

## CSE Harmful Elements Analysis Tool

### Analysis of *Becoming a Responsible Teen (BART)* Third Edition

Based on 15 Harmful Elements Commonly Included in CSE Materials

**CSE HARMFUL ELEMENTS SCORE = [14 OUT OF 15]**

*Becoming a Responsible Teen (BART)* contains [14 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:** *Becoming a Responsible Teen* is a community-based program tailored to African-American youth aged 14-19. Students discuss a wide range of sexual behaviors and assess the risk of HIV and how to reduce the risk. Though the program admits that abstinence is the only 100% effective way of avoiding STDs and unplanned pregnancy, it also operates under the assumption that most teens are sexually active and will not return to abstinence. Students practice negotiating safer sex, and this program has a heavy emphasis on condom use, including using penis models to practice the steps of condom use.

The research behind the evidence-based claim for *BART* appears to be done by the program's author, presenting a significant conflict of interest.

**Target Age Group:** Ages 14-19

**Planned Parenthood Connections:** None found

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<p><b>1. SEXUALIZES CHILDREN</b></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 discussion of sexual experiences, attractions, fantasies or desires.</i></p>	<p>“Ask participants to <b>share different words they’ve heard people use to talk about sex</b>. If necessary, prompt responses by asking for words for specific parts of the body, <b>sexual acts</b> and birth control. Repeat each word or phrase, calmly write it on the board, and <b>agree together on a definition for it</b>. Remember to be brief and to model appropriate sharing.” (Facilitator Manual, p. 25)</p> <p>“If I go out tonight and <b>have unprotected sex</b> or share needles, when will a test show whether I have HIV? <i>Answer:</i> 2 weeks to 6 months.” (Facilitator Manual, p. 34)</p> <p>“<b>Many teens have had unprotected sex</b>, which is a risk for HIV.” (Facilitator Manual, p. 37)</p> <p>“<b>If a male pulls out before ‘cumming’ (ejaculating)</b>, then having unprotected sex is safe. <i>Myth.</i> This is called ‘withdrawal.’ It is sometimes used as an unreliable form of birth control, and it doesn’t protect people from HIV. Both partners can still be exposed because the pre-ejaculatory, vaginal and rectal fluids of people with HIV all contain the virus.” (Facilitator Manual, p. 39)</p>

“**Intercourse without a condom between two people** who have tested negative for HIV, are in a long-term, committed relationship, do not have any other partners, and do not share needles (Answer: **Some risk, but very low**)” (Facilitator Manual, p. 41)

“If two people **begin a sexual relationship** and they make a commitment not to see other people, are they safe from HIV? Answer: It depends on their risk history before their relationship, and on whether they both stick with their commitment to be monogamous. While you can know for sure that you are monogamous, you can't always know for sure that your partner is. Trust is an important part of a relationship, but people sometimes feel too embarrassed or ashamed to talk about past sexual experiences. Someone who **breaks a commitment about being monogamous** probably won't want to talk about that with a partner. 'Blind trust' is not worth the gamble when you're gambling with your life.” (Facilitator Manual, p. 71)

“The following behaviors increase risk:

- Having **more frequent unsafe sex**. The more times a person has unsafe sex, the greater his or her chance of getting HIV.
- Having **more sex partners**. The greater the number of partners people have, the more likely they are to have a partner with HIV.
- Having **overlapping partners**. When someone is seeing two or more people at around the same time (rather than taking a break of a month or more between partners), it creates what's called a '**sexual network**.' It's much easier for sexually transmitted diseases (STDs), including HIV, to pass between people when sexual networks include more individuals.” (Facilitator Manual, p. 64)

“Would **being with just one sexual partner** (i.e., being monogamous) protect you from HIV? Answer: It only works if (a) this person doesn't have HIV, (b) you haven't put yourself at risk of HIV by any past behaviors, and (c) both partners remain monogamous and never share needles.” (Facilitator Manual, p. 72)

“**French (deep kissing)**: The risk of HIV transmission doesn't come from saliva. If a person has open cuts, sores or tiny scrapes in their mouth, there is a slight possibility of transmission via blood.” (Facilitator Manual, p. 79)

“In 2013, 68.4% of male and **53.4% of female African American high school students** in the United States **had had sexual intercourse**.” (Facilitator Manual, p. 84)

“Carla started seeing Keshawn right after they first met four months ago. She thinks he is a fine man. **Recently, they started having sex**. Keshawn **doesn't like to use condoms**. He tells Carla she doesn't need to worry because she's the only woman he's seeing. Keshawn is the only sexual partner Carla has ever had. Is it important for Carla to have safer sex with Keshawn? If he's the only partner she's ever had, how could she have a risk for HIV? Answer: **Keshawn may have had previous partners**, so he could have HIV or another STD. He could have a disease and not know it. Carla and Keshawn haven't known each other long, so

neither can really know how trustworthy the other is.” (Facilitator Manual, p. 103)

Role play scenario in which students create responses to pressure statements: “It's Saturday night, and we're having a great time. We're on our way home from a party, and I tell my date that something more should happen on such a beautiful evening. Baby, you know **I've been wanting you for a long time...** Sweetheart, this is the perfect time... Baby, I love you, and **I would never leave you once we have sex.**” (Facilitator Manual, p. 131)

Role play scenario: “You are talking with a friend who **you know is sexually active**. You suspect that your friend might not be taking precautions against HIV. Your friend has never raised the subject or asked for your advice, but you want to bring up the subject in a way that won't be a turn-off.” (Facilitator Manual, p. 174)

“This means that **risk-reduction programs need to do more than describe risky sexual practices** and provide information; they also need to correct misperceptions that create a false sense of safety.” (Facilitator Manual, p. 197)

***Note:** As the term implies, “risk-reduction” programs merely seek to reduce a person’s risk of engaging in risky sexual behavior. Minors should always be taught to avoid the risk of unplanned pregnancy and STDs by practicing abstinence.*

“One study examined **gender differences** in knowledge, attitudes and **sexual behavior** to see whether there were differences that needed to be considered in preparing the curriculum. The results indicated important differences between boys and girls and led to the decision to offer the program to gender-specific groups. Males knew less about HIV, **had more sex partners**, held less favorable attitudes about using condoms, and expressed less confidence in their ability to make healthy choices. Females were already positively predisposed toward **using condoms** but needed more training in communication skills to **persuade their partners to use condoms or to refuse pressure to engage in unprotected sex.**” (Facilitator Manual, p. 200)

## 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*

“Practice in your mind what you’ll say if a partner wants to do something that’s riskier than you want. **Practice ways to suggest being safe – and ways to insist if you need to.** Be ready to leave if necessary.” (Student Workbook, p. 15)

“**What does it mean to negotiate something?** Answer: To reach an agreement that is acceptable to both sides.” (Facilitator Manual, p. 100)

“Tell participants you are going to demonstrate some **ways to negotiate safer sex with a partner**. Explain: We will demonstrate some ways to say no to sex with a partner and some ways to **negotiate having safer sex by using condoms**. Then we’ll ask you to describe what you see.” (Facilitator Manual, p. 106)

*never be encouraged to "consent" to sex.*

*Note: "Consent" is often taught under the banner of sexual abuse prevention.*

Role play scenario: "We are two people who have been going together for a while. We've just been sitting close together on the couch. **One of us wants to have sex**, but the other isn't ready.

Person 1: No. Wait. I don't want to do this.

Person 2: Why not?

Person 1: I'm just not ready. There's a lot we have to think about before we have sex.

Person 2: Being ready just means we love each other. You do still love me, don't you?

Person 1: Yes, I love you. But that doesn't mean I'm ready to have sex.

Person 2: Nothing bad will happen...

You may want to have the male and female co-leaders alternate playing the role of the person who is saying no, so participants can see that **both men and women can negotiate safer sex.**" (Facilitator Manual, p. 106)

Role play scenario: "We are two people who have been going together for a while. **We both feel ready to start having sex, but we haven't talked about safer sex yet.** One of us wants to be sure to **use condoms to protect ourselves** from HIV.

Person 1: What is it?

Person 2: Before we do anything, I want to talk about safer sex.

Person 1: You want to talk now?

Person 2: I think it's **important to use condoms to protect ourselves** from HIV.

Person 1: Why? Neither of us has something like that.

Person 2: We don't know for sure. And I want us to be safe.

Person 1: Don't you know I love you?

Person 2: I love you too, but **I'm not going to have unsafe sex with you.**

Person 1: **It will feel different with a condom. I don't want to use one.**

Person 2: It will feel good to know we're keeping each other safe. **I'm not going to have sex unless we use condoms.**

Person 1: Nothing's going to happen just this one time.

Person 2: Nothing's going to happen at all unless we agree to use condoms every time." (Facilitator Manual, p. 107)

"We've examined some of the worries that stop people from talking about the right time to have sex or **communicating with partners about safer sex.** How you communicate makes a huge difference. Some ways of communicating work better than others. **When communication works, you say what you want to say while respecting other people and yourself.** Afterward, you feel good about how you communicated and the fact that you didn't go past the limits you've set for yourself. When communication doesn't work, partners are put off or angry, you don't feel good about the conversation, or you haven't kept to your limits." (Facilitator Manual, p. 114)

Role play scenario: "Dionne brings up the subject of safer sex with Kamar. Kamar says **safer sex is no different from foreplay, it's a waste of time and that there's not even any point in doing it.** What does Dionne say?

- Are you stupid, or just ignorant? (Aggressive communication)
- Well, I sort of see what you mean. (Passive communication)

- I don't agree with you. **I think safer sex is important; it's much more than foreplay.** It's a way of being close and showing that we care about each other and are responsible for each other. (Assertive communication)" (Facilitator Manual, p. 119)

Role play scenario: "Leon and Roseanne have been going out for a while. Leon **thinks they're ready to have sex.** Roseanne doesn't. What does Roseanne say?"

- You guys are all the same; you just want one thing. (Aggressive communication)
- Well, I don't know; I think my mom's waiting up for me. (Passive communication)
- I care a lot about you, too. But I need to know you better, first, and even then, **there are some things we need to talk about before we have sex.** (Assertive communication)" (Facilitator Manual, p. 119)

Role play scenario: "My partner and I are alone. We've been leading up to sex for a couple of weeks. The only thing we haven't discussed is protection. My **partner needs to persuade me to use a condom.** [Students create replies for the following pressure statements]:

- Baby, if I don't get some soon, I'm going to burst.
- I'm tired of talking.
- Come on, baby. Give it up." (Facilitator Manual, p. 132)

Role play scenario: "You just got home with your girlfriend or boyfriend. You're sitting in the car kissing and things get out of hand. Before you even realize it, you're in the back seat. **Your partner is really worked up and wants to have sex.** [Students create replies for the following pressure statements]:

- I need you, baby.
- Let's do it.
- Sweetheart, **I can make it real good for you.**" (Facilitator Manual, p. 139)

Role play scenario: "You're out one night when this really fine girl/guy walks up to you. She/he says, 'I've been watching you since you walked in and would love to get to know you better.' She/he suggests that the two of you leave and go home together. [Students create replies for the following pressure statements]:

- Girl/Guy: Come on, baby, **I'm gonna make you feel the earth move.**
- Girl/Guy: You're not scared of a real woman/man, are you?
- Girl/Guy: Baby, you can handle it." (Facilitator Manual, p. 143)

Role play scenario: "You and your partner are alone and have been leading up to sex for a couple of weeks. Even though you've talked about condoms, you want to do something safer. **You need to persuade your partner to have sex in a way that won't have any risks.** [Students create replies for the following pressure statements]:

- Partner: Come on, baby, **I want the real thing.** I don't want to fool around.
- Partner: Have you been leading me on just to knock me down?

	<ul style="list-style-type: none"> <li>• Partner: I thought we understood each other.” (Facilitator Manual, p. 145)</li> </ul> <p><b>Note:</b> <i>It is rather insidious to suggest to children that sexual behavior can be risk-free. All sexual behavior in children carries risk.</i></p> <p>Role play scenario: “You’re alone with your boyfriend/girlfriend and <b>the two of you are really turned on</b>. You reach in your pocket and take out a condom. When your partner sees it, he/she isn’t happy. [Students create replies for the following pressure statements]:</p> <ul style="list-style-type: none"> <li>• Partner: I don’t want to use a rubber.</li> <li>• Partner: If you cared, you’d trust me.</li> <li>• Partner: Baby, don’t dis me like that.” (Facilitator Manual, p. 151)</li> </ul> <p>“Discuss when people should consider talking about <b>sexual activity and protection</b>. Use your own words to make these points: If you’re <b>thinking about having sex</b> with someone, it’s important to bring up the question of <b>safer sex</b> early. It’s tough to bring up protection in the heat of the moment. It’s easier to deal with it ahead of time, when you have a cool head. <b>Give clear messages about what you will and won’t do</b>. Share your limits from your private traffic light (red, yellow, green) and discuss any differences between the limits you’ve set and the other person’s limits. <b>If you’re already in a sexual relationship, it’s not too late to talk to your partner about your limits</b>. You can even set new limits. Explain that you have new information and want to act on it.” (Facilitator Manual, p. 166)</p>
<p><b>3. PROMOTES ANAL AND ORAL SEX</b></p> <p><i>Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.</i></p>	<p>“People of all sexual orientations <b>engage in anal sex</b>. Anal sex is a high-risk behavior, whether someone is <b>gay, straight, bisexual, or something else.</b>” (Facilitator Manual, p. 35)</p> <p>“During <b>anal intercourse, only the person on the receiving end is at risk</b>. <i>Myth</i>. The tissue and blood vessels that line the rectum are easily torn during anal sex, which can allow HIV to enter. Body fluids also can pass through very small abrasions on a man’s penis. <b>Anal sex is risky for both partners.</b>” (Facilitator Manual, p. 38)</p> <p>“<b>Anal intercourse</b> without a condom (<i>Answer: High risk</i>) <b>Oral intercourse</b> without a condom or latex barrier (<i>Answer: Some risk</i>)” (Facilitator Manual, p. 41)</p> <p>“The behaviors that put people at risk include: Having unprotected sex. This includes <b>vaginal, anal and oral sex.</b>” (Facilitator Manual, p. 64)</p> <p>“<b>Unprotected oral sex:</b> There is some risk involved with oral sex, although it is less than with vaginal or anal intercourse or needle sharing. <b>Some people use plastic wrap as a protective barrier.</b>” (Facilitator Manual, p. 79)</p>

	<p><b>Note:</b> Informing young people that plastic wrap can be used as a barrier for oral sex is irresponsible. The majority of plastic wraps have microscopic holes through which STDs can be transmitted.</p> <p><b>“Sex without a condom (vaginal, anal):</b> HIV is transmitted via semen and through pre-ejaculatory, vaginal and rectal fluids. These fluids are exchanged during unprotected <b>vaginal or anal sexual intercourse.</b>” (Facilitator Manual, p. 80)</p>
<p><b>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</b></p> <p><i>Normalizes or promotes acceptance or exploration of diverse sexual orientations, sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.</i></p>	<p>“Would this kind of negotiation be different if both people in this <b>couple were men? If both were women?</b> If one were transgender? <i>Answer:</i> It's important for any couple starting out a sexual relationship to talk about safer sex. <b>All people in all types of relationships</b> need to take steps to protect themselves and their partners.” (Facilitator Manual, p. 107)</p>
<p><b>5. PROMOTES SEXUAL PLEASURE</b></p> <p><i>May teach children they are entitled to or have a “right” to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i></p>	<p>“Sometimes males have <b>trouble keeping an erection</b> when they put on a condom. Practicing with a condom on their own can help them get used to condoms. Different sizes or types might help. <b>Using a little lubricant inside the condom may increase sensitivity so sex feels better.</b> (Facilitator Manual, p. 95)</p>
<p><b>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</b></p> <p><i>While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.</i></p>	<p>“High risk, some risk, or no risk behaviors? <b>Masturbating</b> (<i>Answer:</i> No risk)” (Facilitator Manual, p. 41)</p> <p>“Near the end of the film, when Samantha tells James, ‘We're only taking a subway ride...for now,’ she's telling him she likes him. If Samantha and James do start up a relationship and <b>decide to have sex</b>, is there a way they can have sex safely? <i>Answer:</i> If Samantha and James use condoms every time they have sex, her risk of getting HIV is not zero, but it will be much lower. <b>They could also choose sexual and intimate behaviors that are low- or no-risk</b>, such as hugging, kissing, <b>or mutual masturbation.</b>” (Facilitator Manual, p. 71)</p>

## 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.*

"High risk, some risk, or no risk behaviors? **Using a latex condom with Vaseline** every time a person has intercourse (*Answer: High risk*)" (Facilitator Manual, p. 41)

**"Spread a variety of condoms on a table. Introduce the discussion of condoms:** "Today we're going to learn how to use condoms the right way and start thinking about how to talk with a partner about using them. **You'll have a chance to practice how to use condoms correctly so you can use them with confidence if and when you need to.**" (Facilitator Manual, p. 86)

"Pick up a few different condoms and discuss their special features - size, **texture, color, flavor**, packaging, and names. Try to keep this discussion light and maintain a sense of humor. Expect some nervousness and laughter from the group in the beginning. Many teens don't want to admit that they don't know how to use a condom. **Hand each participant 3 or 4 condom packages** and ask them to look at but not open the packages. Some participants may be uncomfortable handling condoms in front of other group members, so keep your tone and demeanor interested, informal and nonthreatening." (Facilitator Manual, p. 86)

"Tell participants the **things they need to know about a condom:**

- Is it latex or lambskin? Latex protects you from HIV; lambskin doesn't. People who are allergic to latex can use plastic (polyurethane) or non-latex rubber (polyisoprene) condoms. These also protect you from HIV.
- What is its expiration date? If it's too old, it won't hold!
- **Is it lubricated?**
- Does the lubricant contain spermicide? Spermicide is a chemical that kills sperm and prevents pregnancy. What kind of spermicide is used in the lubricant?" (Facilitator Manual, p. 86)

"Pick up a **nonlubricated condom and demonstrate how to check for the expiration date, lubrication and spermicide.** Open the package and unroll the condom. Explain that participants will want to be careful that jewelry and fingernails don't rip the condom." (Facilitator Manual, p. 87)

"Demonstrate why oil-based lubricants aren't safe to use with condoms. **Inflate the condom and apply some Vaseline or other oil-based lubricant.** Tell participants:

- Eventually the oil will weaken the latex, so the condom will break. We'll see how long that takes. But remember that the friction between two bodies during sexual activity would make the condom deteriorate faster.
- If you use an oil-based lubricant, the condom will begin to deteriorate. HIV can seep through the condom long before you can see any damage to the latex.
- **We're inflating this condom for our demonstration**, but you should never inflate a condom you're going to use for sex." (Facilitator Manual, p. 87)

“One co-leader should write the condom steps on the board or chart paper while the other **demonstrates each step with a condom and a penis model.** (Note: If you don’t have a penis model, you **can unroll the condom over the index and middle fingers of one hand.** Be sure your nails are smooth and remove any sharp jewelry.)” (Facilitator Manual, p. 91)

“Explain the **steps as you demonstrate:**

- Check the expiration date on the package.
- Check to make sure the condom is made of latex (and doesn’t contain nonoxynol-9).
- Open the package at the corner, being careful not to tear the condom.
- Remove the condom.
- Pinch the tip of the condom between your thumb and first finger to keep air out.
- **Hold the condom against the end of the penis as soon as it is hard** and before it comes into contact with a partner's genitals, mouth or anus.
- Carefully **unroll the condom over the penis all the way down to the base.**
- If you want, apply a water-based lubricant on the outside of the condom.” (Facilitator Manual, p. 91 and Student Workbook, p. 8)

“Demonstrate the removal steps:

- After ejaculation, **withdraw (pull out) the penis while it’s still hard.**
- Hold the condom rim around the base of the penis while you pull out so no semen spills.
- Remove the condom from the penis.
- Throw away the condom. Don’t flush it down the toilet – it’s bad for the plumbing.
- **Use a new condom each and every time you have sex.** Condoms should never be reused. If you’re ready to have sex again, start over with a new condom.” (Facilitator Manual, p. 92 and Student Workbook, p. 8)

“Divide participants into groups of 2 or 3 and ask them to spread out into different parts of the room, taking their condom packages with them. **Give each group a penis model, if possible, some lubricant** and paper towels.” (Facilitator Manual, p. 92)

“One at a time, **I want each of you to practice the steps for putting on and removing a condom,** with or without lubricant.” (Facilitator Manual, p. 92)

The video “He Said – She Said” is recommended. This video shows a teenage couple about to engage in sexual intercourse, but the female partner refuses to participate without a condom. The male participant goes out and **buys condoms from a street dealer,** as if it’s a drug deal. He returns with three condoms. The first one he stretches like a balloon, which she tells him is the wrong way to use it. The second condom he blows up like a balloon to “check for holes.” **The female takes the third condom and shows the male how to use it properly.** However, they are then out of condoms, and he must go get more from the

	street dealer before they can proceed with sexual intercourse. (Facilitator Manual, p. 98)
<p><b>8. PROMOTES PREMATURE SEXUAL AUTONOMY</b></p> <p><i>Teaches children they can choose to have sex when they feel they are ready or when they find a trusted partner. Fails to provide data about the well-documented negative consequences of early sexual debut. Fails to encourage sexually active children to return to abstinence.</i></p>	<p>“Whose responsibility is it to <b>decide when it’s the right time in a relationship to have sex?</b>” (Facilitator Manual, p. 110)</p> <p>“Who is responsible for <b>deciding when it's the right time in a relationship to have sex?</b> and Who is responsible for practicing safer sex in a relationship? Make the following points:</p> <ol style="list-style-type: none"> <li>1. Both partners have the right and the responsibility to protect their own health and the health of their partners.</li> <li>2. Couples in all kinds of relationships <b>should share responsibility for decisions around sex.</b></li> <li>3. This may mean that you see roles and responsibilities a little differently than you have in the past: young men, as well as women, must take responsibility for their own and their partner’s health. Young women, as well as men, need to know that it is all right for them to purchase condoms and insist that their partners use them. All people can protect themselves and their partners by <b>practicing safer sex.</b>” (Facilitator Manual, p. 112)</li> </ol> <p>“Remind participants that they have choices and that their decisions might change their lives. Review the following points:</p> <ul style="list-style-type: none"> <li>• <b>You can decide you’re not ready for sex.</b></li> <li>• You can talk about safe sex with a partner ahead of time.</li> <li>• You can say NO to something risky.</li> <li>• <b>You can suggest safer options.</b></li> <li>• If the other person won’t agree to stay safe, you can decide to get out of the situation.</li> <li>• <b>Always carry condoms if you’re sexually active.</b>” (Facilitator Manual, p. 187)</li> </ul> <p>“The biggest challenge is not to tell adolescents what to do to avoid HIV. It's to help them acquire the skills and self-confidence that will allow them to refuse an unwanted sexual invitation, or, if they <b>choose to have sex, to carry out safer-sex practices consistently.</b>” (Facilitator Manual, p. 197)</p> <p>“How would you <b>decide if this was the right time</b> in your relationship to have sex?” (Facilitator Manual, p. 108)</p>
<p><b>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</b></p> <p><i>Fails to establish abstinence (or a return to abstinence) as the expected standard for all school</i></p>	<p>“Name <b>someone you can talk with about safer sex.</b> Does this person understand your feelings and help you? How reliable is the person’s information?” (Student Workbook, p. 6)</p> <p>“You and your partner have been going together for a while and care for each other very much. You haven’t had sex yet but have talked about it a little. There’s going to be a party at a friend’s house this weekend where you can be alone. Your partner <b>hints about having sex at the party.</b> You don’t want to have</p>

age children. May mention abstinence only in passing.

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.

unsafe sex. What can you do to make sure you use a condom **if you decide to have sex?**

- Give 1 reason for not wanting to have sex without a condom.
- Describe 2 things you could say or do before going to the party to avoid being pressured into **having unprotected sex**.
- Describe 2 things you could say or do at the party to **keep from having unprotected sex**.
- Describe 2 things you could do after the party to keep your relationship going and always use condoms **when you have sex.**” (Student Workbook, p. 10)

“**Before you have sex with anyone, talk about safety.** If the other person doesn’t share your views, find out ahead of time. Make sure others know you care about protecting your own health and theirs. For girls, especially: Before being alone with a partner, think about the risks. Don’t get into a two-person-only situation until you feel you’ll be safe.” (Student Workbook, p. 15)

“Open a discussion with the group about how important it is for teens to develop ‘support systems’ – people and places to turn to when they need help – so they’ll be able to **ask questions about safer sex** and HIV and talk about their experiences and concerns... Pose these questions:

- What should parents say to teens about safer sex? Why?
- Is there any adult with whom you feel comfortable enough to discuss **safer sex?**” (Facilitator Manual, p. 75)

“Are your worries about **discussing safer sex** stronger or weaker than your worries about HIV? Whose responsibility is it to **practice safer sex?**” (Facilitator Manual, p. 110)

“Explain that their new skills will **help them stay safer** and that each time they practice the skill it will be a new experience. Acknowledge the following points:

- People’s comfort and skill in expressing themselves change, depending on the situation and the other people involved.
- People may have difficulty **talking about the right time to have sex**.
- A person might have difficulty **talking about condom use with a partner** he or she has dated for a long time.
- Someone else might have more difficulty bringing up the subject with a new partner.
- Attitudes toward protection are changing. Now it’s those who decide not to have sex **or insist on having safer sex** who are ‘with it,’ and who are becoming responsible teens.” (Facilitator Manual, p. 112)

“**Safer sex decisions and actions are your responsibility.** By thinking and planning ahead of time, you can get better at saying what you mean and doing what you want.” (Facilitator Manual, p. 113)

“Do you know how to protect yourself from HIV? *Answer:* **Be abstinent or use latex condoms** correctly every time you have sex.” (Facilitator Manual, p.72)

	<p>“Having more than one partner: The risk of getting HIV increases when people have more partners. The greater number of partners a person has, the more likely he or she is to have a partner with HIV. For people who <b>use latex condoms correctly with every partner, every time they have sex</b>, this behavior would have ‘some risk.’” (Facilitator Manual, p. 80)</p> <p>“Having overlapping partners: When <b>someone is seeing two or more people at around the same time</b> (rather than taking a break of a month or more between partners), it creates what’s called a ‘sexual network.’ It’s much easier for STDs, including HIV, to pass between people <b>when sexual networks include more individuals</b>. For people with overlapping partners who use latex condoms correctly with every partner, <b>every time they have sex</b>, this behavior would have ‘some risk.’” (Facilitator Manual, p. 80)</p> <p>“Emphasize that when condoms are used correctly every time a person has sex, they are very effective at preventing HIV. Of course, only abstinence is 100% effective at preventing HIV. <b>The next best choice is being in a long-term, mutually monogamous relationship</b> where neither partner has HIV or engages in HIV risks.” (Facilitator Manual, p. 96)</p> <p>“How would you feel about talking with a partner about <b>being abstinent or having safer sex?</b>” (Facilitator Manual, p. 108)</p>
<p><b>10. PROMOTES TRANSGENDER IDEOLOGY</b></p> <p><i>Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate theories. Fails to teach that most gender-confused children resolve their confusion by adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.</i></p>	<p>“The roleplays are worded so that either role could be <b>played by a person of any gender</b>. You and your co-leader may want to adjust the roles you play in the demonstration to make sure it’s clear that <b>people of any gender</b> can be pressured or pressure someone else. In this way you model for the group that all people can choose abstinence or safer sex. Remind participants that these scenes could take place between two men, two women (talking about using flat latex barriers), a man and a woman, or people who are <b>transgender or gender nonconforming</b>.” (Facilitator Manual, p. 132)</p> <p>“Be sensitive to the diversity that exists in most groups: For example, participants <b>may represent a variety of</b> sexual orientations or <b>gender identities</b>; one or more may have HIV, and some may have family members, friends or a partner with HIV.” (Facilitator Manual, p. 135)</p>
<p><b>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</b></p> <p><i>Presents abortion as a safe or positive option while omitting data on the many potential</i></p>	<p>Role play scenario: “A friend is telling you about his or her new boyfriend/girlfriend. Your friend doesn’t spell it out, but <b>you know they’re having sex</b>. Your friend has made fun of people who use condoms. You want to bring up the subject in a way that will not be a turn-off. You have to start the discussion.” (Student Workbook, p. 21)</p>

*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.*

“You and your partner have been going together for a while and care for each other very much. You haven’t had sex yet but have talked about it a little. There’s going to be a party at a friend’s house this weekend where you can be alone. Your partner hints about having sex at the party. You don’t want to have unsafe sex. **What can you do to make sure you use a condom if you decide to have sex?**” (Student Workbook, p. 10)

“When you think about sex, **imagine using a latex condom.**” (Student Workbook, p. 15)

“**Keep condoms around** at home and with you in your jacket or purse. They won’t get used unless you have them near when you need them.” (Student Workbook, p. 15)

“Tell friends what staying safe means. Just saying, ‘Be careful’ or ‘stay safe’ doesn’t give a clear message. Give examples, such as ‘**use a latex condom every time,**’ ‘if you’re going to have sex, don’t let someone else’s body fluids get into your body’; or ‘say NO if you don’t want to have sex.’” (Student Workbook, p. 16)

“Offer tips about how to be safe... For example: ‘If I have too much to drink, I don’t have sex. I want to be clearheaded and safe.’ ‘If someone wants to **sex me up without a condom,** I say “No. Let’s do something safe instead.” ‘**I keep condoms everywhere so they’re always around.** I even practiced how to use them.’ ‘I won’t have sex with anyone without making sure she/he knows how to stay safe.’” (Student Workbook, p. 16)

“If people don’t choose abstinence, they can reduce their risk by always **using a latex condom correctly,** either alone or with a **water-based lubricant,** every time they have **vaginal, anal or oral sex.** (People who are allergic to latex can use polyurethane or polyisoprene condoms.)” (Facilitator Manual, p. 63)

“If you were talking to James’ friends about safer sex, what would you want them to know? *Answer:* Basic facts about HIV transmission, how to protect themselves from HIV, that it’s important not to make assumptions about whether people have HIV, that it’s **important to use condoms every time.**” (Facilitator Manual, p. 70)

“Imagine you are just starting a new relationship. Could you and your partner give HIV to each other? *Answer:* Yes, if either of you already has HIV and doesn’t know it or isn’t saying – for example if one of you got HIV through injection drug use or sex with a previous partner. You can help protect yourself by **using condoms every time you have sex.**” (Facilitator Manual, p. 72)

“Remind participants that if they choose to be sexually active and want to stay safe, **they’ll have to get their own condoms.**” (Facilitator Manual, p. 86)

“Does anyone have a story to share about **getting or buying condoms**? It can be successful, embarrassing, or funny. Why can it be embarrassing to **talk about – or buy – condoms**?” (Facilitator Manual, p. 89)

“Close your eyes. **Imagine you are walking up to the counter with a box of condoms**. You are calm and relaxed. You put down the box of condoms. The clerk rings up your purchase and tells you the price. You **pay for the condoms** and the clerk puts the box in a bag. You say ‘Thanks’ and walk away.” (Facilitator Manual, p. 89)

“For people who are sexually active in other types of relationships, **condoms are the best choice**. The Centers for Disease Control and Prevention points out that studies ‘demonstrate conclusively that the consistent use of latex condoms provides a high degree of protection’ from HIV. Translation? **Condoms work!**” (Facilitator Manual, p. 96)

“**Using condoms correctly during sexual activity** is a central part of becoming a responsible teen and acting responsibly to protect yourself and others.” (Facilitator Manual, p. 96)

“High risk, some risk, or no risk behaviors? Vaginal intercourse **without a condom** (Answer: High risk)” (Facilitator Manual, p. 41)

“**Sex with a latex condom** (vaginal, anal): Condoms protect against HIV. But they must be **used correctly and consistently**, every time with every partner.” (Facilitator Manual, p. 79)

“**Sex with a female condom** (vaginal, anal): Like male condoms, female condoms protect against HIV. But they **must be used correctly and consistently, every time with every partner**.” (Facilitator Manual, p. 79)

“Most of these sexually active African-American high school students – nearly 65% – used a condom at last sexual intercourse. But this means over a third of students didn’t use a condom at all. It’s possible **some of those who did used them incorrectly or inconsistently**.” (Facilitator Manual, p. 85)

“Remind participants:

- All it takes is one unprotected sexual act for someone to get HIV.
- It’s **not enough to use condoms ‘sometimes.’** If you’re going to be sexually active and want to reduce your risk of HIV, you have to protect yourself by **using a condom correctly every single time you have vaginal, anal or oral sex**.
- Besides using condoms every time, you need to use them correctly. Latex condoms can break if they’re not used correctly. Even if it doesn’t break, the condom may not protect you if you use it incorrectly.” (Facilitator Manual, p. 85)

“Explain that being sexually active involves **a responsibility to know about condoms**, become familiar with the different types and learn how

to use them correctly. This relates to the principle of Kujichagulia (self-determination) which the group has discussed before. Understanding condom use and **being sure to use a latex condom every time you have sex**, is a way to show you ‘believe in yourself, believe your body and spirit are worth taking care of, take good care of your health, and don’t do anything that will destroy you.’” (Facilitator Manual, p. 85)

“Brainstorm a list of **excuses teens give for not using condoms**. Write the excuses on the board. Point to the listed excuses one at a time and ask participants to propose counterarguments that support condom use.” (Facilitator Manual, p. 94)

“Excuse: **Condoms kill the mood and don’t feel good**. Counterargument: They kill the mood only if you let them. With a little imagination, **condoms can actually increase feeling**.” (Facilitator Manual, p. 94)

“Excuse: People who use condoms don’t trust each other. Counterargument: It’s not a matter of trust; it’s a matter of caring about yourself and your partner. **People who use condoms are responsible, health-conscious and care** about their families, partners, and communities.” (Facilitator Manual, p. 94)

“Excuse: Girls who carry condoms are whores. Counterargument: **Girls who carry condoms are smart**. They’re looking out for their own health and their partner’s health.” (Facilitator Manual, p. 94)

“Excuse: Why does my boyfriend need to wear a condom if I’m on the pill? (Female group). Why do I need to wear a condom if my girlfriend’s on the pill? (Male group). Counterargument: The pill protects against pregnancy but doesn’t prevent sexually transmitted disease (STD). Only latex condoms prevent STD, including HIV. Couples who want to avoid pregnancy **should use both the pill and condoms**, or condoms and a spermicide.” (Facilitator Manual, p. 94)

“Excuse: Only people with diseases use condoms. Counterargument: You can’t tell by looking if a person has HIV or another STD. Many people with HIV don’t know it. A person can look and feel healthy and still have HIV or another STD. **Using a condom helps make sure you stay disease free**.” (Facilitator Manual, p. 95)

“Tell participants that it’s important for them to know that **condoms are very safe, and they really work**. They are more likely to use condoms when they know this.” (Facilitator Manual, p. 95)

“Have you ever heard anyone complain that condoms aren’t safe? What sorts of things have you heard people say? What do you think? Respond to any concerns participants raise. **Condoms are extremely safe**.” (Facilitator Manual, p. 95)

“What might be involved in negotiating safer sex? *Answer: Using condoms and/or getting tested for HIV.*” (Facilitator Manual, p. 100)

“Asela doesn’t think Ray has HIV, and she trusts him. They’ve known each other a long time. **She doesn’t think they need condoms.** While Ray has practiced safer sex with other partners, he feels like his relationship with Asela is special, and he doesn’t want to use condoms. Should Asela and Ray be practicing safer sex? *Answer:* Yes. Both have had other partners. Until they have both been tested for HIV and gotten a negative test, **they should practice safer sex.** If both test HIV-negative and they are ready to make a monogamous commitment – and they trust each other to keep that commitment – they might choose not to use condoms. If Asela and Ray trust each other, why would it still be important for them to **practice safer sex right now**? Given the history of their relationship, do you think it makes sense for them to get tested and, if they test negative, to stop practicing safer sex in the future?” (Facilitator Manual, pp. 104-105)

“What would happen if you asked a partner to **use a condom or choose other safer sex activities**? What would happen if you *insisted* on it? How comfortable would you be talking with a partner about safer sex? What would it take for you to feel more comfortable?” (Facilitator Manual, p. 102)

Role play scenario: “Two of us are talking about a condom ad. One of us is saying, ‘No way will I use condoms’; the friend has to come up with some good responses based on the tips for assertive communication. [Students create replies for the following pressure statements]:

- Script: **Rubbers cramp my style.**
- Script: **I don’t get any feeling through a rubber.**
- Script: I don’t like it with a rubber.” (Facilitator Manual, p. 131)

Role play scenario: “Situation: You and the person you’ve been dating are really getting serious. You’re talking one day, and you **want to ask how he/she feels about using condoms.** When you bring up the subject, your date isn’t interested. [Students create replies for the following pressure statements]:

- Date: **A rubber just takes the feeling away.**
- Date: We don’t need them because what we’ve got is special.
- Date: Don’t you trust me, baby?” (Facilitator Manual, p.145)

Role play scenario: “Situation: You’re spending the night at a friend’s house, and the two of you are just talking. Somehow you end up on the subject of sex, and your friend says, ‘I don’t use condoms.’ **When you suggest it would be a good idea,** your friend doesn’t want to hear it. [Students create replies for the following pressure statements]:

- Friend: I know my baby’s clean.
- Friend: Me and my baby don’t mess around on each other.
- Friend: After all the time we’ve been together, I haven’t caught anything.” (Facilitator Manual, p. 149)

“The card is for you to hand to a partner if you’re going to have sex. It’s a written message, to back up the verbal message you’re giving. **If the condom’s not on, the sex is not on.**” (Facilitator Manual, p. 168)

“The latex condom is for you to hold onto until you need it. If you are going to have sex, **use the condom – that’s one solution**. If you want to get out of the situation, use your own or a friend’s cell phone to call a relative, friend or taxi to help you get home.” (Facilitator Manual, p. 169)

“Many young people who enter steady relationships **don’t use protective measures, because they want to believe their partner is faithful** and does not have a risk for HIV.” (Facilitator Manual, p. 197)

“Another study assessed whether **providing youth with condoms** would promote increases in sexual behavior. The results showed that **adolescents who used condoms beginning with their first sexual experience remained at lower risk than their peers**.” (Facilitator Manual, p. 200)

“What will you do to **protect yourself from HIV?**” (Student Workbook, p. 5)

“Some couples use **female condoms**. They are made of nitrile, a type of synthetic rubber. **Female condoms offer women some advantage as they can insert them themselves if they don’t wish to ask a male partner to wear a condom**. Female condoms should not be used at the same time as male condoms. They can be used for both vaginal and anal sex. Some couples also use female **condoms for anal sex**. They may find them sturdier and easier to use. But female condoms haven’t been officially approved for this purpose because they haven’t been tested to see if they’re effective in preventing HIV transmission during anal sex.” (Facilitator Manual, p. 37)

***Note:** Female condoms are not approved by the FDA for anal sex. Implying otherwise to young people is setting them up for dangerous STD transmission. There is only one brand of male or external condom approved for anal sex.*

“**Sex with a lambskin condom** (vaginal, anal): Lambskin condoms do not offer protection because they have small holes (pores) that allow HIV to pass through.” (Facilitator Manual, p. 80)

**12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY**

*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.*

“**Peer leaders** (teens who are able to talk to other teens) **are the best messengers for getting ideas across**. You can be the experts more effectively than doctors or teachers. You’re the same age, face the same challenges, walk in the same shoes, and have the same experiences. Now, because of the work you’ve done as participants in BART, you’re ready to be peer leaders in HIV prevention. **You know more about protecting yourself than a lot of your friends**. You know the score because you’re better informed than most other people. You can make a difference in your community. You can save lives by sharing what you know with your friends. You can tell it like it is. You also know about the things that keep people from doing what they need to do to be safe, even when they know the facts about HIV. People don’t always know how to communicate, negotiate or refuse – they don’t know what to say or how to say it. **You can help them**.” (Facilitator Manual, p. 172)

<p><b>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</b></p> <p><i>May encourage children to question their parents' beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.</i></p>	<p><b>No evidence found.</b></p>
<p><b>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</b></p> <p><i>May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.</i></p>	<p>“In almost every state, <b>teens can be tested for HIV without parent permission.</b> You can call ahead to ask beforehand if teens need parental consent for testing and whether the clinic will share information with parents.” (Facilitator Manual, p. 29)</p>
<p><b>15. REFERS CHILDREN TO HARMFUL RESOURCES</b></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</i></p>	<p>“If you or a friend want to <b>find out where to get an HIV test:</b> National HIV and STD Testing Resources website; A service of the Center for Disease Control and Prevention. Enter your zip code and get location of nearby test sites. <a href="http://gettested.cdc.gov">gettested.cdc.gov</a>” (Student Workbook, p. 4)</p> <p>“All clinics and doctor’s offices can offer HIV testing. People who are sexually active, use injection drugs or are at risk of HIV infection should get tested at least once a year.” (Facilitator Manual, p. 28)</p> <p>“At some test sites, <b>a person can get tested for HIV without giving his or her name.</b> The test site assigns a random identification number, so test results are not linked to a name. The person gives the number to get the results. Total numbers of positive results, but no names, will be reported to the state health department. In almost every state, <b>teens can be tested for HIV without parent permission.</b> You can call ahead to ask beforehand if teens need parental consent for testing and whether the clinic will share information with parents.” (Facilitator Manual, p. 28)</p> <p>“A home [HIV] test kit can be <b>purchased over the counter at most drug stores or online.</b> It involves submitting a dried blood or a saliva sample by mail to a laboratory. People can call a toll-free phone number for results, post test counseling, and medical referrals if necessary. It’s important that people using home test kits use a kit approved by the Food and Drug Administration (FDA).” (Facilitator Manual, p. 29)</p>

children for profit see  
[www.WaronChildren.org](http://www.WaronChildren.org) and  
[www.InvestigateIPPF.org](http://www.InvestigateIPPF.org))

“What are some places **where you could get condoms**? Drugstores; Clinics in the schools; Community health centers/clinics; Local health department”  
(Facilitator Manual, p. 89)