

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 *Teen Talk Peer Education Manual* *(Canada)*

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 15 OUT OF 15

Teen Talk Peer Education Manual contains **15 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: “We work to decolonize the delivery and information of our workshop topics: sexuality, sexual & reproductive health, mental health, body image, anti-oppression and diversity, substance use awareness, communication, and dating relationships, including anti-violence.” (p. 4)

Target Age Group: 14-18

Sexual Education Resource Centre MB, Clinic Community Health 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>	“We believe that sexuality can be a good part of life. You have the right to experience your sexuality in your own way throughout life. We aim to be inclusive of a range of sexual experiences, expressions, activities and identities.” (p. 7) “Sexuality is a huge part of our lives! ” (p. 14) “ All human beings can be sexual beings , even if we are not having sex or have no interest in sex at all. Sexuality is about who we are, what we believe, our rights, gender, our bodies, our spirit, relationships, feelings and our choices. Everything from what we wear to who we have crushes on can be included in our sexuality.” (p. 14)

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.

SEXUALITY WHEEL



(p. 14)

“Many of us are not used to thinking about **infants, teens or elders being sexual**, but it is a fact of life that we must look at. Traditionally we are taught that human sexuality is a sacred gift from the Creator. Sexuality begins as soon as we are born and we continue to be sexual beings until the day we draw our last breath.” (p. 15)

“People have **different values** about things like sexuality, gender, sexual orientation, birth control, pregnancy options, and **the ‘right’ age to have sex.**” (p. 15)

“Sexual Expression refers to the **variety of ways people express their sexuality**, including how they flirt, their appearance, behavior, the kinds of sexual activities they like to participate in, etc.” (p. 29)



(p. 39)



(p. 47)

2. TEACHES CHILDREN TO CONSENT TO SEX

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.

Note: “Consent” is often taught under the banner of sexual abuse prevention.

“Consent: You have the right to say ‘yes’ to kiss, touch, make out or have sex if you want to (and your partner wants to).” (p. 17)

“Consent means having a conversation to make sure both people are **willingly saying yes to a sexual activity**. Sexual activity includes sex, kissing, hugging, making out, cuddling, or touching someone’s body in a sexual way. It’s important to ask someone before touching them.” (p. 62)

“When your partner is using non-verbal cues (looks, body language etc.), use them as a way to start a conversation. For example, if they are looking at your lips, or leaning in to be kissed you could say ‘do you want me to kiss you?’

Asking for consent can be fun! It can help to figure out ways to talk about consent that feel comfortable for you. It can be more complicated than just asking or saying ‘yes’ or ‘no.’” (p. 62)

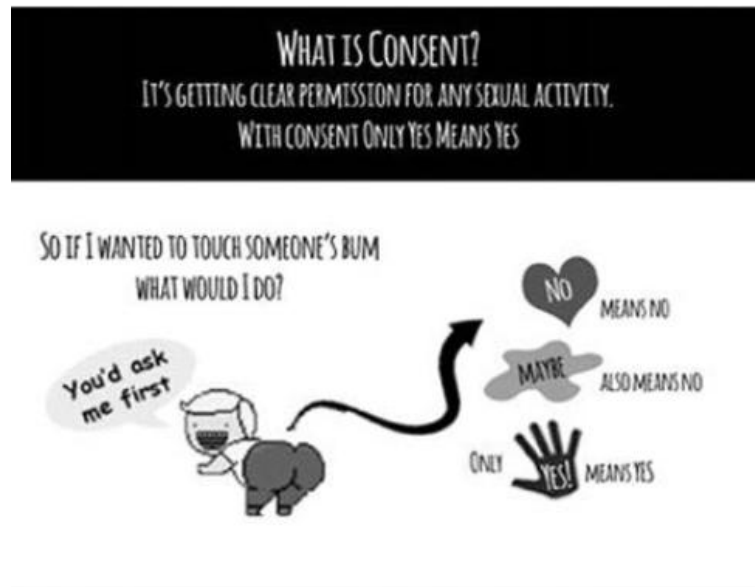
“Here are some **ways to ask in the heat of the moment**. But don’t forget talking about it when you’re not half naked is always better.

- May I _____?
- May I touch _____?
- May I kiss _____?
- May I put my _____?
- Are you into this?
- How are you feeling?
- What would you like me to do?
- I think it’s hot when my partner does _____ to me.
- What do you like?
- Would you like it if I _____?
- Where do you see this going?
- What should I look for if you start to shut down?” (p. 63)

“What are two ways that **you would like to be asked for consent**? What are two ways you could ask for consent?” (p. 65)

“Age of Consent – The age: You have the right at the **age of 16 or older to consent to sex with anyone**, as long as the person is not in a position of power or authority over them (no teachers, coaches, doctors, or bosses etc.). Exceptions: A 14- or 15-year-old can consent to sex with someone who is no more than 5 years older. A 12- or 13-year-old, can say ‘yes’ to sex with someone who is no more than 2 years older.” (p. 65)

“You have the right to choose whether or not you want to engage in any kind of sexual activity, and that includes sexting. Consent means that **you have to ask before sending a sexy (or nude) pic or text to someone.**” (p. 66)



(p. 222)

“Sexting: Sending sexy messages or pics is **ONLY okay if everyone involved is okay with it.**” (p. 235)

Note: Sexting by minors is illegal in Canada.

13. PROMOTES ANAL AND ORAL SEX

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.

“Anus: The anus is behind the vulva. This is where poop comes out. It has a lot of nerve endings, so **it can feel good if used for sexy time.** Adding lube to anything being put into the anus (**like a sex toy or penis**) can increase pleasure and prevent anal tissues from tearing. Anything put in the anus needs a way of getting it back out (like a base or a string), so that it doesn't go too far up into the body.” (p. 49)

“Sex dams can be **used for oral sex:** mouth or tongue on clitoris, vulva, vagina, anus or testicles.” (p. 82)

“If **using the anus or mouth for sex**, a healthcare provider may do a gentle swab of the mouth or anus with a long Q-tip.” (p. 93)

4. PROMOTES HOMOSEXUAL/ BISexual BEHAVIOR

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

“You have the right to have crushes on, date, like, love or **have sex with anyone of any gender you choose**. You have the right to claim, explore and express your sexual orientation. You also have the right to have your identity be respected.” (p. 17)

“**Sexual orientation** refers to a person’s emotional, romantic and/or sexual attraction to others. Sexuality is complex and attraction can look very different for everyone. Categories are commonly used to understand our attraction, but aren’t always inclusive or representative of the large variety of expression that make up human sexuality. Language about sexuality is constantly changing, growing and evolving and we all continue to grow with it and learn together. **All sexual expressions are important and valid!** Some terms that can be helpful in understanding sexual orientation are:

- **Asexual:** a word to describe a spectrum of people who generally do not feel sexual and/or romantic attraction or desire to any group of people.
- **Aromantic:** a person who generally does not feel romantic attraction or desire to any group of people.
- **Bisexual:** a person who is attracted to more than one gender.
- **Demisexual:** a person who only feels sexual attraction to people with whom a close emotional bond has been formed.
- **Demiromantic:** a person who only feels romantic attraction to people with whom a close emotional bond has been formed.
- **Gay:** most often used for men who are attracted to men, though also often used for people who are primarily attracted to the same gender.
- **Gray-asexual:** a person who experiences sexual attraction but either not very often or only to a minimal extent.
- **Gray-romantic:** a person who experiences romantic attraction, but either not very often, or only to a minimal extent.
- **Heterosexual:** a person who is attracted to people of a different gender than their own.
- **Lesbian:** a woman who is attracted to women.
- **Mono-sexual:** a person who is attracted to one gender.
- **Pansexual:** a person who is attracted to multiple genders.
- **Polysexual:** a person who desires intimate partnerships with more than one person.
- **Polyromantic:** a person who is romantically attracted to multiple genders.
- **Queer:** this term has been reclaimed as an inclusive umbrella term to describe many different kinds of sexual orientations, genders and/or those whose sexual identity or activities place them outside of the mainstream. Some people use queer for themselves as a political statement against the oppression to which they have been subjected and/or because it’s a broader, umbrella term.
- **Questioning:** for some, the process of exploring and discovering their sexual orientation. They may be seeking information and support during this stage of identity development.” (pp. 28-29)



(p. 30)

“Celebrate your Sexuality!

- My sexual orientation is:
- My favorite things about my sexual orientation:
- I am thankful for my sexuality because:
- My favorite ways to express my sexuality are:” (p. 31)

5. PROMOTES SEXUAL PLEASURE

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.

“Exploring and learning about our own bodies can help us feel more confident and comfortable in them. This can help us develop a positive sexuality as well as **positive and pleasurable sexual experiences** or relationships with ourselves and others.” (p. 38)

“Due to tons of nerve endings in this small spot, the clitoris is very sensitive and when **stimulated through touch, oral sex, sex toys**, etc., people can feel a lot of pleasure, to the point of **orgasm**.” (p. 46)

“Vaginal Opening: The opening that leads to the vagina inside the body. It is generally closed (which means the sides are touching each other), it is very elastic and can open up to fit things inside, **such as fingers, sex toys**, menstrual supplies such as tampons or diva cups, **penises**, and some types of birth control.” (p. 46)

6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION

While masturbation can be part of normal child development, encourages masturbation at young ages, which may make

“You have the right to explore your body and what feels good to you! **Masturbating** – touching yourself for sexy pleasure – **is perfectly healthy and normal**. Respecting a partner’s rights to pleasure means talking together about what feels good.” (p. 18)

“Fun things to do if you don’t want to have sex! ...**Masturbating each other; Watching each other masturbate**” (p. 60)

<p>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.</p>	<p>“Quick Tip: Masturbation! Touching and rubbing your own genitals (Clitoris, Vagina, Penis, etc.) can feel good. This is called masturbation. Some people also use sex toys during masturbation. People of any age may choose to masturbate or not to masturbate. Both choices are safe and normal. Masturbation should be done in a private place. It can also be a great way to get to know your own body and what you like, and can also relieve stress!” (p. 60)</p>
<p>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</p> <p>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.</p>	<p>“Condoms act as a barrier so that genital fluids do not swap to prevent pregnancy if people are having penis-vagina sex as well as to prevent STI’s [sic] if people are having any kind of sex (anal, oral or vaginal). This is because sperm and STIs cannot pass through condoms. (See ‘condoms’ section later on in the chapter for more info.)” (p. 71)</p> <p>Note: <i>Condoms are not 100% effective in preventing HIV transmission.</i></p> <p>“Here are some more tips:</p> <ul style="list-style-type: none"> • Get what you need! You have the right to birth control and condoms no matter what. If anyone is questioning you, you could say it is for a friend, cousin etc. • If getting condoms, pick up as much as you can when you go if it’s possible – so you don’t have to keep going back. • Find ‘stand-ins’ – people that can pick up stuff for you.” (p. 76) <p>“There are a couple types of condoms: One that goes on a penis or sex toy, one that goes in a vagina or anus (internal condom), and sex dams, which are used for oral sex with a clitoris, vulva, bum or testicles.” (p. 77)</p> <p>Note: <i>The internal condom is not approved for anal sex.</i></p> <p>“Things to look for on a condom package:</p> <ul style="list-style-type: none"> • Check the expiry date! Always check the expiry date, regardless of where you got your condoms. If it’s expired, it could break! • Look for rips/holes. If there are any, it’s not a good idea to use the condom because it could be damaged. • Check the write-up on the packaging. It should say something like, ‘If used properly, it will help protect against pregnancy, STIs and HIV.’” (p. 77) <p>“What kind is it? Is it latex? Is it lubed or non-lubed? Flavored? Water-based lube can be added to non-lubed as well as lubed condoms for anal or vaginal sex. Lube helps reduce friction so the condom will be less likely to break and can make sex more comfortable. Flavored condoms are often used for oral sex with a penis (mouth on penis).” (p. 77)</p> <p>“Gently open the condom. It may come out of the package inside out. Take a look at it; is the ring on the inside or the outside? If the ring is on the inside, the condom can’t roll down onto the penis or sex toy. Flip it around by blowing in it.</p>

If someone tried to put a condom on a penis the wrong way it could have pre-ejaculate (pre-cum) on it. In that case, throw it away and use a new one. If the ring is on the outside of the condom, it's all good!" (p. 78)

"Roll the condom down once and **pinch the tip before putting the condom on a penis or sex toy**. This pinches out the air, so the condom doesn't break during sex and the semen has somewhere to go. (Note: One of the reasons why condoms break is because there is air in the tip). Give the condom a three-finger-pinch (thumb and first two fingers). 'Pinch an inch,' not just the tip." (p. 78)

"Whenever sex stops, for whatever reason, **hold onto the base of the condom and the penis or sex toy and remove both from the partner**. A penis loses its erection after ejaculation happens, so it's important to hold onto the base of the condom and the penis before pulling out so that the condom doesn't slip off into or onto the other person's body. Take the condom off away from your partner's genitals (not on top of them). Throw the condom in the garbage. Condoms are one time use only, and condoms should not be washed, reused or flushed down the toilet." (p. 79)

"Recap – Putting a condom on correctly:

- Check the package & open it.
- Make sure it's the right way up.
- Pinch an inch!
- Keep pinching the tip with one hand, while rolling the condom down with the other.
- Roll it down all the way." (p. 79)

"Internal Condom (for a Vagina or Anus): Internal condoms can be **inserted into a vagina or anus** and used for protection from STIs if having any kind of vaginal or anal sex, or to prevent pregnancy if having penis-vagina sex. They are made out of polyurethane and are safe to use if someone is allergic to latex." (p. 80)

"This type of condom can be **put in up to 8 hours before sex happens!** This might give someone more control in making sure a condom is used. Since the internal condom hangs outside of the body a bit, it protects the outer area more from STIs that are spread from skin to skin contact (such as herpes or genital warts). They can cost about 3 for \$12 in a store/pharmacy, but **they might be free at some Teen Clinics and health centres**, but we would advise calling ahead to ask before going." (p. 80)

"Inserting the condom in a vagina:

- Step 1: Get into a position that is most comfortable for you and take the condom out of the package. Grasp the ring inside the condom and squeeze it between your two fingers.
- Step 2: While squeezing the ring, **insert it into the vagina and push it further in with your fingers back to the cervix**. The inner ring will sit by the cervix and keep the condom in place.

- Step 3: The opening of the condom will rest out of the vagina and vulva. Insert your fingers inside and straighten it out in case it is twisted in there. Voila! You did it! Add water-based lube inside the condom and on the outside of the condom **for more fun and extra pleasure!**
- Make sure the **sex toy or penis is going inside the condom** (especially when changing positions). When sex is over, twist the outside of the condom clockwise to close (so no fluids spill out) and then pull it out of the vagina. Throw it in the garbage; internal condoms are one time use only.” (p. 80)

“Inserting the condom in an anus: If using it for anal sex, remove the inner ring and place the condom on the sex toy or penis. Add lube inside and a lot on the outside of the condom to make it more comfortable and pleasurable! **Insert the penis or sex toy (with condom on) into the anus to insert the condom in the anus.** (You can also just use a finger to insert the condom in the anus.)” (p. 81)

“Sex dams can be used for oral sex: mouth or tongue on clitoris, vulva, vagina, anus or testicles. They help to protect from getting or passing STIs. It’s a rectangular sheet of latex that acts as a barrier between your mouth and the other person’s body part. You can make them out of condoms! They are available at some Teen Clinics and Health Centres (call ahead to make sure) and can often be **purchased online or at ‘adult shops’**. You can also make your own from free condoms! For more info about Teen Clinics, go to the Resources Chapter!” (p. 82)

“How to make sex dams:

- With scissors: Get a non-lubricated/flavored condom. Cut the tip off the condom. **Cut through the side of the condom.** Open it up into a rectangular square and you have your very own sex dam!
- With your hands: Get a non-lubricated/flavored condom. Unroll the condom all the way down. Tear the ring off the condom **using your nails or teeth.** Tear the condom down the side but stop tearing right before the tip! You should now have a rectangular sheet of latex to use!” (p. 82)

***Note:** We tried following these instructions for turning a male condom into a dental dam and found that this should not be promoted to young people as a sufficient way to prevent the spread of STIs during oral sex. A condom is very difficult to cut as it is made from a stretchy material that is usually covered in sticky lubricant. Tears from the scissors were common, and the final product was a misshapen semi-rectangle that is significantly smaller than a traditional dental dam.*

“The dam can be gently & loosely held in place (don’t stretch it too much) **by the person receiving the oral sex or the person giving it.** The point is to keep your fluids on one side and your partner’s fluids on the other side. If the dam is twisted or dropped, just make or use another one. Adding some lube in the side of the dam that’s going to be touching the person who is receiving **can make it more pleasurable.**” (p. 82)

	<p>“Safer Sex: If people are having any kind of sex, condoms and sex dams are the only things that can be used to prevent STIs. If using sex toys, not sharing or using new condoms for each person can prevent STIs. To learn more about condoms and sex dams, including how to use them correctly, check out the Safer Sex Chapter!” (p. 91)</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>“Sexuality Rights! You are free to make choices about and express your sexuality in ways that feel good to you.” (p. 16)</p> <p>“How do you know if you’re ready for sex? Deciding to have sex is a very personal decision. Check in with your mind, heart, body and asking yourself the following may be helpful:</p> <ul style="list-style-type: none"> ● Head: Thinking – Why do you want to have sex now?... ● Heart: Feeling – Are you scared, nervous or excited? How would you want to feel if you are ready to have sex?... ● Hands: Doing – How would your body feel if you are ready?” (p. 59) <p>“A sexual health plan involves answering important questions like ‘what types of sexual activities, if any, am I comfortable with for myself?’ or ‘in what context do I want to have sex?’” (p. 68)</p> <p>“At this point in my life, engaging in sexual activity with a partner(s) is a good decision for me. Yes___ No___ Maybe___</p> <p>Key factors to consider:</p> <ul style="list-style-type: none"> ● How ready I feel ● Circumstances and context ● My values, including religious values if relevant ● My parents’/guardians’ values if relevant ● Do I have the information and resources necessary to protect myself from or treat an STI? To prevent pregnancy if I don’t want to be pregnant? (if penis-vagina sex) If not, where could I access this information and/or those resources? ● Do I know what I’d do if I got pregnant? (if penis-vagina sex)” (p. 68) <p>“At this point in my life, I feel comfortable having sex in the context of:</p> <ul style="list-style-type: none"> ● Casual relationships ● Dating ● A monogamous relationship (only dating or sex with each other) ● A non-monogamous relationship (dating or sex with other people) ● Marriage” (p. 69) <p>“At this point in my life I’m comfortable with:</p> <ul style="list-style-type: none"> ● Not engaging in any partnered sexual activity ● Touching (e.g. heavy petting, mutual masturbation, etc.) ● Oral sex, giving and/or receiving (mouth / tongue on clitoris, vagina, penis, etc...) ● Vaginal sex using sex toys

	<ul style="list-style-type: none"> ● Penis-Vagina sex ● Anal sex using sex toys ● Penis-Anus sex ● Vagina-Vagina sex” (p. 69) <p>“I believe that I have the information and resources necessary to plan how to:</p> <ul style="list-style-type: none"> ● Talk to a partner about the importance of safer sex, like using condoms and sex dams ● Use condoms or sex dams every time I have sex ● Take the necessary steps to have safer sex if I wish to not use condoms or sex dams during sex with a trusted partner (i.e. to discuss both partners getting tested and agreeing to be monogamous) ● Make sure I have access to and can use effective birth control or contraception if I have penis-vagina sex ● Get tested for an STI, and get treatment if necessary ● Get tested for pregnancy if necessary ● Deal with an unintended pregnancy.” (p. 69)
<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>“Vagina: A tunnel of muscle usually around 3-4 inches in length from the vaginal opening to the cervix... If an orgasm or climax happens, more fluid can come out... Things can go in a vagina, like menstrual supplies (tampons, cups), fingers, birth control, sex toys, and penises.” (p. 48)</p> <p>“Things to talk about before sex:</p> <ul style="list-style-type: none"> ● Consent: Ask, Listen, Respect! ● Boundaries: ‘What I like and don’t like’ ● Condoms, sex dams (Prevent STIs and HIV) ● Contraception (Birth Control for penis-vagina sex) ● Sexually Transmitted Infections Testing: Have we been tested recently? ● What if pregnancy happens (if penis-vagina sex): What option (abortion, adoption or parenting) would I choose? The person who is pregnant gets to decide which option is best for them. ● Expectations: What does this mean for your situation?” (p. 58)



(p. 60)

“Abstinence is the safest way to prevent STIs, HIV and pregnancy. Abstinence means not having sex where fluids could pass between people, or the skin on genitals can rub together. **There are many fun and sexual things people can do**, see the above list, and make your own list too!” (p. 60)

“However, someone may not know if they have an STI or not if they haven’t been tested. This is why it’s important to get tested regularly, talk about STI testing **with every sexual partner** and use barriers like condoms and sex dams. STIs are passed through **unprotected vaginal sex, anal sex and oral sex** (mouth on genitals).” (p. 88)

“Talking with **each and every sexual partner** about condoms, STI testing, STI status (if you have an STI or HIV), and how to **share the responsibility of protection** is an important part of STI prevention and having healthy relationships.” (p. 91)

“Ways to prevent from passing or getting HIV:

- **Use a new condom** each time for anal and vaginal sex.
- Use lube – It helps make sex feel good and prevents friction, cuts and tears during sex.
- Choose activities with a **lower chance of passing HIV**, such as oral sex, mutual masturbation and hand jobs.
- Use condoms and change them between each person **when using sex toys.**” (p. 98)

10. PROMOTES TRANSGENDER IDEOLOGY

Promotes affirmation of and/or exploration of diverse gender identities. May teach children

“Feminist: We recognize that all girls, women, **two-spirit, trans and non-binary** people in our society are treated unfairly because of power imbalances and inequality. We aim to talk about and take action to address sexism and all forms of oppression.” (p. 6)

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.

“We celebrate and support sexual and **gender diversity.**” (p. 7)

“You have the right to **live as the gender(s) you know yourself to be.** You have the right to claim, explore and express your gender identity in ways that feel good to you. You also have the right to have your gender be respected.” (p. 17)

“What’s the **difference between sex and gender?** ‘Sex’ means the body parts between our legs and our reproductive organs (like penises, testicles, vaginas, vulvas, ovaries, etc.). ‘Gender’ is more about who we are, how we understand ourselves, and how we express ourselves.” (p. 19)

“Society often **assigns babies a gender** based on what kind of body parts they have at birth. For example, if a baby is born with a penis, they are called ‘male’ and if they have a vulva, they are called ‘female.’” (p. 19)

“In **the gender binary,** it is assumed by parents, doctors, teachers, systems, etc. that sex and gender always match and are always male or female. We know it’s actually way more complex than that! **Gender identity is actually who we feel we are** and what we think about our own gender. In truth, there are many gender identities.” (p. 19)

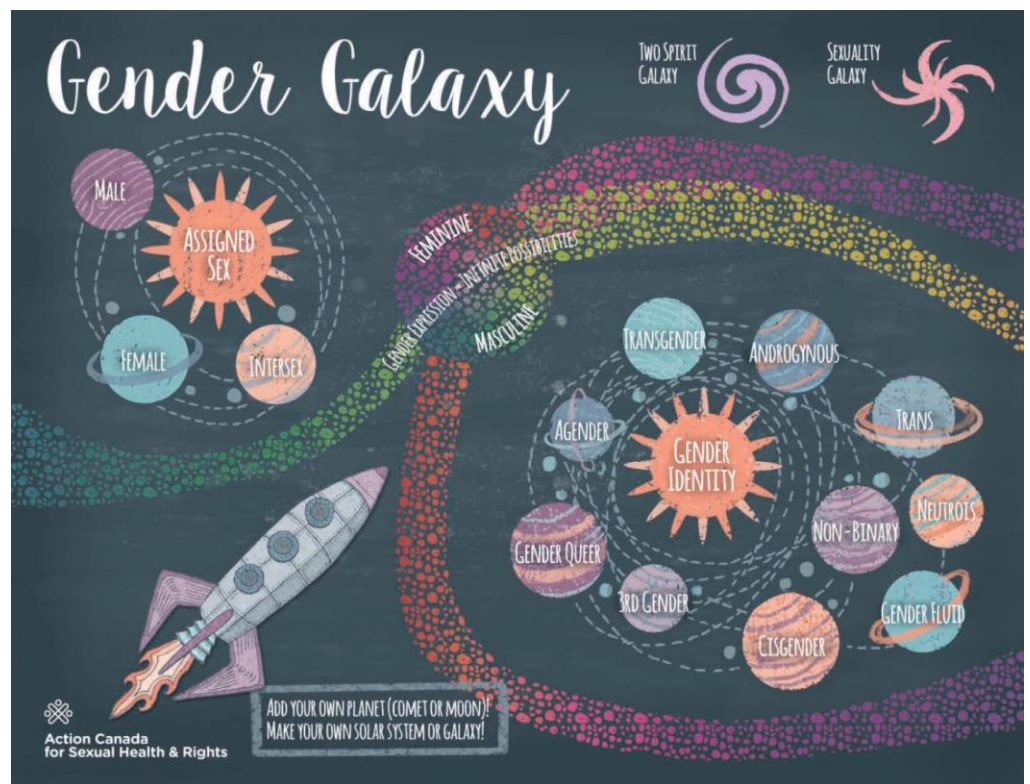
“Categories and labels are often used to understand gender, but aren’t always inclusive or representative of the countless expressions that make up human gender identities. Language about gender identity is constantly changing, growing and evolving and we all continue to grow with it and learn together. **All gender identities are important and valid!** Some terms that can be helpful in understanding gender identity are:

- **Agender:** people who identify as not having a gender or being genderless.
- **Androgynous:** a person whose gender expression and/or identity is between, across, or outside the binary and/or does not conform to gender norms.
- **Cisgender:** a person whose gender identity is the same as the one they were assigned at birth based on their sex. For example, a person who is born with a penis and identifies as a man.
- **Gender fluid:** someone who moves between and beyond the gender binary and whose gender identity and expressions may vary over time.
- **Neutrois:** a term used by some who identify as gender neutral.
- **Non-binary, Gender Queer:** umbrella terms used by people whose gender and/or expression does not conform to the socially constructed gender binary (man/woman).
- **Third/3rd gender:** an umbrella term to describe people who exist outside of the gender binary. For some people it means the construction of a new gender.
- **Transgender:** a person whose gender identity is different than what was assigned at birth based on their sex. For example, a person who has a vulva and does not identify with being a woman. There are many ways of being transgender or trans. Some people may identify with parts or both

sides of the binary, or neither. Some people may alter their body through hormone therapies or surgeries, others may not.” (pp. 19-20)

“Make a picture that **represents how you like to express your gender** to the world! You can create an accurate reflection of your current style, or make something that represents your gender expression goals, or even freestyle with images and colors that inspire you!” (p. 21)

“The term **‘two-spirited’** was developed in 1990 at a North American and First Nations gay and lesbian conference in Winnipeg. It acknowledges the gender inclusiveness of Indigenous cultures and the balance between the male and female spirit, or **‘those who walk between genders.’** This term aligns with many Indigenous cultures and allows individuals who identify with this term to represent their traditional culture. Before colonization, two-spirit individuals in some nations were recognized as having the special responsibility of carrying two spirits and this was considered a gift.” (p. 22)



(p. 24)

“How to respond if **someone comes out to you**:

- Thanks for telling me, I know it can be hard sometimes to let people know.
- Awesome!
- It’s great that you are (lesbian, gay, bisexual, or two-spirit... whatever they say!) or it’s **okay that you want to explore your gender** outside of what other people expect of you.
- What can I do to support you?
- What **name and pronouns do you want me to use** for you? (if they come

out as trans or non-binary)

- Is there anything else you want to talk about?
- Do you want help finding information, resources, or to connect with other 2STLGBQ+ folks? We can do that together!” (p. 26)

“Five positive ways to **be a trans ally**:

1. **Accept** that people have the right to define their gender, regardless of assigned sex.
2. **Respect** people’s gender identifications, pronouns, and names.
3. **Challenge** anti-trans and sexist remarks, jokes, and comments through personal conversations.
4. **Listen** to the stories of people who are trans to better understand their experiences.
5. **Say** that you’re a trans ally and why.” (p. 27)

“Puberty can start for **people with vaginas** anywhere between 8 to 17 years of age and is mainly caused by the hormone estrogen. Puberty can start for **people with penises** between 10 and 17 years of age and is mainly caused by the hormone testosterone.” (p. 39)

“Puberty as a **Transgender or Non-Binary person**: For transgender or non-binary people, experiences of puberty can vary from person to person just like with any gender identity. Some transgender or non-binary people prevent certain puberty changes that don’t fit with their gender identity **using hormone blockers** if they have not started puberty yet. If someone is interested in this, they would need to talk to a doctor or health professional about it. A Teen Clinic or the GDAAY clinic in Winnipeg would be good places to start.” (p. 41)

“It can be helpful to call or email ahead or ask specific questions an initial [sic] visit to find out if a health care provider will give you the Trans-competent care you deserve. You might feel more comfortable doing this with a trusted support person. Some starting questions that might be helpful for you to learn more about their quality of care include:

- How many trans clients have you worked with, and for how long?
- What has most informed your practice with trans people?
- What is your experience, and what are your policies and practices regarding referring trans people for surgeries and other treatments?
- Will anything affect my ability to obtain hormones or surgeries from you?
- If you are not currently aware of trans health care needs/issues, are you willing to consult medical guidelines established by the Transgender Health Information Program to provide appropriate trans health care?” (p. 42)

“Anatomy (external): **body with a vagina**” (p.46)

“Masculine & feminine gender roles are reinforced and other gender identities are often missing. **This is transphobia.**” (p. 200)

**11. PROMOTES
CONTRACEPTION/ABORTION TO
CHILDREN**

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.

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

“Pro-choice: We support the right of any person who can get pregnant **to choose and have full access to abortion**, adoption, and parenting. We give accurate, non-judgmental information and resources about all options.” (p. 7)

“A pregnant person has the **right to choose abortion**, adoption or parenting.” (p. 16)

“**Contraception**: (Also known as birth control) refers to a variety of methods used to prevent pregnancy from happening if people are having penis vagina sex.” (p. 71)

“**Hormonal methods**: Some people use hormonal methods for reasons other than preventing pregnancy, such as to help regulate the menstrual cycle or to reduce acne and menstrual cramps. Hormonal methods are (so far) only made for people with a uterus. They are things like the **pill, patch, ring, needle and hormonal IUD** (see chart on following pages for more detailed information).” (p. 71)

“The **Copper IUD**: It is neither a hormonal nor a barrier method. It’s a very small T-shaped device with a bit of copper that is inserted into the uterus through the cervix and can stay in there for up to 5 years. It prevents pregnancy because the copper makes the sperm not be able to move and prevents the egg from attaching to the lining of the uterus.” (p. 72)

“The **Emergency Contraceptive Pill** (ECP, often called ‘The morning after pill’): You can take ECP after unprotected penis-vagina sex to prevent a pregnancy from happening. It is a large dose of hormones that acts really quickly to prevent a pregnancy. It’s most effective when used within 24 hours. ECP is recommended for up to 72 hours but can sometimes still be effective up to the fifth day.” (p. 72)

“In Winnipeg, **Plan B is available at Teen Clinics** for free and at pharmacies without a prescription. It can cost anywhere from \$28 at Wal-Mart to \$42 at Shoppers Drug Mart. If someone wants to access ECP outside urban areas, encourage them to call the health centre, nursing station or hospital ahead and ask if they have it in stock, and if they can come to get it.” (p. 72)

Contraceptive Methods & Information				
Method	Correct Use	Possible Side Effects	Advantages	Disadvantages
Pill	Take orally every day at same time.	Nausea, headaches, spotting, moodiness for first 3 months. Small increased risk of blood clots.	May make periods regular, shorter, lighter, less painful, and reduces acne.	Possible side effects, must take every day. Prescription required, no STI protection.
Patch	Wear on skin and change once a week.	Same as the pill as well as skin irritation where patch is worn.	Same as the pill. Only have to change it once a week.	Possible side effects, patch is visible and peach colored, prescription required no STI protection.
Ring	Insert in vagina to the cervix at the end. Change monthly.	Same as the pill, as well as increased vaginal irritation.	Same as the pill. Only have to change it once a month.	Possible side effects must be comfortable with putting things in vagina, prescription required, no STI protection.
Needle (Depo-Provera)	Go to a clinic to get it every 12-13 weeks.	Headaches, weight changes, irregular / reduced periods, bone density loss, can delay return of fertility.	Makes periods lighter and eventually takes period away. Only get a needle every 12/13 weeks. Can use if can't use estrogen methods.	Possible side effects, must be comfortable with needles, have to go to a clinic every 12/13 weeks.

(p. 74)

Hormonal IUD	Clinician inserts into uterus. May leave in for 3-5 years.	Light spotting / irregular periods, abdominal pain, and rare risk of headaches, acne and sore breasts.	Makes periods lighter and may eventually take period away. Can last 5 years. Can use if can't use estrogen methods.	Possible side effects, must be inserted / removed by a clinician, insertion may be uncomfortable and may have some risks.
Copper IUD	Clinician inserts into uterus. May leave in for 3-5 years.	Heavier periods with increased cramping.	Can last up to 5 years. No hormones being put in body, so no hormonal side effects.	Possible side effects, must be inserted / removed by a clinician, insertion may be uncomfortable and may have some risks.
Penis Condom	Put on erect penis before having sex.	None.	Only have to use during sex, no prescription, no side effects, free / inexpensive, protects from STI's.	Penis must be fully erect, must check periodically during sex to ensure it's still on.
Internal Condom	Insert in vagina before having sex.	None.	Only have to use during sex, no prescription, no side effects, non-latex, protects from STI's, can put in before sex.	Must check periodically to make sure it hasn't been pushed inside.

(p. 75)

“Abortion is a **safe, free and legal** medical procedure to end a pregnancy.” (p. 110)

“**Surgical Abortion:** The abortion procedure involves opening the cervix a few millimetres and removing the contents of the uterus with a thin, soft, straw-like tube attached to a device that creates a gentle suction. Next, they sweep the lining of the uterus with an instrument that has a small metal loop at the end and then repeat the suction one more time.” (p. 110)

Note: “The contents of the uterus” withdrawn during a surgical abortion are the recognizable, dismembered body parts of a deceased preborn baby.

“**Medical abortions** are available for people who are up to 8 weeks pregnant. A

	<p>medical abortion ends pregnancy by using two different types of medication: mifepristone and misoprostol. It is like an induced miscarriage.” (p. 110)</p> <p><i>Note: The life of a preborn baby is ended in a medical or chemical abortion when effects of the abortion pill cut off oxygen and nutrients to the fetus or embryo. The mother can suffer severe bleeding and other complications from this procedure.</i></p> <p>“Abortions are very safe and complications are very rare.” (pp. 110-111)</p> <p>“Remember, you have the right to have an abortion if you choose. Nobody should force you to have one or stop you from having one, including nurses, doctors, and others in your community.” (p. 112)</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>“You have a right to learn about and take care of your body. You have a right to accurate, non-judgmental information, resources and support to help you be sexually healthy! You have the right to safer sex supplies (like condoms, sex dams, gloves, birth control, etc.). You have the right to be tested for STIs, HIV and pregnancy without judgment. You have a right to receive support about your options if a test is positive.” (p. 16)</p> <p>“Teen Talk is pro-choice, which means we believe that:</p> <ul style="list-style-type: none"> • People have the right to make choices regarding birth control, pregnancy and pregnancy options for themselves. • People have the right to decide what happens with their own bodies and lives. • Everyone has the right to accurate, non-judgmental information about all three legal pregnancy options.” (p. 104) <p>“Resource lockers: Create a locker in your school where people can get free safer sex supplies, pads and tampons, and information.” (p. 248)</p> <p>“There’s no limit to the amount of things you can do with the skills, information and resources you learned in peer education training. Here are some ideas:</p> <ul style="list-style-type: none"> • Make awareness posters, or have a poster contest! • Get the word out about issues and events by making announcements at school or on community radio stations... • Give out free condoms and info about teen clinics. • Offer to go to a teen clinic with someone who’s nervous to go alone. • Show how to put on condoms and make sex dams. • Start or join a group like a GSA (Gay-Straight Alliance) or peer education group at your school.” (p. 249) <p>“We are here to support you in all your peer education related activities! We can give you supplies like safer sex supplies and resources to give away. We can support you in talking with teachers/parents/administrators about peer education and planning any in-school activities you want to run. We can connect you to other community resources and volunteer opportunities. We can</p>

	<p>also sign volunteer hour sheets for school or be a reference on job or school applications. Let us know if there is some way we can support you!” (p. 262)</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>“It’s the Thunderbird’s job to be heard, to shake things up and it has incredible powers of transformation. Youth & Teenagers have similar qualities to this sacred being as it’s their job to question the rules, to shake up the household, to use their voice and be heard. Youth have the power to transform the world.” (p. 3)</p> <p>“Decolonization: We recognize that our shared history on this land has meant Indigenous peoples are mistreated in order to make life better for the white people that colonized this land, and their ancestors. We aim to decolonize by talking about our roles in this history, and by recognizing and celebrating Indigenous land, knowledge, resistance and strength.” (p. 6)</p> <p>“This chapter is about celebrating and honoring diversity in yourself and all human beings, as well as acknowledging, learning about and challenging discrimination and oppression.</p> <ul style="list-style-type: none"> • Discrimination: Discrimination means treating people badly or unfairly based on who they are or parts of their identity. • Oppression: Not individual acts of discrimination, but systems and societal values that take power away from some groups of people, while at the same time making life easier for others (those who have privilege and power). • Privilege: Some people can have an easier time or advantages in life that others don’t just because of their identity, the family or place they were born into, or because they don’t have to deal with discrimination. • Colonization: It’s impossible to talk about discrimination and oppression without talking about colonization (part of the history of this Land). It is the root of many different types of discrimination that exist in our society today.” (p. 172) <p>“You have the right to non-judgmental healthcare free from homophobia, transphobia, fatphobia, racism, etc.” (p. 174)</p> <p>“Colonization is the process by which Europeans stole this Land we now call Canada from the Indigenous Peoples who lived here for thousands of years, as well as the attempt to assimilate and erase them and their culture. It began with the racist idea that Indigenous peoples are ‘less than’ European people. These violent ideas were used so that the European settlers and their descendants would not question the abuse and discrimination used on Indigenous peoples while taking resources from their Land. Systems of colonization such as the current education, legal, social and medical systems with their colonial racist ideas still exist.” (p. 182)</p>
<p>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</p> <p><i>May instruct children they have</i></p>	<p>“Confidentiality: You have the right to privacy. Anything shared during the training is confidential, including contact information, etc.” (p. 10)</p>

<p><i>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>“Teenagers can get an abortion without the consent of a parent or guardian, although some doctors may ask for it. Women’s Health Clinic can arrange appointments that do not require parental permission. No doctor is allowed to notify anyone of any medical procedure without that person’s consent.” (p. 111)</p> <p>“Will my parents be told? Teen clinics are confidential. Legally they cannot tell anyone, including parents/guardians if, when or why you were there.” (p. 270)</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.InvestigatelPPF.org)</i></p>	<p>“For more information:</p> <ul style="list-style-type: none"> • 2-Spirited People of Manitoba (Winnipeg, Man) www.twospiritedmanitoba.ca • Native Youth Sexual Health Network (NYSHN) www.nativeyouthsexualhealth.com is an organization by and for Indigenous youth that works across issues of sexual and reproductive health, rights, and justice.” (p. 23) <p>“Some people also use chest binders to bind down breasts. Using a chest binder can reduce or eliminate gender dysphoria and distress for some. People can buy these online and some community organizations may also help someone access them like the Rainbow Resource Centre or Queer People of Color (QPOC) in Winnipeg. For more info, check them out in the Resources chapter.” (p. 41)</p> <p>“There are supports & health care providers available for Trans or Non-Binary youth and youth [sic]. These include:</p> <ul style="list-style-type: none"> • Youth programs like Peer Project for Youth at Rainbow Resource Centre: 204-474-0212 or 1-855-437-8523 (outside of Winnipeg). rainbowresourcecentre.org • Health Care Practitioners at Teen Clinics or the GDAAY clinic. www.teenclinic.ca • Mental health supports through counselling. (See resources chapter)” (p. 41) <p>“Finding a Pro-choice Clinic: You have a right to non-judgmental support and information about all 3 pregnancy options. How do you know a clinic, doctor or nursing station is going to give non-judgmental & accurate information about unplanned pregnancy and your options? Here’s a quick checklist of what you should look for:</p> <ul style="list-style-type: none"> • Offers clear supportive information on all three legal options – abortion, adoption, and parenting and does not take a stand that one option is better than the others. • Listens to your concerns and answers all your questions. • Does not impose value judgments and does not try to talk you out into [sic] or out of any particular option. • Clearly says that they will refer you to abortion services and answers questions about abortions or referrals in a straightforward, non-judgmental manner.

- Informs you that the choice on all three options - abortion, adoption, and parenting - is up to you.
- Gives information and referrals for counseling on birth control and preventing sexually transmitted infections.
- **Does not use words like ‘crisis’ or ‘distress’** in their agency names.
- Has a clear confidentiality policy.” (p. 108)

“In Winnipeg, **abortion services can be accessed at:**

- Health Sciences Centre Women’s Hospital (204.787.3661)
- Women’s Health Clinic Portage (204.477.1887)
womenshealthclinic.org/what-we-do/abortion” (p. 111)

“Women’s Health Clinic

Call Gio 204-947-2422 ext. 108

Volunteers in the Birth Control & Pregnancy Counselling program work one on one with clients to give pro-choice, feminist, non-judgmental support and information about sexual health including birth control, pregnancy options, STI/HIV, sexuality and relationships. A 60 hour training is held twice a year in spring and fall. You will need to have a conversation with Gio before the training, which will help you decide if you are ready and a good fit for the work done in this program.

womenshealthclinic.org” (p. 261)

“Rainbow Resource Centre

204-474-0212 Ext. 204

volunteer@rainbowresourcecentre.org

The Rainbow Resource Centre provides support, education programming and resources to the 2STLGBQ+ community. They have a number of volunteer positions.

rainbowresourcecentre.org/volunteering” (p. 261)

“Street Connections: 204-981-0742

Clean injection supplies like needles, swabs, and spoons; inhalation supplies for safer crack use (stems, screens, and mouthpieces); **free condoms, lube, and safer sex information.** Public Health Nurses provide a number of health services.

streetconnections.ca” (p. 269)

“Teen Clinics: Find one close to you at teenclinic.ca

Teen clinics offer **free and confidential health/medical services and are only for youth ages 12-21.** Some will see older youth. Each Teen Clinic has their own age limits, check the teen clinic finder for information at teenclinic.ca. Teen clinics are located in schools or community health centers throughout Manitoba.” (p. 270)

“QPOC (Queer People of Colour): Strives to create safer spaces where Queer and Trans People of Colour feel represented, respected and inspired. Free chest binder program for 18+ or with parent/guardian present. (Using a chest binder can reduce/ eliminate gender dysphoria and distress.)

gpoc-international.com” (p. 272)

“Like That, Sunshine House: 204-783-8565

646 Logan Ave. at Sherbrook

A space where people **exploring gender and/or sexual identity** can gather at Sunshine House for fun, skill building and recreation. Like That is open every Monday & Wednesday from 6:30-8:30pm.

sunshinehousewp.org” (p. 273)

“Sexuality, Gender and Sexual Health:

- **Sexuality Education Resource Centre:** Info and resources about sexuality and sexual & reproductive health. serc.mb.ca
- **Native Youth Sexual Health Network (NYSHN):** An organization by and for Indigenous youth that works across issues of sexual and reproductive health, rights and justice. nativeyouthsexualhealth.com/
- **Sexual Health & Rights:** 24 Info Line 1-888-642-2725 – Information on pregnancy prevention, pregnancy options (abortion, adoption, and parenting). sexualhealthandrights.ca
- **Teen Health Source:** A sexual health information service run for and by youth. teenhealthsource.com
- More sexuality info: scarleteen.com, sexetc.org, sexualityandu.ca, irespectmyself.ca, youthco.org, calgarysexualhealth.ca” (p. 278)

For the complete text of *Teen Talk Peer Education Manual*:

<https://drive.google.com/file/d/1pdjGJBhTpHhWtgM8veVRh5f9Gijp5IPR/view?usp=sharing>