doesn’t want to have to take a pill every day**. What are her options?
6. Jenn wants to make sure she is using the most effect [sic] form of conceptive [sic]. What are the most effective contraceptive options?
7. Justin and Hailey are in a monogamous relationship. They’ve both been tested for STIs and **Hailey has a copper IUD**. How can they prevent STIs?
8. Kate is looking for a contraceptive she doesn’t have to keep paying for. What are her options?” (Lesson 8, D.E.C.I.D.E. Scenarios PDF)

“Optional Learning – If you have access to **samples of various contraception methods**, set up the products at each of the corresponding learning stations (when applicable).” (Teaching Guide, p. 49)

“When students are done, ask them to discuss the following reflection prompts with a classmate:

- What **keeps people from using contraception** when engaging in sexual activity?
- Who should be **responsible for contraception**?
- Where can you get medical care relating to contraceptives and STIs?” (Teaching Guide, p. 49)

“Additionally, I like to point out that while devices like an IUD or Implant my [sic] cost more upfront (thus deterring users), **there is no ongoing cost, they are highly effective**, and health insurance will often cover a large portion of the fee.” (Teaching Guide, p. 49)

“A key element of Sexual Health is having autonomy over your sexuality and body, including being free of infection and disease and being in control of when and if you choose to start a family. **Understanding how contraceptives work and how to prevent infections** is fundamental to achieving these outcomes.”

(Teaching Guide, p. 49)

“Contraception Options

- **Abstinence**
 - 100% effective
 - Free and always accessible; May not prevent STIs; Non-hormonal
- **External Condom**
 - 87% effective
 - Easy to get; Prevents STIs; Non-hormonal
- **Emergency Contraception**
 - 74-99% effective
 - Does not prevent STIs; Non-hormonal or hormonal options
- **Fertility Awareness**
 - 76-88% effective
 - Does not prevent STIs; Non-hormonal
- **Implant**
 - 99% effective
 - Does not prevent STIs; Hormonal; Lasts for four years
- **Internal Condom**
 - 79% effective
 - Easy to get; Prevents STIs; Non-hormonal
- **Intrauterine Device (IUD)**
 - 99% effective
 - Does not prevent STIs; Non-hormonal or hormonal options; Can last for up to 10 years
- **Oral Birth Control Pill**
 - 93% effective
 - Does not prevent STIs; Hormonal; High maintenance
- **The Shot**
 - 96% effective
 - Does not prevent STIs; Hormonal; Lasts for 12 weeks
- **Tubal Ligation**
 - 99% effective
 - Does not prevent STIs; Permanent
- **Vaginal Ring**
 - 93% effective
 - Does not prevent STIs; Hormonal; Lasts for a month
- **Vasectomy**
 - 99% effective
 - Does not prevent STIs; Permanent
- **Withdrawal**
 - 80% effective
 - Does not prevent STIs; Non-hormonal; Not easy to do correct [sic]”
(Lesson 8, Contraception Comparison Chart PDF)

“Discussion questions:

- What things should you **consider when choosing a contraception option?**

	<ul style="list-style-type: none"> • Who should be responsible for contraception? • Where can you get medical care relating to contraceptives and STIs?" (Lesson 8 PowerPoint, Slides 29-31) <p>"The Methods:</p> <ul style="list-style-type: none"> • Block • Suppress • Disable • Behavioral • Surgical (Permanent)" (Lesson 8 PowerPoint, Slide 37) <p>"Do your research – Know your contraceptive options and choose the one that fits your needs." (Lesson 8 PowerPoint, Slide 22)</p> <p>"Once students have a general understanding of what sexual abstinence is, mention that it is also another contraception option. It is the only option 100% successful at preventing pregnancy." (Teaching Guide, p. 56)</p>
<p>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</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>No evidence found.</p>
<p>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</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>"People who receive sex education are more equipped to make healthy choices in the future." (Lesson 1 PowerPoint, Slide 28)</p> <p>"Each and every person has their own unique brand of sexuality and there is no wrong or right way to express their sexuality as long as they are being true to themselves, respecting and loving themselves, and being respectful and kind to others." (Teaching Guide, p. 149)</p>
<p>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</p> <p><i>May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing</i></p>	<p>No evidence found.</p>

<p><i>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>15. REFERS CHILDREN TO HARMFUL RESOURCES</p> <p><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></p> <p><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></p> <p><i>(For more information on how Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigateIPPF.org)</i></p>	<p>Amaze.org video: “Range of Gender Identities – link” (Teaching Guide, p. 11)</p> <p>Note: <i>In this video, two youth teach their grandfather about gender identity and the difference between that and sexual orientation. The grandfather’s traditional views are clearly seen as outdated and in need of correction.</i></p>
<p>For more information on <i>Project School Wellness High School Sex Ed Curriculum</i> see https://www.projectschoowellness.com/.</p>	