

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

All4You!

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 15 OUT OF 15

All4You! 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: This program is intended for use in alternative high schools. “The primary goal of All4You! is to reduce the number of students who have unprotected sexual intercourse, which is associated with increased risk of HIV other STD and unplanned pregnancy.” (p. vii) Though this program makes mention that the safest behavior is abstinence, its focus is obviously on teaching safer sex behaviors. Students are encouraged to set their own sexual limit, and then they are taught how to stick to those limits by negotiating condom use and other sexual scenarios.

In the research study done on *All4You*, the program’s author, Karin Coyle, was the principal investigator. This shows a conflict of interest against this study and the claim that this is an evidence-based program.

Target Age Group: Ages 14-18

Planned Parenthood Connections: None found

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<p>1. SEXUALIZES CHILDREN</p> <p><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</i></p>	<p>Students participate in an activity where they speak with each other and sign index cards. Signing someone’s card usually represents having sex with that person. (p. 58)</p> <p>“Educator Note: This activity recreates the interaction in a social network. It helps participants understand how easily STD can be transmitted within a group if safer sexual behaviors aren't practiced. It can be a sensitive activity. For example, some participants might be HIV-positive or have family members with HIV. Others might worry that classmates will wrongly identify them as having STD or HIV. Remind students that the activity is just an exercise to help</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.

discussion of sexual experiences, attractions, fantasies or desires.

them see how transmission of STD could move through a group or community. It is not intended to identify anyone personally and should not be used to tease anyone in the group.” (p. 58)

Students discuss when one should be tested for STDs. Answers should include:

- “If a partner is infected
- If you **have unprotected sex**
- If you have sex with someone who has other sexual partners
- If you are **having sex with someone who injects drugs**, or has done so in the past
- If someone **trades sex for money or drugs**” (p. 61)

“Educator Note: During this lesson in the original research project for *All4You!*, students watched a video clip in which **a couple intends to have sex but doesn't have a condom** and discussed what the couple should do. Look for a brief segment in an educational video about HIV/STD **or a popular music video** that shows a couple in this situation.” (p. 76)

“In our first lesson, we played a game that helped us learn more about the behaviors that put people at risk for HIV infection. We also talked about which behaviors were ‘safer.’ When we talk about these things, **you may get the feeling that we're saying that everything sexual is risky. But that's not actually the case.** There are lots of ways to show love and affection without putting yourselves at risk for HIV, other STD and unintended pregnancy.” (p. 84)

“You might have thought of **other sexual, intimate or romantic behaviors that aren't included on these cards.** I'd like you to **work in your groups to come up with some additional behaviors** we can put on our continuum.” (p. 85)

HIV Risk **Green Light Behaviors:** “Oral sex on a guy with a condom; Self-masturbation; Wet kissing; Dry kissing; Massage; Showering together; Romantic conversation; Choosing not to have sex at present; Never had sex; Having ‘dry’ sex – clothes on, no exchange of semen, blood, vaginal secretion; Flirting; Sexual fantasy; Hugging; Having sex with only one uninfected person without a condom.” (pp. 96-98)

HIV Risk **Yellow Light Behaviors:** “Sex with a condom; Mutual masturbation; Having sex with multiple partners and using a condom.” (pp. 95-98)

HIV Risk **Red/Yellow Light Behaviors:** “Oral sex without a condom; Anal sex with a condom; Having sex with a person who injects drugs and using a condom; Having unprotected sex with a woman who is having sex with other women.” (pp. 95-98)

HIV Risk **Red Light Behaviors:** “Sex without a condom; Anal sex without a condom; Having sex with multiple partners and not using a condom; Having unprotected sex with a person who injects drugs; Having sex without a

condom with someone who has had multiple partners; Having unprotected sex with a man who is having sex with other men; Having sex without a condom while on the pill or with a woman who is on the pill; Group sex without condoms/ barriers; Having sex with someone you love, without a condom; Having sex while drunk or high; Having sex without a condom with someone you've just met online." (pp. 95-98)

"Rory is the **first and only person Tanya has had sex with**. Tanya worries that Rory is messing around, but she doesn't bring it up because she doesn't want to lose him." (p. 205)

"Sharen is 15 years old ... **She sells sex for money when she has to**. Her boyfriend, Percy, is 17 years old. He loves to party. **Percy has been sexually active since he was 11 years old**, and he has a 3-year-old child. They just started having sex, but they have never talked about each other's sexual history. Percy has had herpes for 2 years." (p. 207)

Situation A: "Clayton is going out with Robin. He wants to talk about using condoms because he is worried about STD, HIV infection, and pregnancy. Clayton knows **Robin has had other boyfriends and wants to protect himself**. Robin is already on the pill." (p. 245)

Students give advice in response to the following text: "Drank too much at a party last wkend & **woke up nxt to a total stranger**. He looked healthy. How can I find out for sure?" (p. 279)

Students give advice in response to the following text: "**Had sex few mos ago** & just fnd out the guy did drugs in past. A LOT. Maybe w needles. Now I'm terrified I got infected w/something. What should I do?" (p. 279)

Role play scenario: "You go back to your partner's house after a party. No one is home. You begin kissing, touching and undressing each other. The last time you had sex, you and your partner talked about getting protection." (Student Workbook, p. 17)

Role play scenario: "You and your partner have been together for 4 months. Every time you're together, you have a great time. You are at a small party. Most of the other couples have gone to other rooms – **probably to get down**. Your partner says, 'I love you,' and **leads you to a bedroom**. You start kissing, holding and touching each other. Things are moving fast. You aren't ready to take it that far right now." (Student Workbook, p. 18)

Role play scenario: "You are at a party with your best friend, DJ, and see that he is getting close with a really fine woman. **He tells you they are going to the bedroom**. You know that he doesn't have any condoms. You also know he's had too much to drink to ask her if she has one. Convince him to **wait until he's sober to continue this relationship**." (p. 27)

Role play scenario: "Loretta's close friend Mo is **thinking about having sex**

	<p>with a new guy. She does not think she should be concerned about using condoms. She thinks if she asks him to use a condom, she'll lose him. Encourage her to use a condom.” (p. 28)</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>Core component of the program: “Skills, including refusal/negotiation and condom use skills” (p. ix)</p> <p>“...ideas and concepts around consent are evolving. Some institutions have adopted policies that emphasize affirmative consent, or ‘yes means yes,’ and are moving away from a ‘no means no’ perspective. This affirmative consent approach encourages partners to communicate openly about their wishes and boundaries, both prior to and during sexual interactions.” (p. 8)</p> <p>“Instruction on boundaries and respecting another person's NO – both verbal and nonverbal – regardless of perceived clarity can be included to help young people understand the two-way nature of consent, and the importance of honest and respectful communication between friends and potential partners.” (p. 8)</p> <p>“Activity 6.3 Purpose: To review and demonstrate characteristics for effectively communicating about sexual decisions.” (p. 138)</p> <p>“You can't expect others to know how you feel if you don't say it directly. For the rest of the class, you'll be talking about and practicing ways to talk with your partners to let them know you either don't want to have sex, or you don't want to have unprotected sex.” (p. 139)</p> <p>“Effective use: With firm voice and arms crossed, say, ‘I'm not ready to have sex right now,’ or, ‘I won't have sex without a condom.’” (p. 140)</p> <p>“Example of saying it strong: With firm voice say, ‘I'm not ready for sex right now’ or ‘I won't have sex without a condom.’” (p. 155)</p> <p>“Example of telling why: ... ‘I would feel a lot safer if we had the right protection.’” (p. 155)</p> <p>“Lesson 10 Objectives: Identify ways to bring up the subject of using condoms with a partner; Demonstrate interpersonal skills for communicating about using condoms in sexual situations” (p. 227)</p> <p>Situation B: “Carlos and Yvonne are in his living room with the lights down low. They are starting to get physical. Yvonne has just started to tell Carlos that she wants to use a condom, and he is beginning to get angry. Carlos does not want to use a condom because he thinks sex doesn't feel as good with one. Yvonne wants to use one because she respects herself, and her health is important to her. Yvonne needs to convince Carlos that sex can be just as pleasurable with condoms.” (p. 247)</p> <p>Situation C: “Lee and Reggie have been sexually active for a while. They've had</p>

	<p>sex without using any protection. Lee just finished a program called <i>All4You!</i> and has been thinking about both of their past sexual lives. Now Lee wants to use condoms, but knows Reggie is stubborn and gets jealous. Lee worries that asking to use condoms might make Reggie angry or make Reggie think Lee is cheating. Lee also worries that Reggie might find a new partner. But Lee is really worried about having sex without protection and decides to try to convince Reggie they should use condoms." (p. 249)</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>"What are two behaviors that put people at risk of getting HIV? Having sex (vaginal or anal) without using a condom ... The risk of getting HIV through oral sex is much lower than that of anal or vaginal sex. However, many other STDs can also be passed through oral sex. Condoms can help prevent transmission of HIV and other STDs during oral sex." (p. 34)</p> <p>"What are 3 ways HIV can be transmitted from one person to another? Vaginal, anal or oral intercourse ..." (p. 37)</p> <p>"How do people get sexually transmitted disease? Look for the answer 'by sexual contact.' Clarify that this includes sexual intercourse (vaginal, oral, anal), as well as close physical contact, such as body rubbing." (p. 53)</p> <p>"Let's go over again the behaviors that can lead to HIV infection. What are they? Look for these answers: Having unprotected sex (vaginal, anal or oral intercourse without a latex condom) with someone who has HIV." (p. 81)</p> <p>"Oral sex without a condom: Red/Yellow Light (Risk of transmission of HIV is much lower for oral sex than for vaginal and anal sex...)" (p. 95)</p> <p>"Oral sex on a guy with a condom: Green Light" (p. 96)</p> <p>"Anal sex without a condom: Red Light" (p. 96)</p> <p>"Anal sex with a condom: Red/Yellow Light (Condoms are more likely to break during anal sex)" (p. 96)</p> <p>"However, if you choose to have sex (vaginal, anal or oral), slipping into a condom is an important step to staying safe." (p. 236)</p> <p>Students give advice in response to the following text: "My grlfrnd and I haven't had sex, but we've fooled around a lot. Naked. If we don't have vaginal or anal sex, are we still safe?" (p. 279)</p> <p>"To be safe, use condoms during oral sex on a man. You can use a plastic barrier or dental dams during oral sex on a woman." (p. 282)</p>
<p>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</p> <p><i>Normalizes or promotes</i></p>	<p>"Remember, in all relationships, including male/female and same-sex relationships, both partners have the right and the responsibility to be equally involved." (p. 81)</p>

<p><i>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>“Educator Note: Over the course of the roleplay activities, students will be in a position where they must roleplay sexual pressure situations with classmates of both a different and the same gender. This may be awkward for teens who are sensitive to the suggestion of same-sex romance, for teens who identify as gay or lesbian, or for teens who are transgender or gender nonconforming. It's important to address this situation directly and proactively.” (p. 144)</p> <p>“Joseph is 16 years old ... He uses multiple drugs, and sometimes uses injection drugs. He’s sexually active. He’s bisexual. He’s afraid he has HIV.” (p. 209)</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>“Condom Excuse: I don’t enjoy sex as much with a condom – it doesn’t feel as good. Response: Let's try some different kinds of condoms – maybe some will make you feel even better.” (p. 253)</p> <p>“Condom Excuse: It’s a turn-off. If we stop to put on a condom, I’ll lose my erection. Response: I'll help you put the condom on; that will take care of it. I'm confident I can get you right back to where we were. Besides, isn't sex with a condom better than no sex at all?” (p. 253)</p> <p>“Condom Excuse: They’re uncomfortable. Response: Let's have fun experimenting until we find some we both like.” (p. 253)</p> <p>“Condom Excuse: I don’t have a condom with me right now. We can use one next time. Response: Then let's make each other feel good without sex this time.” (p. 254)</p> <p>“Use condoms as part of foreplay. For example, people could unwrap a condom and put it on a partner, or hide a condom somewhere on their own bodies.” (p. 274)</p> <p>“Tell a male partner that using a condom can make sex last longer. Then test that theory.” (p. 274)</p> <p>Advice given to teen whose boyfriend is reluctant to use condoms: “Have you tried different kinds? Making condoms part of foreplay and turning each other on?” (p. 281)</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</i></p>	<p>“Self-masturbation: Green Light” (p. 96)</p> <p>“Mutual masturbation: Yellow Light” (p. 96)</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.

7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS

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.

Core component of the program: "Skills, including refusal/negotiation and **condom use skills**" (p. ix)

Lesson 8 materials needed: "Latex condoms for student practice, **2 per student** plus extras; **Containers of water-based lubricants**, 1 per pair" (p. 174)

"Now, you'll do a pair activity to create a list of DOs and DON'Ts that you could give to Herman **so he knows how to use his last condom**. Your lists will be like the instructions that could go in a box of condoms." (p. 188)

"After the condom has been removed, roll it over your hand and arm to show students how strong latex is (**and how condoms will fit over any sized penis**)." (p. 190)

"Review the following essential information before having students practice steps for proper condom use:

- **Condoms can stretch and fit different sized penises.** (Stretch a condom up your arm.)
- Condoms should feel comfortable and fit snugly at the base. **The condom should unroll all the way to the base of the penis** and stay there." (p. 190)

Condom Practice worksheet:

- "Check the condom package for expiration date and FDA approval for STD prevention.
- Open the condom package. Be careful not to tear the condom.
- Make sure the condom is right side out. Check by unrolling the condom a little over two fingers to see if the tip of the condom naturally sticks out.
- Then unroll the condom over the index and middle finger of your other hand. **Unroll the condom all the way down to the bottom of your fingers.**
- (When actually using a condom...) After ejaculation, hold the condom around the base. **Gently pull the penis out of the partner's body while it is still erect.**
- Take the condom off carefully so the semen doesn't spill. Roll it off starting at the base of the penis.
- Dispose of the condom in the trash. Never reuse a condom." (Student Workbook, p. 24)

	<p>Students participate in a condom relay race to review the steps of using a condom. “The Group A person will talk the Group B person through the steps of using condoms. Group B team members will have to pick a condom out of the basket and follow the directions given by their teammate. You will unroll the condom over the Peer Leader's fingers so you have both hands to use for following the condom use steps. Once each pair finishes, they run to the back of their respective lines and the next members of the team do the same thing... The first team to finish is the relay champion.” (pp. 271-272)</p> <p>“Remember to roll, not pull, the condom down the penis. After ejaculation, be sure to withdraw the penis before the loss of erection.” (p. 272)</p> <p>“I'd like you to work in pairs to come up with two ideas on how to make condoms more enjoyable and write them down on a card.” (p. 273)</p> <p>“If you and your partner are having sex now or you have sex in the future, and you agree to use condoms when you have sex, you've made a great decision for yourselves! This is a choice that will protect your health, now and in the future. Celebrate with a special treat. Buy some different condoms together. You'll have fun thinking about trying them out and deciding which ones are your favorites!” (p. 275)</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>“Where are 2 places young people can get condoms? Clinics; Drug stores; Grocery stores; Online” (p. 39)</p> <p>“Teens of all ages can buy or receive condoms.” (p. 39)</p> <p>“How old does a person have to be to buy condoms? There is no age requirement for buying condoms. Teens can buy them legally anywhere they are sold.” (p. 39)</p> <p>“The best way to prevent an STD is to choose not to have sex and to avoid genital contact. For people who choose to have sex, condoms can reduce the risk of some STDs.” (p. 64)</p> <p>Lesson 3 Objective: “Identify their own responsibility in making safer sex choices.” (p. 75)</p> <p>“Educator Note: This is an excellent opportunity to address myths students may have about HIV risks and transmission. If there is some disagreement, you can also point out that this is a good reason for people to talk with their sexual partners before having sex.” (p. 85)</p> <p>“Lesson Six Objective: Demonstrate interpersonal skills to maintain their personal limits in sexual situations.” (p. 133)</p> <p>“Pick your limit. Decide what you are going to do to stay safe from HIV, other STD and unintended pregnancy. For example, you might choose to wait until</p>

	<p>later to have sex, or to use condoms if having sex.” (p. 139)</p> <p>“For people who do choose to have sex, condoms can reduce the risk, but they must be used properly every time.” (p. 271)</p> <p>At the end of the program, students choose how they will behave sexually from the following five options:</p> <ul style="list-style-type: none"> • “I choose not to have sex right now. • I choose to use condoms every time if having sex. • I choose to use protection against pregnancy every time if having sex, but not condoms. • I choose to have sex without using condoms or any other protection. • I am not sure of my choice right now.” (p. 301)
<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>“The primary goal of <i>All4You!</i> is to reduce the number of students who have unprotected sexual intercourse, which is associated with increased risk of HIV other STD and unplanned pregnancy.” (p. vii)</p> <p>Lesson 1 Objective: “Identify the best ways to prevent HIV other STD and unintended pregnancy.” (p. 19)</p> <p>Lesson 2 Objective: “Identify condom use as one way to reduce the risk of some STD.” (p. 49)</p> <p>“The best ways to avoid STD are to choose not to have sex, or use a latex condom if you do have sex.” (p. 59)</p> <p>“If people think they might have an STD, what should they do? ... Avoid sex until the STD is cured; or, for an STD that can’t be cured, find out about safer sex and how to protect future sex partners.” (p. 63)</p> <p>“How could Felicia and Leroy have been more responsible about their sexual activity? Look for answers such as: used condoms until they were ready to get pregnant, gotten tested before they had unprotected sex, be more realistic about their risks.” (p. 80)</p> <p>“What are the best ways to prevent HIV other STD and unplanned pregnancy? Choose not to have sex; Use latex condoms and other contraception if having sex.” (p. 81)</p> <p>“At the point where the characters need to make a decision about their behaviors, stop the video. Write down options that are appropriate to the video and ask students which option they think the characters should choose. For example:</p> <ul style="list-style-type: none"> • Ask if the other person has a condom. • Stop having sex. • Go to the store and buy some condoms. • Have sex anyway.” (p. 82)

“How will these characters feel if they **do go ahead and have unsafe sex**, then have to go to a doctor or clinic because they have symptoms of STD?” (p. 82)

“Remember, it's important for you to respect yourself and your partner by making good choices about HIV other STD and pregnancy risks. Choose not to have sex. **Or, if you are going to have sex, use condoms and other protection** (contraception).” (p. 83)

Students brainstorm Sure and In-Charge Decisions regarding sex. “Students’ lists should include concepts such as:

- Wait until older or married to have sex
- **Use a condom during sex**
- Abstain from sexual behavior when no condom is available” (p. 88)

“Waiting until you’re older to have sex is the safest choice for avoiding HIV and other STD right now. **If people do have sex**, the sure and in-charge thing to do is to use condoms.” (p. 89)

“Pick your limit. Decide what you are going to do to stay safe from HIV, other STD and unintended pregnancy. For example, you might choose to wait until later to have sex, or to **use condoms if having sex.**” (p. 139)

“I’d like you to start using the ‘Psst’ technique today. You can start by deciding on your current limit - what you are going to do, starting today, to stay safe from HIV, other STD and unplanned pregnancy. Once you've decided, write it on the card I gave you. Remember, **there are different ways to stay safe.** For example, you might choose not to have sex, practice Green Light behaviors, **or use latex condoms every time you have sex.**” (p. 146)

“Even though **you may not be having sex right now**, it’s important to understand how well different methods of protection work to prevent HIV, other STD and pregnancy.” (p. 180)

“By discussing condom use for disease prevention, I'm giving you facts that can help you (and your future partners) avoid disease. This does not mean that I'm endorsing sexual activity. Some of you may need the information **sooner rather than later**, but it is likely that most of you will need this information at some point in the future.” (p. 185)

“Have students turn to a person next to them and talk about how teens can prevent HIV, other STD and pregnancy. Emphasize there are only **two methods of protection that help protect against all three:**

- Choosing not to have sex.
- **Using latex condoms correctly**, every time a person has sex.” (p. 192)

“Joseph is 16 years old ... He uses multiple drugs, and sometimes uses injection drugs. **He’s sexually active.** He’s bisexual. He’s afraid he has HIV.” (p. 209)

	<p>Note: Ironically, the manual notes that Joseph should stop using drugs to lower his risk for HIV, but sexual abstinence is only one “suggested method” of protection given along with using latex condoms.</p> <p>“For people who are having sex, what is the only method of protection that reduces risk of HIV, most other STDs, and pregnancy? (Latex condoms, but it's best to use condoms along with a more effective method of birth control, e.g., IUD or hormonal method.)” (p. 233)</p> <p>Lesson 14 Objective: “Commit to protecting themselves from HIV other STD and unintended pregnancy by choosing not to have sex, or by using latex condoms and other protection every time if having sex.” (p. 293)</p> <p>“Remember, in most situations, every person has a choice about whether or not to have sex, or whether or not to have unprotected sex.” (p. 303)</p> <p>“Remember, when you make decisions to protect yourself, either by choosing not to have sex, or by using condoms and other protection if having sex, you show pride, responsibility, and respect in a relationship.” (p. 305)</p>
<p>10. PROMOTES TRANSGENDER IDEOLOGY</p> <p><i>Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders or may present other unscientific and medically inaccurate theories. Fails to teach that most gender-confused children resolve their confusion by adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.</i></p>	<p>“Explain that they need to take their roles seriously because teens of all sexual orientations and gender identities need to learn how to resist sexual pressure and protect themselves. This will help ensure that they and their classmates get the most out of the roleplay activities.” (p. 144)</p> <p>“Keep in mind that lesbian, gay, bisexual and transgender youth are also at risk for unintended pregnancy. Be sure to use inclusive language that respects different gender identities and sexual orientations.” (p. 330)</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</i></p>	<p>“Remember, it's important for you to respect yourself and your partner by making good choices about HIV other STD and pregnancy risks. Choose not to have sex. Or, if you are going to have sex, use condoms and other protection (contraception).” (p. 83)</p> <p>“Students discuss different methods of protection and categorize them based on their effectiveness for preventing HIV, other STD and pregnancy ... Students then analyze their own lifestyle and relationships and think about what</p>

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.

method of protection would be best for them.” (p. 173)

Students are to **brainstorm the following birth control methods:** “Choosing not to have sex (abstinence); IUD; Implant; Depo-Provera (the shot); Birth control pill, birth control patch, vaginal ring; Latex condom; Vaginal barriers (diaphragm, cervical cap, sponge); Spermicides (foams, creams, gels); Fertility Awareness Methods (rhythm, Natural Family Planning); Withdrawal” (p. 181)

Note: *Abstinence is not a birth control method on par with condoms and birth control pills. Abstinence is a way of life and should be taught as such.*

“Emphasize that for people who are having sex, it’s best to **use an effective birth control method** (e.g., IUD or hormonal method) to protect against pregnancy, in addition to latex condoms to protect against disease.” (p. 181)

“In the next activity, you’ll have a chance to **help some people figure out what type of protection they should be using** given their current situation.” (p. 182)

“**Emergency contraception is available** in the form of pills or an IUD if a woman had vaginal intercourse without any contraception; if a condom broke during vaginal intercourse; or in cases of sexual assault.” (p. 184)

“For people who are having sex, **latex condoms** are the only method that will protect against pregnancy and most sexually transmitted diseases.” (p. 185)

“**IUD (Intrauterine Device):** Highly effective (more than 99%) at preventing pregnancy for 3 to 12 years, depending on the type.” (p. 195)

“**Implant:** Highly effective (more than 99%) at preventing pregnancy for 3 years.” (p. 195)

“**Depo-Provera (the shot):** Highly effective (more than 99%) at preventing pregnancy as long as the shots are given on schedule.” (p. 197)

“**Birth Control Pill:** Highly effective (more than 99%) at preventing pregnancy if the person takes it every day, uses some other method of protection during the first month and doesn't use another person's pills.” (p. 197)

“**Birth Control Patch:** Highly effective (more than 99%) at preventing pregnancy if the person remembers to wear the patch and change it each week.” (p. 197)

“**Vaginal Ring:** Highly effective (more than 99%) at preventing pregnancy if the person remembers to insert the ring and change it each month.” (p. 197)

“**Vaginal Barriers:** If used correctly with spermicide every time a couple has sexual intercourse, the diaphragm is up to 94% effective; the cervical cap up to 86% effective; and the sponge up to 91% effective.” (p. 199)

	<p>“Spermicides: If used correctly every time a couple has sexual intercourse, spermicides are up to 82% effective.” (p. 199)</p> <p><i>Note: No negative side effects are given on the cards presented to students when discussing the aforementioned birth control methods. Risks and disadvantages are included in the appendix for teachers, but there is no way to guarantee this information reaches the students.</i></p> <p>“We know that using condoms makes sex safer. Condoms help to protect both partners from HIV other STD and pregnancy. To obtain these benefits, however, you must choose good quality condoms and use them correctly every time you have intercourse. In some cases, you may have to overcome a partner's reluctance. However, if you choose to have sex (vaginal, anal or oral), slipping into a condom is an important step to staying safe.” (p. 236)</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>“Ensure youth nominate Peer Leaders to facilitate noted activities across the curriculum.” (p. x)</p> <p>“Use of Peer Leaders capitalizes on modeling and use of credible leaders to influence behavior change.” (p. 7)</p> <p>“It’s recommended that facilitators work with a small group of youth to review the roleplays and other activities and suggest minor changes to increase relevance before implementation.” (p. 9)</p> <p>“Educator Note: One of the unique features of <i>All4You!</i> is the Peer Leader component. The use of same-age peers as classroom facilitators along with the classroom teacher has been found to be an effective means of educating teens about important health issues. The incorporation of Peer Leaders as facilitators of selected curriculum activities is an important feature of this curriculum.” (p. 13)</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>“The program also aims to change key determinants related to sexual risk taking, such as attitudes, beliefs, and perceived norms stemming from our theoretical model.” (p. vii)</p> <p>“Some people's values, and some religions, prohibit or discourage using condoms. Others are more neutral. As with many other decisions, your own values and beliefs are an important part of deciding whether or not to use condoms.” (p. 186)</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>“Approximately 1 to 2 weeks prior to Lesson 1, schedule a brief visit to the classroom. Introduce yourself and tell students what you'll be doing with their class. Do NOT tell students the name or purpose of the program at this time.” (p. 13)</p> <p>“Educator Note: Before starting <i>All4You!</i>, be sure to let the classroom teacher know that it's important not to reveal the name or purpose of the program ahead of time.” (p. 13)</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>Note: <i>Is it possible that students aren't told the purpose of the upcoming program in advance so that they don't discuss it with their parents?</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>Lesson 1 Materials: “List of local clinics where students can receive testing and treatment for HIV other STD or pregnancy” (p. 20)</p> <p>“If appropriate, one or two Peer Leaders could be asked to help you prepare for Lesson 2 by gathering information about testing services at local clinics.” (p. 20)</p> <p>“Name one place where someone could go to get tested for STD infection. Doctor’s office; Health clinic; Community clinic (such as Planned Parenthood); County health clinic (through the county health department)” (p. 41)</p> <p>“Where can young people in this community go to get tested for HIV, other STD or pregnancy? ...I’m going to take this information and make wallet cards that list local clinics and their phone numbers. Then you'll all have this information if you or your friends need it. I'll bring the wallet cards in at a later lesson.” (p. 61)</p> <p><i>All4You</i> uses the following video:</p> <p>Nicole’s Choice: The video begins with Nicole (a teenager) and a male partner (Miguel) kissing passionately while lying down. The male unzips her jacket and begins kissing her chest. The video cuts to Nicole at a clinic asking for birth control pills. She reveals that she had unprotected sex with Miguel but now has a steady boyfriend with whom she has not yet had intercourse and wants to prevent a pregnancy. The doctor educates Nicole on STDs and does testing which reveals that Nicole has gonorrhea. The doctor treats Nicole and tells her she needs to contact all prior partners and inform them. Nicole then finds out that her best friend has also had unprotected sex multiple times with Miguel and is also infected. Nicole chooses abstinence with her new boyfriend and her friend chooses to continue being sexually active but use condoms. This video contains multiple scenes of sexually suggestive content.</p>
<p>For more information on <i>All4You</i>, see https://www.etr.org/ebi/programs/all4you/.</p>	