

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

Big Decisions: Making Healthy, Informed Choices About Sex ***4th Edition, 2016***

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = [15 OUT OF 15]

Big Decisions: Making Healthy, Informed Choices About Sex 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: Big Decisions is described as a “Texas-friendly abstinence-plus curriculum for teens available free on the internet.” Big Decisions is a “10-session active learning curriculum” authored by Healthy Futures founder, Dr. Janet Realini. Big Decisions is designed primarily for 8th and 9th grade students (children ages 13 to 15). “The curriculum reaches thousands of students across Texas and is used by more than 23 Texas school districts, including Austin, Irving, Waco, Houston, El Paso, San Marcos, Northeast Independent School District, and San Antonio School District, as well as by many agencies.” While described as “abstinence-plus,” the curriculum fails to establish abstinence as the preferred standard and doesn’t stress that standard as the goal. Instead, the curriculum focuses on preparing children, and even encouraging them, to be sexually active.

Target Age Group: 13-15 years old

Planned Parenthood Connections: Big Decisions is promoted by Planned Parenthood and its affiliates and other abortion advocates. Big Decisions is taught by Planned Parenthood in some school districts, such as Lake Travis ISD in Texas.

HARMFUL CSE ELEMENTS

EXCERPTED QUOTES FROM CSE MATERIAL

1. SEXUALIZES CHILDREN

Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply

“...it is essential that all youth learn how to reduce their risks **when they do become sexually active...**” (p. 10)

Note: *Rather than stressing abstinence as the standard, this curriculum focuses on preparing children for sexual activity.*

“It is important in this first lesson to specifically include and respect students

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.

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.

who have been pregnant (or caused a pregnancy) or parenting.” (p. 29)

Note: While the program states that abstinence is the preferred standard, it doesn't stress that standard as the goal. There is no recommendation to include and respect abstinent youth, but, instead, the recommendation is to recognize or encourage those who have been sexually active.

“As an ice-breaker, ask the class to mention some commonly used (‘street’ or ‘slang’) names **they may have heard for genital body parts**, including (one at a time) the penis, vagina, breasts, and testicles.” (p. 89)

“As I point to and describe each body part, **please say out loud the name** of the part...” (p. 93)

Note: This activity is often used in sex education to desensitize young people to sexual terms and activities to break down their natural modesty.

“Reproductive Anatomy... What is the name of this body part (pointed out in both ‘Circumcised’ and ‘Uncircumcised’ parts of the diagram), that allows for sexual stimulation and sexual intercourse? [Shaft of Penis] ... **the ‘head’ of the penis, which is very sensitive?** [Glans of Penis] ... the tip of the glans, where urine and semen leave the body? [Opening of the Urethra] ...” (pp. 91, 106)

“These **diagrams show penises that are flaccid, or soft**. When someone is sexually aroused or excited, the penis may have an erection (or ‘boner’ or ‘hard on’). When the penis gets hard, it tends to point upward.” (p. 92)

“What is the name of this body part, which is a sensitive outgrowth of tissue that **allows for sexual stimulation?** [Clitoris]... thin layer of tissue, that covers part of the vaginal opening-the tissue that is **sometimes referred to as a ‘cherry’**... stretched or torn with the first vaginal sex, that is when a penis enters the vagina... [Hymen]...” (pp. 94, 106)

“In this game, we will consider the pathway—or journey—of the sperm cells. The sperm’s journey is about how the sperm gets from where it is formed in the body to where it leaves the body during ejaculation, or **when the person has an orgasm, or ‘cums’**. Each ‘Sperm’ will have to put his or her team in order—from left to right—of how the sperm travels from where it forms in the body through its journey to ejaculation outside of the body. The first team to get into the correct order wins.” (p. 97)

“In this game, we will consider the pathway—or journey—of the egg. The egg’s ‘journey’ is not about when the person has an orgasm, or ‘cums.’ This journey commonly happens about once a month, **with or without orgasms or ‘cumming.’**” (p. 97)

“‘Reasons to Wait’ Activity: This activity should help demonstrate to students why abstinence is an important choice to consider... The students first list the reasons to wait and the reasons to have sex, and then evaluate how healthy and

	<p>strong these reasons are.” (p. 127)</p> <p>Note: <i>Big Decisions</i> is designed primarily for 8th and 9th grade students (ages 13 to 15). A child’s brain at this age is not fully developed, particularly when it comes to risk taking and understanding consequences. It is inappropriate to teach children at this age that they can decide when they are ready for sex. Children at this age are unable legally to consent to sex in many states as the law recognizes that, developmentally, they simply are not ready.</p> <p>Activities listed under “May be Abstinence, but may Still Want to Avoid” include: “Touching Buttocks, Touching Breasts (Outside Clothes), Touching Breasts (Inside Clothes), Touching Genitals (Outside Clothes), Being Alone Together, Taking Clothes Off, Drinking Alcohol When Together, Taking Drugs While Together, and Sexting – Texting a Naked Picture of Yourself.” (pp. 146-147)</p> <p>“...asks the students to imagine that they and their partner have been having vaginal sex and using no contraceptive method...” (p. 191)</p> <p>Activity 9.2, Situation #1 After School, is a role play with “Angel and Friend” that portrays, in part: “Do you have a condom?... No, but this feels good... Let’s go to my bedroom.” (p. 273)</p> <p>Activity 9.3, Situation #2 Prom Night, is a role play in which the students write their own situation. The instructions state: “Maybe the one who doesn’t want to have sex just changed their mind. Or maybe they don’t want to have sex without both a latex condom and birth control. You and your team write the situation.” (p. 274)</p> <p>Note: <i>Throughout this curriculum, role plays repeatedly depict minors, under the legal age of consent, engaging in sexual activity.</i></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>“Reinforce that each person decides for themselves which activities they will do, and which activities they will not do.” (p. 129)</p> <p>“... it is important to know that ‘sex’ is something that both partners agree to.” (p. 130)</p> <p>Students practice negotiation skills to consent to sexual activity as an acceptable behavior just as long as they use a condom and birth control for male and female role plays or use a condom for male and male role plays. (pp. 273-274)</p> <p>Note: <i>Big Decisions</i> is designed primarily for 8th and 9th grade students (ages 13 to 15) and taught throughout the State of Texas where the legal age of consent for sexual activity is 17. Minors under the legal age of consent to engage in sexual activity should not be participating in role plays depicting how to negotiate sex. <i>Big Decisions</i> does not include the consent laws as part of the curriculum presented to the students. Instead, “Issues around Consent for Sexual Activity” are briefly addressed in “Facilitator Notes” and footnotes. Facilitators are told that they “may want to look up their state law to better understand the legal situation for young people in their state. However, these laws can be complex and sometimes difficult to state succinctly. Facilitators should be</p>

	<p><i>cautious about telling students what their state law says.” (pp. 154-155)</i></p>
<p>3. PROMOTES ANAL AND ORAL SEX</p> <p><i>Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.</i></p>	<p>“And someone can have sex without stretching or tearing their hymen. For example, someone could have oral sex, which means a person’s mouth on another person’s genitals. Note that the class will discuss the definition of sex a little more in the next lesson.” (p. 101)</p> <p>Activity 5.1: “Key Points to elicit and reinforce include: Even the experts don’t have one consistent definition. Different people consider many different activities to be ‘sex,’ but pretty much all definitions of ‘sex’ include sexual intercourse, which means: Vaginal Sex which refers to a penis inside a vagina; Oral Sex, which is when one person puts their mouth on another person’s genitals (that is, on the other person’s vulva or penis); and Anal Sex, which is when a penis goes inside another person’s anus.” (p. 130)</p> <p>“Is This Abstinence?” Activity 5.2 includes “Cards for Small Groups” and asks students to decide which of these could be considered abstinence: “Vaginal Sex (Penis in Vagina), Oral Sex (Mouth on Genitals), and Anal Sex (Penis in Anus).” (pp. 146-147)</p> <p>In the role play in Activity 9.2, the facilitator is instructed to tell the students that “Angel’s friend can be a person of any gender.” (p. 273)</p> <p>Note: <i>Therefore, the sexual activity negotiated in this role play could be anal sex between two males, and anal sex is portrayed as acceptable if using a condom.</i></p>
<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>“<i>Big Decisions</i> is also intended to be inclusive, welcoming and ‘safe’ for youth who are lesbian, gay, bisexual, transgender, questioning or of any sexual minority. The language of <i>Big Decisions</i> is chosen carefully so as not to exclude anyone.” (p. 10)</p> <p>“This example reinforces respect for all students—whatever their name; their race or ethnicity; their clothing; their sexual orientation; or their gender.” (p. 29)</p> <p>In Relationship Role Plays with Chris and Alex, “Note that the names in this role play are chosen so that the parts can be played by students of any gender.” (p. 71)</p> <p>“It is important to maintain a safe, respectful, and inclusive learning environment for all students, including lesbian, gay, bisexual, transgender, and students who are questioning or unsure of their orientation or gender.” (p. 87)</p> <p>“Activity 9.2 provides a relatively structured role play between ‘Angel’ (a male) and ‘Angel’s Friend,’ which can be a person of any gender...” (p. 264)</p> <p>Teacher reads to students, “Please note that Angel’s friend can be a person of any gender.” (p. 268)</p>
<p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>May teach children they are</i></p>	<p>“Some people think that sexual sensations are more intense without circumcision—but others disagree.” (p. 100)</p>

<p><i>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>“... masturbation... brief definition (touching oneself for pleasure)” (p. 128)</p> <p>“Sex can be fun and feel good. Having sex can help two people to feel closer to each other.” (p. 132)</p> <p>“Columbia University’s Go Ask Alice! recently updated its website and offers one definition of ‘sex’ as: ‘...any act involving contact with the [genitals or anus] between one or more consenting people for the purpose of sexual pleasure ...” (p. 141)</p> <p>In the Reasons to Have Sex Chart in Activity 5.1, the following are classified as potentially good reasons for having sex: “To show love and affection; For pleasure; To feel close to a partner; For fun; Out of curiosity; To have a baby; They met the right person.” (pp. 142-143)</p> <p>“Sex is pleasurable for many people, but pleasure, all by itself, may not be all that is needed for a healthy decision. It can be one part of a healthy decision, though.” (p. 143)</p> <p>In Role Play Activity 9.2 Angel’s friend starts touching him under his clothes and says “...this feels so good... Let’s go to my bedroom.” (p. 273)</p>
<p>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</p> <p><i>While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.</i></p>	<p>“If someone asks about masturbation, give a brief definition (touching oneself for pleasure) and acknowledge that this can be a controversial topic. Let the class know that masturbation is something that many people do. It does not have risks of pregnancy or of STIs, and it does not cause health problems.” (p. 128)</p> <p>“...some people may think that touching genitals through their clothes is OK to do and still consider themselves to be abstinent.” (p. 135)</p> <p>Students decide in small groups whether the following actions classify as abstinence: “Touching Genitals (Outside Clothes); Touching Genitals (Inside Clothes).” (p. 146)</p> <p>“The facilitator should indicate that the ‘Go Ask Alice’ definition of sex includes [Touching Genitals (Inside Clothes)] because it is contact with another person’s genitals or anus. However, some definitions of sex do not include touching.” (p. 147)</p> <p>“However, some activities consistent with abstinence, such as genital touching...” (p. 193)</p>
<p>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</p> <p><i>May inappropriately eroticize condom use (e.g., emphasizing</i></p>	<p>“Key Messages... Teens who have sex need to:</p> <ul style="list-style-type: none"> • Use latex* CONDOMS, correctly, every time, to reduce the risk of HIV and other STIs; and • Use effective CONTRACEPTION to prevent pregnancy.” (p. 8)

<p><i>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.</i></p>	<p>“In upcoming lessons, you will learn more about contraception and preventing pregnancy, as well as more about condoms and reducing the risk of STIs and HIV.” (p. 159)</p> <p>Contraceptive Method Bingo clue: “This is effective in reducing the risk of HIV and other STIs. (Abstinence, Condoms). This is important to know, because most methods do not reduce the risk of STIs. Latex condoms (or polyurethane or polyisoprene, if latex allergic) both prevent pregnancy AND reduce the risk of HIV and other STIs.” (p. 186)</p> <p>“Condoms and withdrawal work, although they are not as effective as abstinence and hormonal methods. On the other hand, they do not require a visit to a health provider.” (p. 190)</p> <p>“Point out that using latex (or polyurethane or polyisoprene, if latex-allergic) condoms correctly, every time a person has sex can reduce the risk of getting—and giving someone—STIs, including HIV.” (p. 230)</p> <p>Note: <i>Condom failure rates are not discussed in these lessons.</i></p> <p>“No prescription is required. There is no age limit to purchasing condoms. Condoms can be bought at grocery stores and drug stores. Free condoms are available at Health Department clinics... Condoms can slip off or break, especially if not used correctly. Slippage and breakage happen with about 1 to 3 percent of condoms.” (p. 198)</p> <p>Note: <i>Claiming 97-99% effectiveness with condoms is misleading. Those numbers are with perfect use. In real life, the effectiveness rate is closer to 82%, as this very program mentions on page 219.</i></p>
<p>8. PROMOTES PREMATURE SEXUAL AUTONOMY</p> <p><i>Teaches children they can choose to have sex when they feel they are ready or when they find a trusted partner. Fails to provide data about the well-documented negative consequences of early sexual debut. Fails to encourage sexually active children to return to abstinence.</i></p>	<p>“Key Messages: Having sex with someone is a BIG DECISION...” (pp. 8, 40)</p> <p>“It is important in this first lesson to specifically include and respect students have been pregnant (or caused a pregnancy) or parenting. <i>Big Decisions</i> should be inclusive of these students and help them to make healthy decisions about sex for their future. This includes decisions about when and whether to have (or cause) another pregnancy.” (p. 29)</p> <p>“This is a special program, <i>Big Decisions</i>, that is designed to help you make healthy and informed decisions about sex.” The facilitator then lists the following as some of the biggest decisions people make:</p> <ul style="list-style-type: none"> • “Deciding when and if to have children, or more children • Deciding when and if to have sex • Deciding how they will prevent an unplanned pregnancy, if they have sex • Deciding how they will reduce the risk of sexually transmitted infections (STIs), including HIV, if they have sex.” (p. 31) <p>Note: <i>While “if” they have sex is included in the list, abstinence is not</i></p>

	<p><i>emphasized or encouraged.</i></p> <p>“The facilitator should approach the lesson with this perspective, helping to foster an understanding of the importance of the material for youth as they are becoming independent and responsible adults.” (p. 86)</p> <p>Note: <i>Big Decisions is designed primarily for 8th and 9th grade students (ages 13 to 15).</i></p> <p>“Reinforce that each person decides for themselves which activities they will do, and which activities they will not do.” (pp. 128-129)</p> <p>“Sex is a personal decision, and people should follow their conscience about what is right and moral to do.” (p. 144)</p> <p>Note: <i>Remember, this material is for 13- to 15-year-olds. Disadvantages are given for each type of contraception in Activity 7.2 and 7.3, but there is no mention of negative consequences of sexual activity. (See pp. 193-200)</i></p>
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</p> <p><i>Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.</i></p> <p><i>May teach children that all sexual activity—other than “unprotected” vaginal and oral sex—is acceptable, and even healthy. May present abstinence and “protected” sex as equally good options for children.</i></p>	<p>“Big Decisions encourages all 8th and 9th grade students to wait to have sex until they are older. However, it is also important to help youth who have sex to use both condoms and contraception to reduce their risks of both STIs and pregnancy. Moreover, it is essential that all youth learn how to reduce their risks when they do become sexually active—hopefully, when they are adults.” (p. 10)</p> <p>Note: <i>Big Decisions emphasizes that students need to “learn how to reduce their risks” rather than how to avoid risks.</i></p> <p>“Reinforce that each person decides for themselves which activities they will do, and which activities they will not do.” (p. 129)</p> <p>Note: <i>Big Decisions fails to set an expected standard for abstinence. Instead, the messages for students are to wait until they are older, until they are ready, or until they think they can handle the responsibilities. A student may decide they are older the next day, ready the next week, and able to handle the responsibilities next year.</i></p> <p>“The definition of ‘sex’ is a bit complicated. Therefore, abstaining from these activities – abstinence – can be a bit complicated, too.” (p. 133)</p> <p>Activities classified as ‘May be Abstinence, but May Still Want to Avoid’: “Touching buttocks; Touching breasts (outside clothes); Touching breasts (inside clothes); Touching genitals (outside clothes); Take clothes off; ‘Sexting’ – Texting a naked picture of yourself.” (p. 147)</p> <p>“For example, some people may think that touching genitals through their clothes is OK to do and still consider themselves to be abstinent.” (p. 135)</p>

	<p>“Every person has to set their own limits and decide for themselves what they will do and what they won’t do.” (p. 135)</p>
<p>10. PROMOTES TRANSGENDER IDEOLOGY</p> <p><i>Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate theories. Fails to teach that most gender-confused children resolve their confusion by adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.</i></p>	<p>“Big Decisions is also intended to be inclusive, welcoming and ‘safe’ for youth who are lesbian, gay, bisexual, transgender, questioning, or of any sexual minority. The language in <i>Big Decisions</i> is chosen carefully so as not to exclude anyone.” (p. 10)</p> <p>“It is important to maintain a safe, respectful, and inclusive learning environment for all students, including lesbian, gay, bisexual, transgender, and students who are questioning or unsure of their orientation or gender... not all students who identify as males have a penis and testicles. Likewise, not all who identify as female have a vagina and a uterus.” (p. 87)</p> <p>“The first group of slides shows the body parts typical of people who are assigned male gender at birth... The second group of slides shows the body parts typical of people who are assigned female gender at birth.” (pp. 91, 93)</p> <p>Note: <i>When showing explicit drawings of male and female genitalia, no reference is made to male and female. (See pp. 102-108). Big Decisions 2016 departs from the 2009 version by no longer representing biological facts of human male and female anatomy to underage minors. The 2009 edition titles the male and female reproductive system diagrams, but those labels are missing from the 2016 edition. The 2009 edition of Big Decisions does not mention the words “transgender, lesbian, gay, or bisexual.”</i></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>“KEY Messages: Teens who have sex need to:</p> <ul style="list-style-type: none"> • Use latex CONDOMS, correctly, every time, to reduce the risk of HIV and other STIs; and • Use effective CONTRACEPTION to prevent pregnancy” (pp. 8, 40) <p>“What I Will Do to Protect My Goals and Dreams: (for example, not have sex; or use latex condoms, correctly, every time I have sex); or use both latex condoms correctly, every time and contraception.)” (p. 57)</p> <p>“The most effective methods are abstinence (used consistently and correctly), the Implant and the IUD. (The implant and IUD are close to abstinence in effectiveness.)” (p. 190)</p> <p>“Teens who do not choose abstinence need to use effective contraception to prevent pregnancy and latex condoms every time, in order to reduce their risks of getting or spreading STIs.” (p. 191)</p> <p>“The implant is one of the MOST effective methods ... No need to remember to do something to prevent pregnancy.” (p. 194)</p> <p>“IUDs are one of the MOST effective methods available. Typically, none or 1 of 100 couples will become pregnant in a year ... No need to remember to do something to prevent pregnancy.” (p. 195)</p>

	<p>“The shot is VERY effective... No need to remember to do something during sex to prevent pregnancy. Nothing can be seen or felt or discovered when the shot is given.” (p. 196)</p> <p>Withdrawal “works as long as it is used correctly every time... Withdrawal is FAIRLY effective [at preventing pregnancy]... It is free, and it does not require a prescription.” (p. 199)</p> <p>“Contraceptive Effectiveness Line-Up:</p> <ul style="list-style-type: none"> • Most effective: Abstinence (consistently & correctly); Implant; IUD • Very effective: Shot; Pill/Patch/or Ring • Fairly effective: Condom; Withdrawal” (p. 219)
<p>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</p> <p><i>May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote abortion.</i></p>	<p>“The sexual health content includes... basic sexual rights...” (p. 7)</p> <p>“The group that gets a method’s sheet will act as the ‘expert’ on that method for the next activity, ‘Method Bingo.’... Other methods, if mentioned by students, can be noted and state what they are... you will be able to tell the rest of us what the sheet says about your method, if needed.” (p. 184)</p>
<p>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</p> <p><i>May encourage children to question their parents’ beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.</i></p>	<p>“...the goal is to help students develop their own ideas and decisions.” (p. 27)</p> <p>“Because of the way our culture views sexuality, it may feel uncomfortable at first to have conversations about it.” (p. 33)</p> <p>In considering how to classify whether masturbation is ‘OK’ or ‘Not OK’ to do if a person wants to abstain from sex, the facilitator can say that there may be personal, family, or religious reasons to avoid it. Reinforce that each person decides for themselves which activities they will do, and which activities they will not do.” (pp. 128-129)</p> <p>“Some faiths teach that it is important to wait until marriage to have sex. The decision about whether to have sex is a personal one.” (p. 144)</p> <p>“Sex is a personal decision, and people should follow their conscience about what is right and moral to do.” (p. 144)</p> <p>Note: <i>Big Decisions fails to “present abstinence from sexual activity as the preferred choice of behavior in relationship to all sexual activity for unmarried persons” and neglects to “direct adolescents to a standard of behavior” of</i></p>

	<p><i>“abstinence from sexual activity before marriage” as required by Texas Education Code 28.004.</i></p>
<p>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</p> <p><i>May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.</i></p>	<p>One of the rules for the class is: “What happens in the group stays in the group. There should be no telling others outside the group what a particular student says...” (p. 34)</p> <p>“Help the students connect the parent goals that seem different (e.g., to get married as one of the first things to do) to the fact that times change, too.” (p. 67)</p> <p>Teacher is instructed to tell students, “What I hear in this class is confidential; that is, I will not tell others about what I hear...” (p. 35)</p> <p>“These worksheets are not to take with you. The worksheets will be collected at the end of the class.” (p. 91)</p> <p>“Some teens want to wait to have sex because their parents’ values are important to them too. Ultimately, the decision to have sex is up to the young person themselves.” (p. 145)</p> <p>“Surveys show that most parents think teens should wait to have sex until they are older and can handle the responsibilities.” (pp. 157-158)</p> <p>Note: <i>This comment is footnoted to a study that evaluated surveys of parents and adolescents. Parents surveyed “opposed pre-marital sexual intercourse both in general and for their own Adolescents.”</i> https://www.acf.hhs.gov/sites/default/files/fysb/20090226_abstinence1.pdf <i>The wording “older” and “can handle the responsibilities” in Big Decisions could be considered a challenge to the target audience of 13- to15-year-olds.</i></p>
<p>15. REFERS CHILDREN TO HARMFUL RESOURCES</p> <p><i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)</i></p> <p><i>Please Note: A conflict of interest exists whenever an</i></p>	<p>“The facilitator should indicate that the ‘Go Ask Alice’ definition of sex ...” (Activity 5.2, p. 147)</p> <p>“It is helpful if the facilitator can call one or two of the local resources to ask about what students might expect there. Facilitators can ask: how they handle calls from young people; if an appointment is needed; whether free condoms are available; and the hours the clinic is open.” (p. 228)</p> <p>Performance Objectives and Outcomes: “Make and keep a health clinic appointment to get tested for HIV/STIs, if sexually active; Be more likely to visit a health clinic that provides STI/HIV testing.” (p. 297)</p> <p>Note: <i>Big Decisions is promoted by Planned Parenthood and its affiliates. This curriculum is taught by Planned Parenthood in some school districts, such as in Lake Travis ISD in Texas.</i></p>

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.InvestigateIPPF.org)

For more information on *Big Decisions*, see <http://www.bigdecisions.org/>.