

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 ***Be Real, Be Ready*** Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = [15 OUT OF 15]

***Be Real, Be Ready* 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 has extremely harmful content for minors. First of all, abstinence is defined as not having any sex that involves putting a penis in a vagina. In other words, they equate abstinence with pregnancy prevention only. Even with this skewed definition, abstinence plays only a minor part in this program. Students are taught that they can decide when they are ready for sex and whether they want a sexual relationship with one partner or multiple partners at a time. Masturbation, oral sex, and anal sex are normalized. Diverse gender identities and sexual orientations are celebrated, and teachers are told to never assume the gender identity of their students.

Abortion is normalized in *Be Real, Be Ready* as students are repeatedly told that about 1/3 of women will have an abortion at some point in their lives. When students learn about pregnancy, they are told details of exactly when they can receive various types of abortions. It is stated that having an abortion is safer than giving birth. Students learn and practice detailed steps to condom use on penis models or properly shaped fruits or vegetables.

Target Age Group: May be for middle school or high school

Planned Parenthood Connections: Planned Parenthood is frequently used as a resource for students in this curriculum. They are directed to both Planned Parenthood websites and clinics for information and services. Graphic Planned Parenthood videos are shown to students which teach about masturbation and genitalia.

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN <i>Normalizes child sex or desensitizes children to sexual things. May give examples of</i>	"If a someone [sic] gets an erection, it means they want to have sex; if someone's vagina lubricates, it means they want to have sex. False – Erections and lubrication can occur for no reason or for reasons not related to desire. For example, many males wake up with an erection in the morning. Teenage boys often get spontaneous erections that are not related to sexual desire or excitement." (Lesson 13 PowerPoint, Slide 39)

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.

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.

“If someone desires sex, they will become sexually aroused or excited. False – **Sometimes people do desire sex but do not become sexually excited.** This situation happens to most people at some point. It is not something to worry about.” (Lesson 13 PowerPoint, Slide 41)

“People can ‘make love’ and have orgasms without having sexual intercourse. True – ‘Making love’ can consist of many behaviors (caressing, kissing, massage, manual stimulation). **People may reach orgasm from touching or rubbing themselves and/or each other without engaging in intercourse.** People have sex in a variety of different ways.” (Lesson 13 PowerPoint, Slide 42)

A Planned Parenthood video entitled “Different is Normal” includes multiple **graphic drawings of penises (both erect and flacid), vulvas, and breasts** to show that different shapes and sizes are all normal. (Lesson 13 PowerPoint, Slide 46)

Lube “reduces friction – **makes sex safer and more comfortable.**” (Lesson 19 PowerPoint, Slide 38)

“These activities carry no risk of HIV transmission: **masturbation, dry humping**” (Lesson 20 PowerPoint, Slide 21)

Students are asked to determine whether they agree or disagree with the following statements:

- “Youth under 18 are too young to have sex.
- You can tell **if someone wants to have sex** by their body language.
- I believe in love at first sight.
- It’s healthy for partners to talk about planning marriage and children together after dating for 2 months.
- Middle school youth are too young to **know if they are gay or lesbian.**” (Lesson 3, p. 5)

My Ideal Partner worksheet: “What **type of relationship** would you like to have? (ex: monogamous, **open**, friends)” (Lesson 8, p. 4)

“Relationship Types:

- Friend: A person that you can hang out with and have no sexual relations.
- Friends with benefits: Someone who is a friend but **also have sex or sexual contact with.** This may or may not be kept private from other people.
- Hook-up: Someone you know **that you have sex with or do sexual things with,** but do not have an intimate or romantic relationship with.
- Monogamous: A relationship where both partners agree to only be with each other.
- Open Relationship: A relationship where you can have **more than one sex partner** but your (primary) partner knows about it.
- Polyamorous: A relationship with **more than two people,** where all partners share equal power and decision making in the relationship.
- Non-monogamous: An umbrella term which covers several types of relationships in which an individual forms **multiple and simultaneous sexual or romantic bonds.**” (Lesson 9, p. 15)

“What types of relationships do you think can be healthy? (Remind students **that all relationship types have the possibility of being healthy.**)” (Lesson 9, p. 4)

“How are **non-monogamy, polyamory, and open relationships** different from cheating?” (Lesson 9, p. 5)

Note: This program teaches students that not only are sexual relationships appropriate, but open, polyamorous, and non-monogamous relationships can all be healthy.

Students determine whether the following relationship scenarios are healthy or unhealthy:

- “I am seeing a lot of people, but they all know about each other. I use **protection** and get tested regularly.
- My partner usually **talks me into having sex**.
- My partner and I **need to have sex every day**, no matter what.
- I want to have babies with my partner because then I know we’ll be together forever.
- I want my partner to **choose what we do in bed.**” (Lesson 9, pp. 8-11)

“Divide the class into 4-8 groups. Give each group labeled anatomy/physiology handouts, and outline of a torso, and a ‘brown bag.’ Assign each group one of the following to model, using brown bag supplies, **the male sexual system**. Have the students create the male sexual system using the materials in the brown bag. Encourage students to get creative; there is no right or wrong way to complete this activity!” (Lesson 12, p. 4)

Note: This activity has young people constructing a model of the external male reproductive organs with fruit, household objects, and office supplies. The same is done in the next lesson for the female reproductive system.

“**Ejaculation:** When semen (about 1-2 teaspoons) comes out of an erect penis. This usually occurs at the same time as an orgasm.” (Lesson 12, p. 5)

“Penis: Made of spongy tissue that **fills up with blood when sexually excited**; Lined with pleasure-sensitive nerve endings.” (Lesson 12, p. 6)

“Fun fact: Although people sometimes **talk about ‘boners’** there is no actual bone in the penis.” (Lesson 12, p. 13)

“Males who experience an erection will not be harmed if they don’t ejaculate. (While they may feel discomfort, there is **no such thing as ‘blue balls’**.)” (Lesson 13, p. 18)

“Now imagine that Mai and Kai are still in high school. They’ve been **having penis-vagina sex regularly**, using condoms for birth control and STI protection. About 6 weeks ago, they had a condom break. Now Mai is late for her period. **What are their options** if they are pregnant? List at least one reason for each option for why they might choose that option.” (Lesson 14, p. 9)

Note: One pregnancy option learned about in this lesson is abortion. Now the students are to list why someone may want to have an abortion.

Common Myths About Birth Control: “If the **female is on top during sex**, pregnancy can’t occur. No matter what position someone has penis-vagina sex in, pregnancy is possible.” (Lesson 16, p. 5)

“Risk Spectrum – **No Risk Activities:** Body massage; Dry humping with clothes on; Masturbation; Sent naked pics to each other (no risk for STI transmission, but not recommended); Showered together; Touched breasts” (Lesson 18, p. 10)

	<p>“Lead the class in the Body Fluids and Body Openings Mismatch activity. Use this activity to check for understanding.</p> <ul style="list-style-type: none"> • Distribute copies of the Body Fluids and Body Openings cards to students. Ask students to make a body fluid/opening pair with someone else. • Ask students to examine the match they have made between body opening and fluid, and discuss whether this match could transmit HIV.” • Body openings: Eye, ear, vagina, nose, anus, mouth • Body fluids: Vaginal fluids, semen, blood, tears, breast milk, sweat (Lesson 20, pp. 3, 7-8) <p>HIV Hotline Homework: Students decide how to counsel the following scenario:</p> <ul style="list-style-type: none"> • “Caller #5: Male, age 17 – ‘My girlfriend and I have an open relationship, and we always use condoms with other people. She finally told me a condom broke with this other guy a week ago, but we’ve already had unprotected sex. Do I need an HIV test? What should I do?’” (Lesson 20, p. 13) <p>“Directions: Select one of the following sexual health questions to research.</p> <ul style="list-style-type: none"> • How does someone figure out their sexual orientation? • Is it normal to masturbate? • What’s the average penis size with and without an erection? • What are the risks of oral sex? Is it dangerous to swallow semen? • How can you tell if a female has an orgasm? • Is it possible to masturbate too much? • Does sex hurt the first time? • How far into pregnancy can someone get an abortion? • How do you know if you’re ready for sex? • Why do people use lubricants? • What is the clitoris and where is it?” (Lesson 23, p. 5) <p>“Write on board and have students complete the following questions. What does having sex mean to you? How do you think someone knows if they are ready for sex?” (Lesson 24, p. 2)</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>“Have sex – whatever was talked about and agreed on (consented to).” (Lesson 19 PowerPoint, Slide 14)</p> <p>“Take a moment to check in with yourself and your partner. Make sure everyone is ready and enthusiastic about the sexual activity they are about to engage in. Communicate with each other about what you want to do sexually and what you do not want to do sexually. If all people give enthusiastic consent, then move onto the next step. If one or more people do not give enthusiastic consent, stop.” (Lesson 19 PowerPoint, Slide 29)</p> <p>Note: <i>The wording above implies that sexual activity may be occurring between more than two people.</i></p> <p>After sex and removing a condom: “It can be helpful to check in with yourself and your partner again at this point. Someone might want to talk about how things went and make sure everyone feels comfortable.” (Lesson 19 PowerPoint, Slide 33)</p> <p>“While using a condom is simple, it is not always easy. This is why it is important to think about these things now, so you can become more comfortable with how to use safer sex supplies and how to talk to a partner about consent, boundaries, and safety.”</p>

(Lesson 19 PowerPoint, Slide 34)

“Consent: Permission. To have consent means that you have **received a clear and enthusiastic yes**. The absence of a *no* is not enough. In other words, we no longer teach about consent using the saying ‘No Means No!’ It is now all about ‘Yes Means Yes!’” (Lesson 8, p. 3)

Message from Segment 5 of Think HIV: This is Me: “Need to **know and communicate your boundaries** about sex and safety” (Lesson 22a, p. 8)

“...explain that people have lots of different ideas about what ‘having sex’ means, and that there are lots of different ways to have sex. Explain that the only person who can truly decide if they are ready for sex is themselves. **Explain what consenting to sex means and the limits of consent.** Consenting to sex means **all deciding** to engage in a sexual activity and giving permission for that to happen. Consenting to sex doesn’t mean that you are consenting to have sex other times; that you are consenting to other sexual activities aside from what was discussed and agreed upon; that you cannot change your mind. People can change their minds about sex and that is ok.” (Lesson 24, p. 2)

“Let students know that in this activity they will reflect on **what sexual activities they would or would not be comfortable doing**. Remind students that knowing their own boundaries is helpful when deciding **what sexual activities to consent to**, if any.” (Lesson 24, p. 3)

“Please remember that **if someone consents to a sexual activity** it means they are consenting to just that activity, that one time, and then can change their mind at any time. For example, if someone consents to making out, this doesn’t mean they are consenting to having sex. It also means that are consenting to making out right now, and does not mean they are consenting to making out again tomorrow. Also, **any person involved can change their mind at any time**, for any reason, and stop the activity.” (Lesson 24, p. 3)

“Close this activity by reminding students that there are **many ways to communicate about boundaries and sexual activities**. It is important to know how to say way [sic] you do not want to do as well as **know how to communicate** what you do want to do with a sexual partner.” (Lesson 24, p. 4)

“Emma and Jiehong are on a date. Emma feels like she’s ready to have oral sex, but she doesn’t want to do anything else, and she wants to use latex barriers. **What words could she say to Jiehong?**” (Lesson 24, p. 5)

“Leina and Eleazar have been dating for a year, and they both feel ready to have penis/vagina sex, but Leina knows she’ll only feel comfortable if they use condoms. **What words could she say to Eleazar?**” (Lesson 24, p. 5)

3. PROMOTES ANAL AND ORAL SEX

Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.

“In San Francisco, the majority of students choose to be abstinent from **vaginal & anal sex** during middle and high school.” (Lesson 16 PowerPoint, Slide 7)

Advantage to female condom: “Used for **vaginal or anal sex**” (Lesson 19 PowerPoint, Slide 3)

“External (male) condom: These can be used for **oral, vaginal, or anal sex.**” (Lesson 19 PowerPoint, Slide 18)

“Flavored condoms – These are **designed for oral sex**. It is recommended to avoid using these for **vaginal or anal sex** because the sugars in the flavoring could irritate some people’s genitals.” (Lesson 19 PowerPoint, Slide 18)

“Dental dams can be used for **oral sex on a vulva or anus** (not on a penis).” (Lesson 19 PowerPoint, Slide 36)

Instructions are given for converting a condom into a dental dam. The last step is to “use that latex rectangle for protection **during oral sex.**” (Lesson 19 PowerPoint, Slide 37)

“Also, **when having anal sex**, lube is very important for safety and comfort since the anus does not produce any natural lubricant like vaginas do.” (Lesson 19 PowerPoint, Slide 38)

“If students ask about anal sex, you can acknowledge that **some people enjoy anal sex**. It’s important to remember that anal sex is considered more risky for STI/HIV transmission than **vaginal or oral sex**, because the tissue in the rectum can tear or abrade easily. Using condoms and lubricant can reduce this risk.” (Lesson 12, p. 18)

“Since the anus is not part of the reproductive system, if someone choose [sic] to **have anal sex** without a condom/protection, pregnancy would not be possible. However, infections can spread from **unprotected anal sex** if one of the partners has an infection.” (Lesson 13, p. 13)

“Remind the students that if someone chooses to be abstinent, they can still engage in many of the activities listed on the board. Ask students which activities someone who is abstinent would definitely not engage in (**oral, anal, and vaginal sex**).” (Lesson 18, p. 4)

“Risk Spectrum – **Low Risk Activities: Anal sex** with a condom; Vaginal sex with a condom; **Oral sex** with a barrier; Hand sex on a penis (very low risk); Hand sex on a vulva/vagina (very low risk)” (Lesson 18, p. 10)

The following barriers to condom use and solutions are discussed:

- “‘You can’t get STIs from oral sex on a female, so I don’t have to use a dental dam.’ It is possible to give or receive an STI during **oral sex on a vulva or vagina**. A dental dam will reduce the chance of STI transmission.
- ‘You can’t get STIs from oral sex on a penis, so I don’t have to use a condom.’ It is possible to give or receive an STI during **oral sex on a penis**. A condom will reduce the chance of STI transmission.” (Lesson 19, p. 8)

HIV Hotline Homework: Students decide how to counsel the following scenarios:

- “Caller #1: Female, age 19 – ‘I just found out **my girlfriend** of three years has been sleeping with a guy. We **don’t use dental dams** because we were only supposed to have sex with each other. Do I need an HIV test? What should I do?’
- Caller #2: Male, age 18 - ‘I am straight, but sometimes my guy friends and I, you

	<p>know, play around. I have had anal sex with a few other guys and sometimes we use condoms, but sometimes we don't. Do I need an HIV test? What should I do?'</p> <ul style="list-style-type: none"> • Caller #3: Female, age 17 – 'I've been going out with a man who's a lot older than me. We haven't gone all the way yet, but we have done a lot of touching and a little...um, oral sex. I just found out that he shoots drugs. Do I need an HIV test? What should I do?' • Caller #5: Male, age 17 - 'My boyfriend and I have been together for 9 months. We have only been with each other and we do not have sex with other people. I just learned that oral and anal sex can transmit HIV. Do I need an HIV test? What should I do?'" (Lesson 20, p. 13)
<p>4. PROMOTES HOMOSEXUAL/BISEXUAL BEHAVIOR</p> <p><i>Normalizes or promotes acceptance or exploration of diverse sexual orientations, sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.</i></p>	<p>"Ask for two volunteers (of any combination of genders) to participate in a role-play. Ask class to come up with a typical situation where a teenager would see another teen and want to get the person's number ... Guide the students in the role play through the process of finding healthy ways to approach the other person, start a conversation, ask someone out, receive a response (yes, no, maybe) and give a response (yes, no, maybe)." (Lesson 2, p. 3)</p> <p>"How does someone know their sexual orientation? Who could someone talk to if they were unsure of their sexual orientation? Do you think a person's sexual orientation stays the same throughout their life, or can it change?" (Lesson 3, p. 7)</p> <p>Lesson 4 Objectives:</p> <ul style="list-style-type: none"> • "Students will find a common language with which to openly talk about issues of sex, gender, gender expression, and sexual orientation. • Students will dispel common myths about LGBTQIQ people." (Lesson 4, p. 1) <p>"Asexual: A person who is not sexually attracted to anyone. A type of sexual orientation." (Lesson 4, p. 8)</p> <p>"Bisexual: A person who is physically and emotionally attracted to people of 2 or more genders. A type of sexual orientation." (Lesson 4, p. 8)</p> <p>"Gay: A person who is physically and emotionally attracted to people of the same gender. It is often used to describe men who are attracted to other men. A type of sexual orientation." (Lesson 4, p. 8)</p> <p>"Homosexual: A word to describe someone who is physically and emotionally attracted to people of their own sex or gender. This includes gay and lesbian people. A type of sexual orientation." (Lesson 4, p. 8)</p> <p>"Lesbian: a person who is physically and emotionally attracted to people of the same gender. It is often used to describe women who are attracted to other women. A type of sexual orientation." (Lesson 4, p. 8)</p> <p>"LGBTQIQ: Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Questioning." (Lesson 4, p. 8)</p> <p>"Queer: A word LGBTQIQI people use to describe themselves, in a positive way. A type of sexual orientation." (Lesson 4, p. 8)</p> <p>"Questioning: A person who is exploring their sexual and/or gender identity. This can</p>

be a sexual orientation.” (Lesson 4, p. 8)

“**Sexual orientation:** A person’s romantic, emotional, physical, or sexual attraction to another person. Examples are Heterosexual, Bisexual, and Homosexual.” (Lesson 4, p. 8)

Description of Straightlaced DVD, Chapter 8: “Female students talk about a new trend **for girls to be sexual with each other** to attract guys’ attention. But that behavior doesn’t translate into acceptance **for young women who really are lesbian.**” (Lesson 5, p. 6)

Description of Straightlaced DVD, Chapter 9: “**Gay, lesbian and bisexual students** are frustrated by assumptions that all they think about is sex, and by the stereotype that whenever gay people see someone of the same gender they want to have sex with them. An African-American cheerleader shares the isolation she feels—as the only black person on her squad **and the only bisexual.**” (Lesson 6, p. 4)

Description of Straightlaced DVD, Chapter 10: “A student tells her story of coming to terms with the fact that **she is attracted to other girls.** Rejection from her family led to her grades dropping, drug use and jail time. Eventually she came to accept herself and returned to run for student body president. A male student in a rural community had a hard time coming out because of the rampant anti-gay sentiment in his town; at times he pretended he was interested in girls. He **wished he could bring his boyfriend to the prom** but didn’t, out of fear they would be jumped.” (Lesson 6, p. 4)

“Privilege is something that many people don’t think about and often aren’t even aware of. It describes all of the benefits which a dominant group (the group ‘with power’) automatically receives in our society ... We will now discuss how some people are treated better or worse, **they have more or less privilege, based on their sexual orientation** (who they are attracted to) or based on their gender expression (how they dress, look, behave, and act based on their gender).” (Lesson 7, p. 4)

“How might **heterosexual privilege** make someone feel who is heterosexual? Gay? Lesbian? Bisexual?” (Lesson 7, p. 4)

“Teacher Tip: If the **LGBT Students Rights** sheet is not already posted in your classroom, you can post it during this lesson to show that **you and your school are allies to LGBTQIQ students.**” (Lesson 7, p. 6)

“**Heterosexism:** Prejudice based on sexual orientation (other than heterosexuality). It is the belief that heterosexuality is superior, or that everyone is, or should be, heterosexual.” (Lesson 7, p. 7)

“**Homophobia:** Prejudice based on someone’s perceived sexual orientation. This belief system leads to someone prejudging, discriminating against, or harming a person because they believe this person to be homosexual.” (Lesson 7, p. 7)

“Some people are treated differently **based on their sexual orientation.** People who are heterosexual tend to receive certain privileges that people who are lesbian, gay, bisexual, or queer, do not. This is called **heterosexual privilege.** Here is a list of some privileges that heterosexual people may have that lesbian, gay, bisexual, and queer people do not:

- You are able to date who you want to without fear of harassment.
- You are able to go to school functions and dances with your partner (example:

	<p>prom).</p> <ul style="list-style-type: none"> You can show affection (hold hands, kiss, hug) your partner in public without fear. You have role models who have the same sexual orientation as you do. You do not have to worry about introducing your partner to your friends or family community just because of their gender. You do not have to ‘come out’ and declare your sexual orientation.” (Lesson 7, p. 8) <p>“People of all genders and sexual orientations can start a pregnancy and possibly become parents.” (Lesson 14, p. 2)</p> <p>“Which Methods Could I Consider? Berta – I attend UC Berkeley. I have been with my girlfriend, Melissa, for two years. Every once in a while I hook up with a guy at a party. I don’t want to depend on the guy for birth control. Also, while Melissa knows about my hook-ups, I still live with my parents and want something I can hide from them. METHOD(S): External (male) or internal (female) condoms (important for STIs) – although can be difficult to hide, might purchase right before going to a party. Implant, IUC, shot, and ring can all be discreet from parents. Have EC just in case.” (Lesson 16, p. 20)</p>
<p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>May teach children they are entitled to or have a “right” to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i></p>	<p>“In addition to genitals, many body parts can provide physical pleasure – nipples, arms, back, buttocks, ears, feet, fingers, legs, neck.” (Lesson 13 PowerPoint, Slide 30)</p> <p>“Stages of Sexual Response: Desire, Excitement, Plateau, Orgasm, Resolution” (Lesson 13 PowerPoint, Slide 31)</p> <p>Do Now Question: “What might influence someone’s ability to enjoy and/or experience pleasure during sex?” (Lesson 13 PowerPoint, Slide 2)</p> <p>“When a female is sexually excited, the vagina will usually get wet. It can be painful or irritating if the vagina does not get wet enough before a finger, penis, or sex toy is inserted in the vagina. Lubricant can be added for extra comfort.” (Lesson 13 PowerPoint, Slide 24)</p> <p>“About 1 in 10 females sometimes ejaculate (release a clear fluid through the urethra) during or before orgasm.” (Lesson 13 PowerPoint, Slide 24)</p> <p>“Most males have an orgasm at the same time that they ejaculate.” (Lesson 12 PowerPoint, Slide 23)</p> <p>Advantage to female condom: “Can be inserted by a partner as part of sex play; Can rub against the clitoris and increases pleasure” (Lesson 19 PowerPoint, Slide 3)</p> <p>“Sex may end with an orgasm (climax of pleasure and spasms of pelvic muscles), ejaculation (release of sperm and semen from the penis), or not” (Lesson 19 PowerPoint, Slide 13)</p> <p>Advantages of male condom: “May help some people stay erect longer; can be put on as part of sex play” (Lesson 19 PowerPoint, Slide 19)</p> <p>Lesson 12 Objective: “Students will be able to correctly label and describe the functions of the internal and external male sexual organs, including their role in reproduction and</p>

generating sexual pleasure.” (Lesson 12, p. 1)

Lesson 13 Objective: “Students will be able to correctly label and describe the functions of the internal and external female sexual organs, including their role in **generating sexual pleasure.**” (Lesson 13, p. 1)

“Teacher Tip: **Sexual pleasure is an integral part** of sexual function and behavior and is often not discussed by health educators or healthcare providers. While some adults may feel uncomfortable **discussing the details of sexual pleasure and function**, it is an important topic. For example, discussing pleasure promoted with condom use in addition to safer sex messaging results in increased condom use and safer sex.” (Lesson 13, p. 3)

“Using slides 28-36 about sexual response, point out that the human body includes organs designed for both reproduction (starting a pregnancy and making a baby) and **for giving and receiving sexual pleasure**. While there is overlap (for instance, the penis can insert sperm into the vagina for reproduction, but it is also sensitive to touch and the uterus is where a pregnancy grows, but many females find uterine contractions pleasurable during sex), they are not the same thing. For instance, the sole purpose of the clitoris in females **is to provide pleasure.**” (Lesson 13, p. 3)

“**Vaginal fluids:** The fluids produced by the cervical glands (vaginal sweating) and Bartholin glands (for **lubrication during erection/arousal**).” (Lesson 13, p. 5)

“**Sexual response cycle:** The stages humans go through during sexual interaction. There are five stages in the sexual response cycle, including desire, excitement, plateau, orgasm, and resolution.” (Lesson 13, p. 5)

“**Desire:** A strong feeling of wanting to have something or wishing for something to happen. The first stage of the sexual response cycle.” (Lesson 13, p. 5)

“**Excitement:** The second stage of the sexual response cycle where arousal occurs and the body physically prepares for sexual activities.” (Lesson 13, p. 5)

“**Plateau:** The third stage of the sexual response cycle. The period of sexual excitement prior to orgasm.” (Lesson 13, p. 5)

“**Orgasm:** The fourth stage of the sexual response cycle. This is a climax of sexual excitement, characterized by feelings of pleasure centered in the genitals. Quick cycles of muscle contraction occur in the muscles surrounding the genitals.” (Lesson 13, p. 5)

“**Resolution:** The fifth, and final stage of the sexual response cycle. The body relaxes from the excited state to a resting state.” (Lesson 13, p. 5)

“**Clitoris:** Highly sensitive gland that can become erect during arousal; Densely packed with pleasure-sensitive nerve endings” (Lesson 13, p. 6)

“**Vagina:** A spongy tissue may be felt about 3 inches into the vagina on the upper side towards the belly. Called **the G-spot**, some people find it pleasurable and **have orgasms when it is stimulated**, other people do not.” (Lesson 13, p. 7)

“The Perineum: The area between the vulva and the anus; The perineum is rich in nerve endings and **can be sensitive to pleasure.**” (Lesson 13, p. 13)

“The anus and the area between the anus and the vulva, called the perineum, are rich in nerve endings and **can be sensitive and can feel pleasurable.**” (Lesson 13, p. 13)

“Fun Fact: **During orgasm**, the muscles in the anus spasm (contract and release).” (Lesson 13, p. 13)

“People choose to have sex or not have sex for many different reasons. One reason people might choose to have sex is for pleasure. Most people will have **questions about pleasure and issues like orgasms and sexual arousal.** This section will help us explore some of the answers to these common questions.” (Lesson 13, p. 17)

“Psychological and emotional factors can influence sexual response; More common for females to go back and forth between phases and to have resolution (satisfaction) without orgasm; Males have a refractory period = the **time frame before being capable of another orgasm.** This period increases with age.” (Lesson 13, p. 17)

“It begins with orgasm, a 3-10 second series of muscle contractions triggered by the brain, accompanying by a **feeling of great pleasure or release.**” (Lesson 13, p. 18)

“When a **female has an orgasm**, the uterus and the perineal (vaginal) muscles contract. When a **male has an orgasm**, the abdomen and penis muscles contract. Most males will ejaculate with orgasm (but these two things do not always happen at the same time for males) ... Some females (and fewer males) **experience several orgasms quickly** in a row (multiple orgasms).” (Lesson 13, p. 18)

Resolution Stage: “The body returns to resting levels of heart rate, blood pressure, breathing, and muscle contraction. **Swelled and erect body parts** return to normal and skin flushing disappears. This is marked by a general sense of well-being and enhanced intimacy and possibly by fatigue as well.” (Lesson 13, p. 19)

True or False? “You can tell by looking at someone if they want to have sex or not. False – While some changes that happen during arousal are easy to see on the outside of the body (such as a **penis becoming erect**), the true indicator of whether someone wants to have sex or not is how they are feeling – not what their body is doing. Also, many arousal changes cannot be seen (such as the **vagina lubricating**). If someone wanted to know if their partner desired sex or not – the best way to find out is to ask.” (Lesson 13, p. 19)

6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION

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.

“People can use **self-exploration and masturbation** to get to know their bodies – this can help them to communicate to their partner what they like and don’t like.” (Lesson 13 PowerPoint, Slide 26)

A **video from Planned Parenthood** is shown which asks and answers the following questions **about masturbation**:

- “Is masturbation bad? (no)
- Can girls masturbate? (yes)
- Will it make my period late? (no)
- Will it make me unable to get an erection? (no)
- Will masturbating damage my genitals? (no)
- Is masturbating dirty? (no)
- Will it give me acne? (no)
- Make me go blind? (no)

May also encourage children to engage in mutual masturbation.

- Make hair grow on my palms? (no)
- Is it okay to masturbate if I am in a relationship? (100% okay)
- Will masturbating make me unable to have sex? (no)
- Will it make my penis bigger? (only until the erection goes away)
- Can masturbating help me understand how to have an orgasm? (yes)
- What if I masturbate and I don't have an orgasm? (100% okay)
- Do I masturbate too much? (probably not)
- Is more than once a day too much? (no)
- Am I masturbating too much if I've skipped school, haven't seen my friends, called in sick to work, have lost interest in Glee all so that I can stay home and masturbate? (yes)
- Do some religions, cultures, and families encourage people NOT to masturbate? (a few do)
- Is it okay if I don't masturbate? (100% okay)
- Do most people masturbate? (you betchya)" (Lesson 13 PowerPoint, Slide 27)

"These activities carry no risk of HIV transmission: **masturbation**" (Lesson 20 PowerPoint, Slide 21)

"**Masturbation**: The act of someone touching their own body, usually the genitals, for pleasure." (Lesson 13, p. 5)

True or False? "Masturbating frequently is a problem. False – **There is no problem with masturbating frequently**. The only time masturbation can be considered a problem is if it gets in the way of other things the person should be doing or if the person is disturbing other people or otherwise causing harm to themselves." (Lesson 13, p. 21)

"Risk Spectrum – Low Risk Activities: Anal sex with a condom; Vaginal sex with a condom; Oral sex with a barrier; **Hand sex on a penis** (very low risk); **Hand sex on a vulva/vagina** (very low risk)" (Lesson 18, p. 10)

"Risk Spectrum – No Risk Activities: **Masturbation**" (Lesson 18, p. 10)

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

"Instructions: Internal Condom

- Talk to partner and get condoms.
- Check the expiration date & check for air bubble.
- Open the condom with fingers, not teeth.
- Take condom out of the package.
- Use the inner ring to insert the condom into the vagina or anus.
- Check in with partner – give & get consent.
- Add lube.
- Have sex making sure the penis goes into the condom (followed by orgasm, ejaculation, or not).
- After sex – twist the outer ring to create a seal and pull condom out.
- Throw the condom in the trash.
- Talk to partner and check in." (Lesson 19 PowerPoint, Slides 5-17)

"Instructions: External Condom

- Talk to partner and get condoms.

provide complete protection against pregnancy or STIs.

- Check the expiration date & check for air bubble.
- Open the condom with fingers, not teeth.
- Check to see which way it unrolls.
- Add 1-3 drops of lube inside the tip of the condom.
- Pinch the tip (about 1 inch) and roll the condom down, all the way to the base of the penis. Add more lube. [This step comes with illustrations.]
- Check in with partner – give & get consent.
- Have sex (followed by orgasm, ejaculation, or not).
- After sex – Hold on to the base of the condom & pull out.
- Roll the condom off, tie the condom in a knot & throw the condom in the trash.
- Talk to partner and check in.” (Lesson 19 PowerPoint, Slides 21-34)

“Pass out the Condom Instructions handout so that students can follow along on their paper as the PowerPoint slides are presented. Use the noted [sic] in the slides to guide the presentation. **Demonstrate each step to using condoms in front of the classroom with the condoms and models.**” (Lesson 19, p. 2)

“Teacher Tip: You can make learning about the steps to using a condom by [sic] **making this into a game!** Print out or write each step to using a condom on strips of paper or cards. Mix up the steps and have students put the steps to using a condom in order. This can be done as a large group with volunteers in front of the class (each volunteer gets one step and they need to arrange themselves in order) or you can print out multiple sets and split the class into small groups and have the groups **race to see which group can put the steps in the correct order the fastest.**” (Lesson 19, p. 3)

“Divide the class into 5 (or more) teams so each team has the same number of students (if possible). **Provide each team with a penis model** or, if a penis models are not available, **bananas, zucchinis, or cucumbers can be used.**” (Lesson 19, p. 3)

Condom Relay Race: “Explain the [sic] how the relay race will work:

1. The person who starts the relay will turn to their team member next to them who will be holding the penis model.
2. The first person demonstrates how to use a condom by putting the condom on the penis model and explaining the steps that they are taking.
3. When the first person finishes, the person holding the penis model it [sic] to the person next to them and repeats the demonstration.
4. This process is repeated until the last person in the team is reached and everyone has practiced putting a condom on the model.
5. While the first team to complete the relay wins, lead the class in clapping for each team as they finish.” (Lesson 19, pp. 3-4)

“Teacher Tip: **If using different fruits/vegetables in place of penis models**, remind students that just the like the ‘models’ are different sizes and shapes, so are penises: This is normal.” (Lesson 19, p. 3)

“Dental dams can be used for oral sex on a vulva or anus (not on a penis). Dams prevent fluids from being swapped to prevent the spread of STIs. **Plastic/Saran wrap can also be used as a dam, can be made into any size, and is readily available.** Do not use plastic wrap that is microwave safe since it has microscopic holes that allow some STIs to pass through. **To increase sensation**, use a few drops of lube between someone’s body and the dam. Most dental dams are latex, but non-latex dams are available. Plastic wrap is also non-latex.” (Lesson 19 PowerPoint, Slide 36)

Note: Encouraging young people to make their own STI barriers out of plastic wrap is highly irresponsible.

The following instructions are given (with illustrations) for **converting a condom into a dental dam:**

- “Open and unroll the condom
- Cut off the tip of the condom
- Cut down the side of the condom
- Use that latex rectangle for protection during oral sex” (Lesson 19 PowerPoint, Slide 37)

“Water-based and silicone-based lubes are safe to use with all barrier methods. Oil-based lube should not be used with latex because it could break down the material. **Lube makes condoms work better and feel better by reducing friction and increasing sensation.** Lube can also be used with dams and gloves to increase comfort and sensation. Some vaginas produce less natural lubricant than do others (which is completely normal), so lube can be helpful to add to the vagina’s natural lubricant. Also, **when having anal sex, lube is very important** for safety and comfort since the anus does not produce any natural lubricant like vaginas do.” (Lesson 19 PowerPoint, Slide 38)

“Lesson 19 Objective: Students have the opportunity to have hands on experience practicing following the steps **to effectively using a condom (on a penis/pelvic model).**” (Lesson 19, p. 1)

“Lesson 19 Materials

- Birth Control & Barriers Kit
- Internal Condoms (at least one for demonstration)
- External Condoms (**enough for each student plus a few extra**)
- Dental Dams (a few for demonstration)
- **Lube** (at least 1 bottle)
- Vaseline (one tub) or Chap Stick/Lip Gloss
- Pelvic Model
- **Penis Models** (5 or more)” (Lesson 19, p. 1)

“For this activity, pass out one glove to each student and have students put the glove on their right hand. Have students pair up with someone next to them and using the hand with the glove on it, create a handshake. After students have created their handshake, ask them how it feels to shake hands with a glove on. Some possible answers may include: can’t feel the other person’s hand, the gloves get stuck together, not much sensation, or awkward. Now go around the class and **put some lube into the gloved hand of each student.** Once every student has lube in the hand, ask them how it feels. Some possible answers may include: **slippery, wet, smooth, or fun.** Now, have the students do their handshake again. Ask them how it feels different as compared to the handshake without lube. Emphasize how the **lube reduces friction and makes safer sex supplies**, like condoms, dental dams, and gloves, **feel more comfortable** and be more effective.” (Lesson 19, pp. 4-5)

The following barriers to condom use and solutions are discussed:

- **“Condoms are not comfortable.”** Add some lube inside the condom and on the outside of the condom. This will make it feel better and work better. Try another brand or style.
- **“Condoms don’t fit me – My penis is too big for condoms.”** Most condoms will

	<p>fit most penises. There are also extra-large condoms for people who need a larger size. You could also try an internal condom.</p> <ul style="list-style-type: none"> • “I don’t want to ‘stop’ to put on the condom.” Many people successfully make putting on a condom part of sex – they can have a partner help, or incorporate it into their play. Internal condoms can be put in hours in advance. (Lesson 19, p. 8)
<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>Questions students should ask when choosing a birth control method:</p> <ul style="list-style-type: none"> • “What is my goal in using birth control? How effective is it?” • Are there potential side effects? • How does my partner(s) feel about birth control? • Do I want a method that I can hide? • Do I want a method that will protect me from STIs? • How comfortable am I using this method? • What are my values and beliefs about birth control?” (Lesson 16 PowerPoint, Slide 20) <p>“Very safe, up to 89% effective – teens can get Plan B in a drug store without prescription or parental permission. In California, teens can get these methods for FREE at clinics.” (Lesson 16 PowerPoint, Slide 14)</p> <p>Advantages of female condom: “They are easy to get – can be purchased in drugstores and can get from healthcare provider; Do not require a prescription” (Lesson 19 PowerPoint, Slide 3)</p> <p>“Get Condoms: condoms are available at pharmacies, drug stores, corner stores, as well as from doctors, health centers, clinics, and the wellness center. Anyone, of any age, gender, sex, or sexual orientation is allowed to buy condoms.” (Lesson 19 PowerPoint, Slide 5)</p> <p>Advantages of male condom: “Are inexpensive and easy to get; do not require a prescription” (Lesson 19 PowerPoint, Slide 19)</p> <p>“Dental Dams for Safer Oral Sex:</p> <ul style="list-style-type: none"> • Can be purchased at some pharmacies. • Available at some health centers and clinics. • Can make a condom into a dental dam!” (Lesson 19 PowerPoint, Slide 37) <p>Jeopardy Question: “Which clinical services cost more to you: birth control or drug counseling? Both are FREE” (Optional Jeopardy PowerPoint, Slide 7)</p> <p>“Remind students that anyone, regardless of age or gender can buy condoms. Minors can get condoms, birth control, and STI/HIV testing from their doctor or from a clinic confidentially.” (Lesson 3, p. 6)</p> <p>“Lesson 24 Objective: Students will be able to articulate their personal sexual limits and expectations.” (Lesson 24, p. 1)</p>
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</p>	<p>“Abstinence = not having any sex that involves putting a penis in a vagina.” (Lesson 16 PowerPoint, Slide 7)</p> <p>“Reducing the Risk of STIs & Sexually Associated Infections:</p> <ul style="list-style-type: none"> • Abstinence = 100% effective • STI testing & treatment

Fails to establish abstinence (or a return to abstinence) as the expected standard for all school 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.

- Vaccines
- Communicate with partner(s) about protection and possible risks
- **Barrier methods** (condoms, dental dams, gloves)
- Urinate (pee) **before and after sex**” (Lesson 18 PowerPoint, Slide 16)

“Someone might want to talk with their partner about **what type of sex they want to have**, STI protection and most recent testing, what feels good, what boundaries they have, **what type of condom they will use**, possible sensitivities, etc.” (Lesson 19 PowerPoint, Slide 5)

“While **using a condom is simple**, it is not always easy. This is why it is important to think about these things now, so you can **become more comfortable with how to use safer sex supplies** and how to talk to a partner about consent, boundaries, and safety.” (Lesson 19 PowerPoint, Slide 17)

“Gloves can be **used during manual/digital sex**, when someone puts their hand or fingers on or in someone else’s body. Gloves prevent fluids from swapping if someone has a cut on their hand or torn or broken cuticles. They are also helpful to make touch more comfortable if someone has long nails or rough hands.” (Lesson 19 PowerPoint, Slide 35)

“Ways to Reduce the Risk of HIV

- **Use barrier methods**
- **Know the status of sex partner(s)**
- Avoid sharing needles
- PrEP
- PEP” (Lesson 20 PowerPoint, Slide 24)

Note: *Abstinence is not on this list of ways to reduce the risk of HIV.*

“What might influence **your decision to have sex?**” (Lesson 3, p. 9)

“In this classroom we are not going to judge the type of relationship someone is in or wants to be in. It is important to be clear with your partner what kind of relationship you are in, especially **if you are having more than one sex partner**. If you can be open and honest, it can be easier for you to be safe **with all the sex partners you are with.**” (Lesson 9, p. 4)

“What increase [sic] risk do you think exists for **non-monogamy, polyamory, and open relationships** as compared to monogamous relationships? (Make sure to highlight that **monogamy is an STI/HIV risk reduction tool.**)” (Lesson 9, p. 5)

“If we are comfortable talking about our bodies, it can be easier to take care of our sexual health and **communicate our desires and boundaries to potential partners.**” (Lesson 12, p. 3)

“Complete this statement in complete sentences and explain your reasons: When I think about **becoming sexual with another person**, these three things are very important to me:” (Lesson 24, p. 7)

10. PROMOTES TRANSGENDER IDEOLOGY

Promotes affirmation of and/or exploration of diverse gender

Lesson 4 Objectives:

- “Students will find a common language with which to openly talk about issues of sex, **gender, gender expression**, and sexual orientation.
- Students will dispel common myths about LGBTQIQ people.
- Students will **understand gender as a spectrum, not as a binary.**” (Lesson 4, p.

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.

1)

“Commonly used terms and **definitions of identities change over time** as people define their identities in new ways. The terms we will talk about today are in common use today, but later in your life you may hear different terms used for these identities.” (Lesson 4, p. 2)

“Pass out the **Genderbread Person worksheet**. Let students know that you are going to take a few minutes to review the main categories that most LGBTQ terms fall under.” (Lesson 4, p. 2)

Note: *The Genderbread Person worksheet teaches that gender identity and sexual orientation exist on a spectrum.*

“**Every person has a gender identity**, gender expression, biological sex, and sexual orientation. While these areas of a person’s life may influence each other, they are still distinctly different. Keep in mind, that everyone falls somewhere on each of these lines. The only way to know **how someone identifies** is to ask them. We cannot guess a person’s identity, and often it would be inappropriate or rude to try to guess how someone identifies.” (Lesson 4, p. 3)

Students watch a documentary entitled Straightlaced – How Gender’s Got Us All Tied Up. “As the film shows, gender pressures affect us all. The film also shows the particular challenges that youth face when they don’t fit neatly into society’s boxes—perhaps because of their racial and/or cultural background or because of their sexual orientation and/or because they have a **nontraditional way of expressing their gender**.” (Lesson 4, p. 5)

“**Androgynous:** Having both masculine and feminine qualities.” (Lesson 4, p. 8)

“**Biological Sex:** Describes a person’s biological combination of hormones, organs, genitals, and chromosomes. Examples are Female, Intersex, and Male.” (Lesson 4, p. 8)

“**Cisgender:** A person whose gender identity is aligned with the social expectations for the physical body they were born with (example: a male bodied person who feels and acts ‘like a man.’)” (Lesson 4, p. 8)

“**Gender Expression:** The way a person presents (shows) and communicates their gender identity through actions, dress, behaviors and speech. Examples are Feminine, Androgynous, and Masculine.” (Lesson 4, p. 8)

“**Gender Identity:** How a person, in their head, thinks about themselves. This is based on a society’s expectation about how people should look, think, and act as someone of a specific gender. Examples are Woman, Genderqueer, Transgender, and Man.” (Lesson 4, p. 8)

“**Genderqueer:** A person whose gender identity is neither man nor woman but between or beyond traditional genders.” (Lesson 4, p. 8)

“**LGBTQIQ:** Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Questioning.” (Lesson 4, p. 8)

“**Questioning:** A person who is exploring their sexual and/or gender identity. This can

be a sexual orientation.” (Lesson 4, p. 8)

“**Transgender**: A person whose gender identity is different from the gender they were assigned at birth. This is a gender identity.” (Lesson 4, p. 8)

“**Spectrum**: A wide range or variety that goes beyond two, binary (opposite), categories. An example would be gender, because there are not just two (binary) genders, there are many genders (man, woman, genderqueer...)” (Lesson 5, p. 4)

Description of Straightlaced DVD, Chapter 5: “Raises questions about whether gender is fixed and about how we define what is ‘male’ versus ‘female.’ Students say they feel like they are **both male and female, or no gender at all**, yet they are required to identify as one gender. One student floats the concept that **gender is a spectrum**; another resists fitting into any gender box and **identifies as ‘gender queer.’** Two students go shopping and point out all the products coded as ‘masculine’ or ‘feminine.’” (Lesson 5, p. 6)

Description of Straightlaced DVD, Chapter 11: “A student who always felt more feminine than other boys decides to **claim a transgender identity**. She courageously started coming to school in feminine clothes and wearing makeup. Other students were a little confused at first, but think Rae is cool and are happy to be her friend. Rae makes it clear that **she isn’t a gay guy, but that her gender really is female.**” (Lesson 6, p. 4)

Quote from Straightlaced DVD: “My experience is that **there’s not two genders**. There’s really a spectrum. And part of growing up is **finding out where you fit on that spectrum.**” (Lesson 6, p. 8)

“How might **cisgender privilege** make someone feel who is cisgender? Transgender? Gender non-conforming or androgynous (presents neither typically male nor female)?” (Lesson 7, p. 5)

“**Transphobia**: Prejudice based on gender identity. This belief system leads to someone prejudging, discriminating against, or harming a person because they perceive this person to not be cisgender.” (Lesson 7, p. 7)

“Some people are treated differently **based on their gender identity and expression**. People who are cisgender tend to receive certain privileges that people who are transgender, gender queer, gender fluid, or androgynous do not. **This is called cisgender privilege**. Here is a list of some privileges that cisgender people may have that transgender, gender queer, gender fluid, or androgynous do not:

- Use public restrooms without fear of verbal abuse, physical violence, or arrest.
- The ability to flirt with people or form a relationship with someone and not fear that your biological sex may be cause for rejection.
- There are accurate depictions of your gender in television and in movies.
- The ability to purchase clothes that match your gender identity without being refused service or being teased by the staff.
- Forms (such as medical forms, school forms, sports registration forms) list your gender as an option.” (Lesson 7, p. 8)

“LGBTQ Student Rights:

- Right to be **referred to by the gender pronoun and name** that fits your gender identity

	<ul style="list-style-type: none"> • Right to be involved in school activities, and access spaces such as locker rooms and restrooms, that fit with your gender identity” (Lesson 7, p. 10) <p>“Teacher Tip: Have two students read the quotes out loud in front of the class. Ask for one volunteer who identifies as a girl, and one volunteer who identifies as a guy to read the quotes. DO NOT pick students based on what gender you assume they identify as or based on how you perceived them.” (Lesson 11, p. 3)</p> <p>“Remind students that in this lesson they will be learning about biological sex and body parts, and that this is different from gender.” (Lesson 12, p. 2)</p> <p>“We will be discussing biological sex, not gender, in these classes. Remember, biological sex refers to body parts, while gender refers to how someone feels and identifies.” (Lesson 12, p. 2)</p> <p>“Remember, sex is different than gender. Biological sex (male or female) depends on genetic make-up (usually XY or XX chromosomes), hormones, and genitals. Our sex is often assigned at birth. Gender is how we feel about ourselves, whether we identify as a man, woman, boy, girl, transgender, or some other identity. Gender is socially constructed and includes behaviors, attitudes, and attributes that a society considers appropriate for men and women.” (Lesson 12, p. 10)</p> <p>“What are three things a female-bodied person can do to take care of their body?” (Lesson 13, p. 8)</p>
<p>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</p> <p><i>Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.</i></p> <p><i>May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>“Pregnancy Options:</p> <ul style="list-style-type: none"> • Carry pregnancy to term & become a parent • Carry pregnancy to term & make an adoption plan • Abortion <ul style="list-style-type: none"> ○ Minors can have an abortion without parent/guardian permission ○ In CA, legal up to 24 weeks & after 24 weeks to save life or health of mother” (Lesson 14 PowerPoint, Slide 14) <p>“There are two main types of abortion. Medication abortion is available up to 9 weeks into the pregnancy. This involves taking a medicine. The medicine is taken outside of a health center, usually in someone’s home or in a safe place. A follow-up visit is needed to make sure that the abortion is complete. In-clinic abortion is available up to 24 weeks into the pregnancy. It can be done in a variety of ways. This type of procedure is performed in a health center, hospital, or a doctor’s office.” (Lesson 14 PowerPoint, Slide 14)</p> <p>Slide on first trimester of pregnancy: “MEDICATION ABORTION (pill) available through week 9 at most health centers” (Lesson 14 PowerPoint, Slide 20)</p> <p>Slide on second trimester of pregnancy: “Abortion is legal in CA up until 24 weeks for any reason & after 24 weeks to save life or health of the mother” (Lesson 14 PowerPoint, Slide 22)</p> <p>Students are shown pictures of the following methods of birth control: IUD, implant, the shot, the ring, the patch, condoms. “Some methods require that a teen goes to a doctor, clinic, or health center (IUC, implant, shot, ring, patch, pill) while other methods are available over the counter (internal condom and external condom).” (Lesson 15 PowerPoint, Slide 7)</p> <p>“Emergency Contraception: Use as soon as possible after unprotected penis-vagina sex.</p>

Can be used up to 5 days after unprotected sex.” (Lesson 15 PowerPoint, Slide 8)

“Suggested Script: ‘Today’s lesson will focus on information someone would need in order to **make decisions about birth control**. We will focus today on the birth control methods that young people use most frequently. However, **we will touch on all methods that someone can currently get in the U.S.** What methods have you heard of?’” (Lesson 16 PowerPoint, Slide 3)

“Someone who has vagina-penis sex and does not use any kind of birth control has an 85% chance of becoming pregnant within a year. **Birth control can greatly reduce the chance of a pregnancy occurring.**” (Lesson 16 PowerPoint, Slide 5)

Birth control methods listed as “**Easy to use & HIGHLY effective** = over 99% effective”: implant, IUC, female sterilization, vasectomy. (Lesson 16 PowerPoint, Slide 9)

Birth control methods listed as “**Common & works really well** = 92 – 99.7% effective”: the shot, the ring, the patch, the pill. (Lesson 16 PowerPoint, Slide 10)

Birth control methods listed as “**Common & works well** = 79 – 98%”: male condom, female condom. (Lesson 16 PowerPoint, Slide 11)

Birth control methods listed as “**Less common & less effective** = 76 – 88%”: the sponge, cervical cap, diaphragm. (Lesson 16 PowerPoint, Slide 12)

Regarding **Emergency Contraception**: “Very safe, up to 89% effective – teens can get Plan B in a drug store without prescription or parental permission. In California, teens **can get these methods for FREE** at clinics.” (Lesson 16 PowerPoint, Slide 14)

“Intrauterine Contraception (IUC, like Mirena) **can safely be used by teens.**” (Lesson 16 PowerPoint, Slide 18)

“What is the ‘best’ method? The **best method of birth control** is the one that *you* think fits your life best. It is a method that you (& your partner) **feel comfortable using** and that you will use correctly every time!” (Lesson 16 PowerPoint, Slide 19)

Advantages to female condom: “**Condoms are safe, simple, and convenient**; Can be inserted up to 8 hours before sex; Don’t have to wear something on the penis; Stays in place whether or not the penis remains erect (hard)” (Lesson 19 PowerPoint, Slide 3)

Advantages of male condom: “Condoms are safe, simple, and convenient; offers STI and pregnancy prevention; can be used with all other birth control methods (except the internal condom) to **provide very effective pregnancy prevention** and to reduce risk of sexually transmitted diseases” (Lesson 19 PowerPoint, Slide 19)

Jeopardy Question: “True or False: A 12 year old can **get an abortion** in CA without a parent’s consent. True” (Optional Jeopardy PowerPoint, Slide 9)

“**Abortion**: Ending or terminating a pregnancy. This can happen spontaneously (usually called a miscarriage) or through a medical or surgical procedure.” (Lesson 14, p. 5)

“**Pregnancy Options**: The choices available to a female when she becomes pregnant. These include parenting, adoption, abortion, and, in emergencies, safe surrender.” (Lesson 14, p. 5)

“In California, youth (including youth who are undocumented) can **receive free or low-cost, confidential pregnancy tests, prenatal care, and abortion services.**” (Lesson 14, p. 6)

“Abortion Facts

- **Abortion is safer than giving birth** and will not harm someone’s ability to have children in the future.
- In the U.S., abortion is legal up to 24 weeks into a pregnancy (calculated from the last menstrual period). In California, it is legal later if the pregnancy threatens the life or health of the mother.
- **The earlier someone has an abortion**, the safer it is and the more choices they have.
- In the U.S., about 1/3 of all females have an abortion by age 45.” (Lesson 14, p. 6)

“What types of abortion are available?

- **MEDICATION ABORTION:** Also called the “Abortion Pill,” it’s available up to 9 weeks. Usually involves 1-2 visits and a follow-up exam. May take several days and involves bleeding and cramping.
- **IN-CLINIC ABORTION:** There are a few types of in-clinic abortion. It is available up to 24 weeks into a pregnancy. Usually involves one visit to a health care provider and a follow up exam” (Lesson 14, p. 6)

As students learn about the first trimester of pregnancy, the following comment is given: “**A medication abortion** (taking a set of pills to end a pregnancy) **is available at most health centers** for up through 9 weeks (just over 2 months, during the first trimester).” (Lesson 14, p. 18)

As students learn about the second trimester of pregnancy, the following comment is given: “**Abortion can be legally accessed** in CA up until 24 weeks (about 6 months, at the end of the second trimester). After 24 weeks, abortion is legal only if performed in order to save the life or health of the mother. This will be discussed more during the section on pregnancy options. About 1 in 3 females will have an abortion at some point in their lives.” (Lesson 14, p. 19)

“As each method is discussed, **pass around a sample of that method** from the birth control kit.” (Lesson 16, p. 3)

Common Myths About Birth Control: “Only people who have a lot of sex should get birth control. Whenever anyone has penis-vagina sex, there is a possibility of pregnancy. If someone is having penis-vagina sex and does not want to start a pregnancy, they may want **to consider a birth control method.**” (Lesson 16, p. 5)

“Which Methods Could I Consider? John - My girlfriend, Crystal, is 17. We have been talking about having sex, but I am not sure that I am ready for that yet. Not only does it seem like a big step, but I don’t want anything to interfere with my ability to go to college. METHOD(S): Abstinence, **condoms**, Crystal may want to **have packet of EC** just in case.” (Lesson 16, p. 20)

“Which Methods Could I Consider? Denise - I have been with my boyfriend, Paulo, since high school. **We use condoms but are about to move in together.** I want something more effective, but I am going to school and have a screwy work schedule so don’t think I can remember to take a pill every day. We don’t want to have kids until our mid-20s. METHOD(S): **IUC and Implant** are both easy to ‘put in and forget’ and are highly effective.” (Lesson 16, p. 20)

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.

“Worksheet: **You are an Ally If...**

- You emotionally and verbally support another person who is not part of the dominant group or culture.
- **You use your voice to help people with less power.**
- You refrain from stereotyping others based on gender, race, age, physical traits, ability, sexual orientation, or gender identity.
- You like and value diversity in your school and community.
- You are willing to confront verbal and physical harassment at your school.
- You **believe in equality and dignity of all people** – including those who are different from you.
- You are willing to grow and learn how to be a better ally. And you understand that any and all efforts you make to end oppression and discrimination, and to **promote equality and dignity** are an important and necessary part of making your school, community, and world a safer and more welcoming place for everyone.” (Lesson 7, p. 9)

“LGBTQ Student Rights:

- Right to **LGBTQ-inclusive social studies, history** and comprehensive sexual health education
- Right to speak out about LGBTQ issues, including **wearing LGBTQ-affirming t-shirts**, stickers and bracelets, and access information about LGBTQ issues on school computers, and to **bring same gender dates to prom**
- Right to form and **organize Gay-Straight Alliance**, or similarly LGBTQ-related student clubs” (Lesson 7, p. 10)

“What changes would you like to see at your school to make it a safer and more welcoming environment? How can **you help make these changes** happen?” (Lesson 7, p. 11)

Lesson 15 Objective: “Students will **understand the rights youth have** to access confidential reproductive health care under minor consent laws.” (Lesson 15, p. 1)

“In this activity students will be asked to **create a poster to bring awareness to one of the risk reduction strategies for STIs** and sexually associated infections. Break the class up into 8 groups and assign each group one of the risk reduction strategies. Give each group 10 minutes [sic] to create their poster then hang the posters up around the room and have the whole class do a gallery walk around the class to view the different posters.” (Lesson 18, p. 5)

13. UNDERMINES TRADITIONAL VALUES AND BELIEFS

May encourage children to question their parents’ beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.

“**Sexuality:** This is an umbrella term that includes a person’s sexual feelings, orientation, attractions, identity, expression, gender, and biological sex. Everyone’s sexuality is unique and different.” (Lesson 1, p. 5)

“Today we have talked a lot about beliefs. Now, you will have a moment to think about the messages you have received about sex and sexuality and **then decide what you believe**. You may share the same beliefs as your family, friends, religion, culture or community, **or you may believe something different.**” (Lesson 3, p. 7)

“Directions: Write a few messages, beliefs, or ideas in each category under the ‘What I have been told’ section. Then think about **what you personally believe to be true about sex and sexuality**. Write your personal thoughts and beliefs under the ‘What I believe’ section.” (Lesson 3, p. 8)

	<p>Students have to publicly state whether they agree or disagree with the following statements:</p> <ul style="list-style-type: none"> • “Homosexuality is a genetic or inherent trait (meaning people are born gay or lesbian). • I think schools should teach more about LGBT people. • If someone is transgender then that person could also be straight, lesbian, bisexual, or gay. • If someone has had same-sex sexual experience then that person must be gay or lesbian.” (Lesson 7, p. 3)
<p>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</p> <p><i>May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.</i></p>	<p>“Teens can legally access choose [sic] any of these options and access services confidentially. If a teen is pregnant, it is highly encouraged that they talk to a parent, guardian, or trusted adult. However, if it is not safe for that teen to talk to their parent/guardian, then they can still access these services confidentially, without their parent/guardian’s permission.” (Lesson 15 PowerPoint, Slide 14)</p> <p>“True or False? You can get drug and alcohol counseling without parent/guardian consent. TRUE! Your parent/guardian does not have to know that you received care unless you tell them.” (Lesson 15 PowerPoint, Slide 23)</p> <p>“True or False? A clinic can give a teen birth control without parent/guardian consent. TRUE! You can get the IUD, implant, shot, ring, patch, pill & condoms all on your own.” (Lesson 15 PowerPoint, Slide 24)</p> <p>“True or False? A clinic will not tell your parent/guardian if you test positive for an STI. TRUE! A clinic cannot (& will not) tell your parent/guardian or anyone else that you have an STI without your permission.” (Lesson 15 PowerPoint, Slide 25)</p> <p>“True or False? A clinic can perform a pregnancy test for a teen without parent/guardian consent. TRUE! Pregnancy testing is among your confidential minor consent rights.” (Lesson 15 PowerPoint, Slide 26)</p> <p>“Very safe, up to 89% effective – teens can get Plan B in a drug store without prescription or parental permission. In California, teens can get these methods for FREE at clinics.” (Lesson 16 PowerPoint, Slide 14)</p> <p>Questions students should ask when choosing a birth control method: “Do I want a method that I can hide?” (Lesson 16 PowerPoint, Slide 20)</p> <p>“Sometimes, people may need to hide birth control from a parent, guardian, or partner ... Which methods can be hidden? The shot, IUC, implant.” (Lesson 16 PowerPoint, Slide 26)</p> <p>“Since we are starting a new unit of Health Class we would like to know how much you already know about this subject and what you think about this subject – we will measure this through something called a pretest. Please keep in mind, this assessment will not be graded and all of your answers are confidential. We just want see how much the class knows about sex and sexuality.” (Lesson 1, p. 3)</p> <p>Note: Instructions are given for the teacher to mail the pre-tests to the San Francisco Unified School District Health Programs office. Therefore, the schools are collecting information about the sexual knowledge of children seemingly without the approval of parents.</p>

	<p>On a worksheet which is filled out with a student’s name, the following question is asked and an example requested: “Have you seen other people being insulted for not acting like their gender? Do you see these kinds of insults happening in your home?” (Lesson 4, p. 14)</p> <p>“LGBTQ Student Rights: Right to consent to sensitive LGBTQ or sexual health-related services without permission from your parent/guardian or primary caregiver, if you are age 12 or older” (Lesson 7, p. 10)</p> <p>Lesson 15 Objective: “Students will understand the rights youth have to access confidential reproductive health care under minor consent laws.” (Lesson 15, p. 1)</p> <p>The following skit is performed to teach kids how to keep knowledge of sexual behavior from their parents: “PARTNER 1: I was supposed to get my period last week, and I still haven’t gotten it. PARTNER 2: What is that supposed to mean? PARTNER 1: What is that supposed to mean? I THINK I MIGHT BE PREGNANT! PARTNER 2: Whaaat!?! PARTNER 1: When we did it a few weeks ago, you didn’t use a condom. PARTNER 2: You could have used birth control, why are you blaming me? PARTNER 1: How do you expect me to go out there and get birth control when you weren’t even smart enough to get a condom? PARTNER 2: I don’t want my parents to know I needed condoms! You have no idea what they would have done to me. PARTNER 1: But where can I get a pregnancy test? I don’t have any money ... We need help, but nothing can save us. FRIEND: Wait! You can get help with these problems and many more and your parents don’t have to know if you do not want them to know. Come to your school’s Wellness Center or a local clinic! Keep yourself safe and get the services you need! PARTNER 1: Really? My parents don’t need to know that I might be pregnant? FRIEND: Everything you say is confidential and you can get any of the reproductive services you need.” (Lesson 15, p. 6)</p> <p>“Who consents to an abortion for a 14-year-old? [The] Teen” (Lesson 15, p. 7)</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>Students are referred to Tumblr’s “Today is for Tomorrow” program. “Text ‘TODAY’ to 61827 for resources, a clinic locator, & weekly tips on: Healthy living, safer sex, job seeking, mental health, more...” (Lesson 14 PowerPoint, Slide 34)</p> <p>“Let students know that there will be a whole class period dedicated to learning about birth control. If students have questions about birth control now they can talk to someone in the school Wellness Center or go to www.PlannedParenthood.org or www.Bedsider.org.” (Lesson 15 PowerPoint, Slide 7)</p> <p>“Plan B: Can be purchased at a pharmacy (usually about \$40. \$25 at Planned Parenthood) or can get this from a provider for free” (Lesson 15 PowerPoint, Slide 8)</p> <p>“Get Condoms: condoms are available at pharmacies, drug stores, corner stores, as well as from doctors, health centers, clinics, and the wellness center. Anyone, of any age, gender, sex, or sexual orientation is allowed to buy condoms.” (Lesson 19 PowerPoint, Slide 5)</p>

Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.

(For more information on how Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigatePPF.org)

“People **can get lube from pharmacies** and health centers.” (Lesson 19 PowerPoint, Slide 27)

“There are many clinics in San Francisco that **provide free and low cost health services** to people your age. If you review the Health Resource Map I have passed out you can see which clinics are closest to our school and your home.” (Lesson 1, p. 4)

Note: *Students are provided with a map showing the locations of multiple Planned Parenthood offices as well as other family-planning clinics.*

Worksheet on caring for male bodies – “Answer the questions below using the information found **on these websites:** <http://www.plannedparenthood.org/health-info/men/testicular-cancer>.” (Lesson 12, p. 8)

Worksheet on caring for female bodies – “Answer the questions below using the information found **on these websites:**

- <http://www.plannedparenthood.org/teens/my-body/female-anatomy-vulva-vagina-andbreasts>
- <http://www.plannedparenthood.org/health-info/womens-health/>” (Lesson 13, p. 8)

“To Teachers: To learn more about the vagina, vaginal lubrication and the g-spot, **see scarleteen.com** at http://www.scarleteen.com/article/body/anatomy_pink_parts_female_sexual_anatomy” (Lesson 13, p. 15)

“Directions: Imagine that you are **going to a clinic or health center for reproductive healthcare** (an STI check, HIV test, birth control or safer sex supplies) and answer the questions below.

1. **Select a clinic to visit.**
2. What is the address of the clinic?
3. How would you get there on public transportation from school or home?
4. How long would it take you to get to the clinic?
5. What are the hours of operation?
6. When would you schedule an appointment (ex: after school, weekend, morning)?
7. How would you schedule your appointment (phone, online or [sic] drop-in)?
8. What is the phone number?
9. What is the website address (if the clinic has one)?
10. Would you want a friend to go with you? Why or why not?” (Lesson 15, p. 8)

“STI Research Directions: Complete the table below using the STI handout and these websites: **www.plannedparenthood.org** and <http://www.scarleteen.com>.” (Lesson 18, p. 11)

The following barriers to condom use and solutions are discussed:

- **“I don’t know how to use a condom.”** There are instructions in boxes of condoms and there are many online resources about how to use a condom. Someone could go to [scarleteen.com](http://www.scarleteen.com), [plannedparenthood.org](http://www.plannedparenthood.org), or other websites for more info. Healthcare providers can also educate someone on condom use.
- **‘I don’t know how to use a dental dam.’** There may be instructions on the dental dam packaging and there are many online resources about how to use a condom. Someone could go to [scarleteen.com](http://www.scarleteen.com), [plannedparenthood.org](http://www.plannedparenthood.org), or other websites for more info. Healthcare providers can also educate someone

on dental dam use.” (Lesson 19, p. 8)

Students are to research a sexual topic from **one of the following resources** (Lesson 23, p. 5):

- www.plannedparenthood.org
- www.scarleteen.com
- www.sexetc.org
- www.kidshealth.org/teen
- www.iwannaknow.org/teens
- www.goaskalice.columbia.edu
- www.teensource.org

For the complete text of *Be Real, Be Ready*, see <https://ahwg.net/courses/be-real-be-ready-full-26-lesson-set/>.