

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 ***Racial Justice in Sex Education*** Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 9 OUT OF 15

Racial Justice in Sex Education contains 9 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 online module series supports and reinforces the [National Teacher Preparations Standards for Sex Education \(Second Edition\)](#) developed by the Future of Sex Education (FoSE) and the [Professional Learning Standards for Sex Education](#) developed by the Sex Education Collaborative.” (Introduction)

Target Age Group: Grades K-12

International Connections: Advocates for Youth, Women of Color Sexual Health Network (WoCSHN), Sister Reach

For the more information on *Racial Justice in Sex Education* see: <https://www.advocatesforyouth.org/racial-justice-in-sex-education/>

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, attractions, fantasies or desires.</i>	<p>“Not all sex ed programs are a good fit for communities of color. Sex education programs based on white cultural context are ineffective in meeting the needs of youth of color. This includes programs and sexual health initiatives that solely promote abstinence-only programs, out-of-date evidence-based programs, programs that do not center real voices, and the use of sex education curricula content that is not culturally-relevant. It is important that sex ed be inclusive of all people, be relevant in time and culture, and be comprehensive so that students of color receive all. Again, representation matters! Sex education programs and initiatives should accurately represent the communities and schools they are trying to reach.” (Module 2)</p> <p>“The front of the cards represent the five constructs of sexuality in reference to the <i>Circles of Sexuality</i> model developed by Dr. Dennis Dailey (1981).” (Module</p>

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.

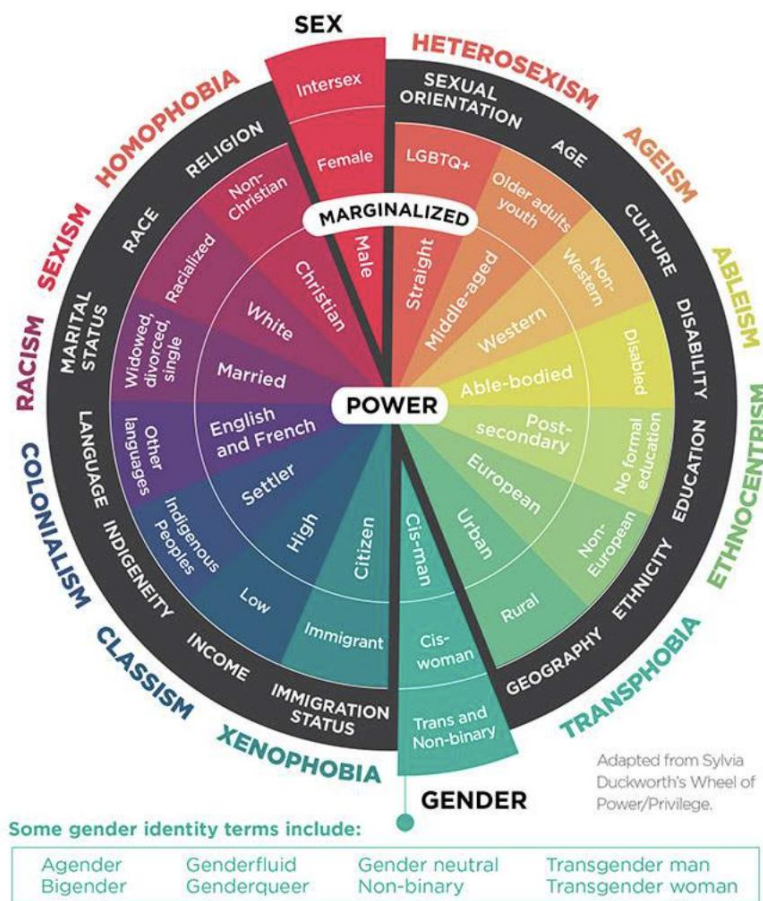
	<p>9)</p> <p>“During a sex education lesson, a teacher is discussing different forms of contraception and their effectiveness. The teacher explains that condoms are one of the most effective methods for preventing sexually transmitted infections (STIs), and encourages all students to use them consistently. One student, who is a person of color, feels uncomfortable with the discussion and starts to withdraw. Later, the teacher notices the student’s hesitancy and approaches them to ask if everything is okay. The student expresses feeling uncomfortable discussing sex and STIs because they always hear that People of Color are more likely to have STIs. The student, (visibly frustrated) states ‘I don’t understand why people who look like me are the ones who are most likely to get an STI.’” (Module 9)</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.</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 “consent” to sex.</i></p>	<p>No evidence found.</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>No evidence found.</p>
<p>4. PROMOTES HOMOSEXUAL/BISEXUAL BEHAVIOR</p> <p><i>Normalizes or promotes acceptance or exploration of diverse sexual orientations,</i></p>	<p>“Sex ed should be inclusive of all students, regardless of their race, gender, sexuality, or other identities. Educators can work to ensure that their sex ed curriculum is accessible and relevant to all students, and that it includes information on diverse sexual experiences and identities.” (Module 6)</p>

<p><i>sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.</i></p>	
<p>5. PROMOTES SEXUAL PLEASURE</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 active children.</i></p>	<p>“Sex education is not only about risk-reduction or risk elimination like supporting the reduction of STIs and reducing instances of unplanned pregnancy. It also includes advocating for and teaching about safe and pleasurable experiences with agency and bodily autonomy. Teaching young people about agency and bodily autonomy gives them the tools needed to make informed decisions about their reproductive and sexual health, including their choice to be celibate or practice abstinence.” (Module 5)</p>
<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>No evidence found.</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</i></p>	<p>No evidence found.</p>

<p><i>or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.</i></p>	
<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>“Reproductive Justice values include, but are not limited to:</p> <ul style="list-style-type: none"> • Justice • Dignity • Equity • Cooperation • Safety • Empathy/Non-Judgement • Self-Determination • Bodily Autonomy • Love” (Module 5)
<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>“I am 17 and have been dating the same person for about 6 months. I really like them, and we have been talking about having sex. They are willing to use a condom to protect us against STIs and HIV, but I would like to use a birth control method. Which methods last a long time and are private, I don’t want anything I have to take every day. How could I get it?” (Module 3)</p>

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.



The image of the Power and Privilege Wheel. This version is adapted from Sylvia Duckworth's initial model.

(Module 2)

“People of color are not in decision-making positions. The Women of Color Sexual Health Network (WoCSHN) ‘creates opportunities for inclusion and retention of people of color – **with a focus on women and gender expansive people of color** – in the fields of sexuality, sexual science, and sexology and challenges the white supremacy these fields were built upon.’ Organizations like WoCSHN are critical to dismantling the systems of oppression in sex ed to promote a culture of equity.” (Module 2)

“**Trans youth** report greater incidences of experiencing bullying and verbal harassment, physical assault in schools.” (Module 3)

“In the article, ‘**LGBTQ People of Color** Encounter Heightened Discrimination,’ author Lindsay Mahowald highlights data from a national survey by the Center for American Progress (CAP). The survey speaks to the heightened levels of discrimination experienced by LGBTQ people of color in a variety of settings that include health care. The report provided information about the interactions between trans people and health care professionals. It also included the following data:

- 68% of **trans people of color** reported negative or discriminatory

	<p>treatment from a doctor or health care provider compared to 27% of white trans people who reported the same.</p> <ul style="list-style-type: none"> • 28% of trans people of color had a doctor refuse to see them compared to 8% of white trans folks who responded the same. • 29% of trans people of color reported that doctors used harsh or abusive language while treating them compared to 8% of white trans people. • 38% of trans people of color reported that a doctor was rough or physically abusive compared to 5% of white trans respondents.” (Module 6) <p>“Acknowledge and validate students’ diverse identities. By acknowledging and validating the identities of your students, you also create a safe and inclusive environment that validates their lived experiences. This can help students feel seen, heard, and valued in their learning environment.” (Module 6)</p> <p>“Additionally, it is important for sex educators to review their lessons from an equitable lens. If curricula are not inclusive of all identities and experiences, that include the needs of youth of color, it is a microinvalidation that results in feelings of exclusion and marginalization. It is important for sex education programs to be mindful of these issues and to take steps to create a safe and inclusive learning environment for all students.” (Module 8)</p>
<p>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</p> <p><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></p> <p><i>May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>“Reproductive and women’s health: The access to birth control and abortion is restricted or denied for millions of people with the capacity to give birth.” (Module 3)</p> <p>“Reproductive rights are about the legal right to contraception, abortion, fertility treatment, reproductive health, and access to information about one's reproductive body. Reproductive rights secure people’s freedom to decide about their body’s capacities to (not) reproduce.” (Module 5)</p> <p>“The Reproductive Justice: Part 1 video concluded by saying Reproductive Justice is:</p> <ul style="list-style-type: none"> • food security • gender identity • accessible abortion • disability justice • racial justice • environmental justice • immigration justice • economic justice” (Module 5) <p>“Scenario: Catalina identifies as a 16-year-old, Afro-Latina girl who is a recent immigrant to the United States. She comes from a conservative Catholic family and feels uncomfortable talking about sex and sexuality. Although she's uncomfortable, she really wants to learn about birth control and protection so that she can make informed choices about her sexual health.” (Module 6)</p>

	<p>“In a high school sex education class, the teacher is discussing the topic of contraception. The class includes several students of color, including a few Black and Latinx students. As the teacher explains different types of birth control, she makes the following comment: ‘IUDs are a great option for people who want long-term protection against pregnancy. They’re especially popular among Black and Latinx women, who have higher rates of unintended pregnancy than white women.’ The Black and Latinx students feel slightly uncomfortable and singled out by the teacher’s comments, which imply that their racial and ethnic identities are linked to their reproductive health outcomes. They don’t say anything during class, but the comments stay with them and make them feel as if their identities are being stereotyped and stigmatized. After class, they approach the teacher and explain why her comments were hurtful and inappropriate. The teacher is surprised by their reaction and says that she was just trying to provide context for the information she was sharing and becomes defensive.” (Module 8)</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>“Reproductive rights consist of three broad categories of rights:</p> <ul style="list-style-type: none"> • Rights to reproductive self-determination, • Rights to sexual and reproductive health services, information, and education, and • Rights to equality and nondiscrimination.” (Module 5) <p>“Sex education is a resource that helps young people gain access to information and services. Therefore, it is imperative that students in K-12 schools receive sex education that is developmentally and age-appropriate beginning in kindergarten. Sex education that is evidence-informed and culturally-relevant helps to increase positive reproductive and sexual health outcomes that can improve the quality of young people’s lives. Sex education is fundamental to the attainment of reproductive justice. Reproductive justice demands that schools provide students with comprehensive reproductive and sexual health education.” (Module 5)</p> <p>“Student-centered learning (SCL) allows students to be co-creators in their educational experience. Young people enter their classrooms with knowledge and experiences that have shaped their worldviews. By creating SCL environments, educators have opportunities to center the voices and experiences of BIPOC youth which moves the needle to establishing racial equity in the classroom.” (Module 10)</p> <p>“Stores placing condoms in locked glass display cases, creating additional barriers to availability and purchasing condoms in socioeconomically-distressed areas. In the article, ‘Barriers to Purchasing Condoms in a High HIV/STI-Risk Urban Area,’ researchers discussed the how stores place condoms behind lock and key, underneath the front counter, or in other areas that lack visibility. To read more, click the hyperlink above for access to the article.” (Module 3)</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>No evidence found.</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 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>No evidence found.</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</i></p>	<p>"Race Forward: https://www.raceforward.org/" (Module 1)</p> <p>"Reproductive Justice (RJ) organizations like SisterSong and SisterReach define reproductive justice as a 'human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.' It is grounded in Black feminist theory and human rights that centers the right to dignity, self-determination, and autonomy." (Module 5)</p> <p>"Reproductive Justice is Racial Justice! We invite you to read the article, Sex Ed is a Vehicle for Racial Justice, published by SIECUS: Sex Ed for Social Change to consider how this comprehensive view of reproductive justice is linked to sex education." (Module 5)</p> <p>"Supplemental middle and high school lessons in the Rights, Respect, Responsibility (3Rs): A K-12 Sexuality Education Curriculum were developed to address racial and reproductive justice in sex education classrooms." (Module 5)</p> <p>"How is hair discrimination linked to sexuality and sex ed? (Hint: Think about the Circles of Sexuality model developed by Dennis Dailey)." (Module 8)</p>

www.WaronChildren.org and
www.InvestigatePPF.org)