

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

Draw the Line/Respect the Line, Grade 8 (2015 Update)

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = [11 OUT OF 15]

***Draw the Line/Respect the Line, Grade 8* contains [11 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: *Draw the Line/Respect the Line* is a sexual risk reduction program (risk reduction programs are intended to help children reduce risks, usually through contraception rather than eliminate them through abstinence) developed by ETR Associates in collaboration with the University of California, San Francisco, Center for AIDS Prevention Studies. This 8th grade program includes explicit condom demonstrations and has 13- and 14-year-olds using role plays to negotiate sexual scenarios. While claiming to promote abstinence, this program instead teaches middle school students that they decide when they are ready for sex. They are taught in detail about various contraceptive methods and where they can be acquired, including those that need no prescription or parental consent to purchase.

Target Age Group: Teacher's manual for 8th grade students (13-14 years old)

Planned Parenthood Connections: *Draw the Line/Respect the Line* is published by ETR Associates, the publishing arm of Planned Parenthood. *Draw the Line/Respect the Line* was written by Karin K. Coyle and Cynthia Gomez. Gomez was on the board of directors of Planned Parenthood Federation of America from 2001-2004.

For more information on *Draw the Line/Respect the Line*, see <https://www.etr.org/ebi/programs/draw-the-line/>

HARMFUL CSE ELEMENTS

QUOTES AND MATERIAL FROM CSE CURRICULA

1. SEXUALIZES CHILDREN

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

Note: *The explicit materials throughout the curriculum (ostensibly intended to help children distinguish between safe and unsafe sexual behaviors) introduce children to a myriad of controversial sexual acts and sexual scenarios. When presented to young hormonal teens, this sexual instruction can inadvertently (or intentionally) increase sexual behavior among the 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.

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.

“Safe: Kiss on cheek, Hug, Talk on phone, Hold hands, Give/get hickey, **Feel up over clothes, Feel up under clothes**

“Some Risk: French kiss; **Mouth to genitals**, with latex barrier; Penis in vagina, with latex condom; **Mouth to genitals**, no latex barrier

“Risky: Sex with latex condom and baby oil; Sex with someone on the pill, no condom; Sex with someone you love, no condom; **Penis in vagina**, no condom; **Penis in rectum**, with condom; Penis in rectum, no condom” (8th Grade Teacher’s Manual, pp. 155, 157, 159, 161)

“Terry and Jo have been going together for 3 months. Terry is OK with kissing, but doesn’t want to go any further right now. Jo’s limit is different. Jo is **comfortable with kissing and touching, even touching under clothes**. What can Terry say to bring up the subject and when should Terry bring it up?” (8th Grade Teacher’s Manual, p. 63)

Note: Role plays repeatedly depict minors, under the legal age of consent, negotiating sexual activity.

“Chris and J. have been going together for 4 months. Both of them are OK with kissing. **Chris wants to give J. a hickey**, but J. doesn’t want one.” (8th Grade Teacher’s Manual, p. 63)

“Zeke’s friends are trying to get him to cross his line and **go for it with someone he just met.**” (8th Grade Teacher’s Manual, p. 63)

“Respond to the following pressure statement in a respectful way: **‘Having sex will bring us closer together.’**” (8th Grade Teacher’s Manual, p. 63)

“Respond to the following pressure statement in a respectful way: **‘Come on. Everyone else is doin’ it.’**” (8th Grade Teacher’s Manual, p. 63)

“Suppose you are at home with your boyfriend/girlfriend/partner and **things start to go further** than you want. What could you say to get out of this situation?” (8th Grade Teacher’s Manual, p. 63)

“What would have happened if Kashid’s mom hadn’t come home? (Trina and Kashid might have **had sex without a condom**; Trina might have gotten to her limit and stopped.)” (8th Grade Teacher’s Manual, p. 74)

“When Trina came over, they hung out for a while in the living room. Then Kashid put his arms around Trina and they began to kiss. They were both a little nervous at first, but pretty soon, Kashid was **touching Trina through her clothing**. Kashid was thinking, “Wow, this feels great. I can’t wait to tell the guys.” Trina was thinking, “I bet he really loves me—at least somebody does.” She wasn’t sure whether she wanted to **let Kashid keep touching her. But it felt good** and she was

	<p>feeling hurt about the fight with her parents. So even though in the back of her mind she was starting to worry, she ignored it.” (8th Grade Teacher’s Manual, p. 81)</p> <p>Home Alone Role play 4.4a: “Kia and Riko really like each other They are talking on the phone. Kia says, “Come over to my house. My parents won’t be home until later.” Riko really wants to go, but is worried that Kia might want to touch and take their clothes off.” (8th Grade Teacher’s Manual, p. 101)</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>“Skyler and Carlile are at a party. Carlile says, “Let’s go outside.” Skyler really wants to go, but knows that going outside means they might end up going further than she wants to.” (8th Grade Teacher’s Manual, p. 102)</p> <p>“Facilitate open conversations... determine when they are ready to engage in safe, consensual sexual activity.” (8th Grade Teacher’s Manual, p. 166)</p> <p>Note: <i>Minors under the legal age of consent to engage in sexual activity should not be participating in role plays to negotiate sex.</i></p>
<p>3. PROMOTES ANAL & 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>“HIV can be passed when people have sexual intercourse (vaginal, anal or oral).” (8th Grade Teacher’s Manual, p. 31)</p> <p>“Some STDs are passed through sexual intercourse (vaginal, oral or anal).” (8th Grade Teacher’s Manual, p. 67)</p> <p>“Not having sex: Also called abstinence, choosing not to have sex means refraining from any sexual activity that can result in pregnancy and STDs, including vaginal, oral and anal sex, as well as skin-to-skin genital contact that can transmit certain STDs.” (8th Grade Teacher’s Manual, p. 127)</p> <p>“Some Risk: Mouth to genitals, with latex barrier; Mouth to genitals, no latex barrier Risky: Penis in rectum, with condom; Penis in rectum, no condom” (8th Grade Teacher’s Manual, pp. 155, 157, 159, 161)</p>
<p>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</p> <p><i>Normalizes or promotes</i></p>	<p>“During the role play practice, students may role-play sexual pressure situations with classmates of a different or the same gender. This may be awkward for teens who are sensitive to the suggestion of same-sex romance, for teens who identify as gay or lesbian, or for teens who are transgender or gender nonconforming...</p>

<p><i>acceptance or exploration of diverse sexual orientations, sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.</i></p>	<p>Let students know that they may be doing the role plays with a classmate of a different or the same gender... Doing the role play to practice the skill doesn't say anything about the sexual orientation of the people doing the role play or mean that anyone is expressing a real life attraction toward the other person in the role play... Explain that they need to take their roles seriously because teens of all sexual orientations and gender identities need to learn how to draw the line to resist sexual pressure and protect themselves." (8th Grade Teacher's Manual, p. 93)</p>
<p>5. PROMOTES SEXUAL PLEASURE</p> <p><i>Teaches children they are entitled to or have a "right" to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.</i></p>	<p>"When Trina came over, they hung out for a while in the living room. Then Kashid put his arms around Trina and they began to kiss. They were both a little nervous at first, but pretty soon, Kashid was touching Trina through her clothing. Kashid was thinking, "Wow, this feels great. I can't wait to tell the guys." Trina was thinking, "I bet he really loves me—at least somebody does." She wasn't sure whether she wanted to let Kashid keep touching her. But it felt good and she was feeling hurt about the fight with her parents." (8th Grade Teacher's Manual, p. 81)</p> <p>"Kashid had never touched a girl this way before. He was starting to get a little nervous and thought, "What do I do now? Does she expect me to have sex with her? I don't have a condom." But then he noticed how much he was enjoying it and thought, "She knew we'd be alone. Maybe she wants it. Everybody seems to think it's what we're supposed to do. Maybe just this once won't be a problem."" (8th Grade Teacher's Manual, p. 81)</p> <p>"Some couples complain that condoms reduce sexual feeling. Others say it makes no difference. Some people complain about having to stop and put on the condom. But if the couple puts it on together, it can become a part of their shared responsibility within the relationship." (8th Grade Teacher's Manual, p. 134)</p> <p>"Condoms are relatively easy to use. With practice, they can become a regular, pleasurable part of a sexual relationship." (8th Grade Teacher's Manual, p. 134)</p> <p>"Think about yourself in a situation with someone you really like. You are getting close to your limit, feeling very good and wanting to cross your line. Right at that moment, in that situation, you might not be thinking about anything except how good you feel." (8th Grade Teacher's Manual, p. 151)</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</i></p>	<p>No evidence found.</p>

more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.

7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS

May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or "fun" with condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays, etc.) to promote condom use to children.

May provide medically inaccurate information on condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.

“The teacher demonstrates the proper use of condoms and reviews important facts about condoms. **Students work in small gender-specific groups to identify 'dos and don'ts' of condom use.**” (8th Grade Teacher’s Manual, p. 12)

Training Cards Category, Protection: “Question: Name 3 places people can get latex condoms.” (8th Grade Teacher’s Manual, p. 51)

“Condom Demonstration Materials:

- Male Latex Condoms (Teacher Background 6.4),
- **Herman Uses a Condom**—Parts 1 and 2 (Teacher Activity Sheets 6.4a and b)
- Latex condoms and box with instructions
- Vaseline
- Astroglide or other lubricant
- Female condom
- Scissors, baby wipe, tissue, plastic bag
- How to Use a Condom (Worksheet 6.4)

(8th Grade Teacher’s Manual, p. 114)

“Purpose: To demonstrate the proper use of condoms.

What the Teacher Does: Demonstrates the steps for proper condom use.

What Students Do: Observe and identify steps for proper condom use.”

(8th Grade Teacher’s Manual, p. 120)

“Procedure

1. Explain to students that you are going to read a story about someone who wants to use a condom, but doesn’t know how. Tell students that they should listen carefully, because at the end they will be asked to help the person in the story.
2. Read and demonstrate Part 1 of the Herman Uses a Condom story, using Teacher Activity Sheet 6.4a. Teacher Note: Either memorize the story or have a prepared classroom aide or student volunteer read it while you demonstrate. If you use an aide or student helper, be sure this person has a chance to review the story before presenting it in class.
3. After the first part of the demonstration, explain that sometimes condoms can break (2 or 3 out of 100 times) during sexual intercourse, usually because people don’t know how to use them correctly.* Emphasize that if students learn the proper way to use condoms, they can increase their protection

against HIV, other STD and pregnancy.

4. Tell students that Herman needs their help and that you'd like them to work in their groups to **create a list of 'dos and don'ts' similar to the instructions Herman might find in the condom box**, so he'll know how to use the last condom.

5. Explain the group assignment:

- Each group will work on a How to Use a Condom worksheet together and should choose a recorder.
- The group should list all the things Herman should do to use a condom properly under the Do column. They should list all the things Herman shouldn't do under the Don't column.
- Groups will have 5 minutes to make their lists. Check for understanding by asking students what they will do with the worksheet. Clarify as needed."

(8th Grade Teacher's Manual, p. 121)

"A male condom is a sheath made of thin latex rubber that **fits over the erect penis and catches semen and sperm when the man ejaculates**. Condoms can be 98% effective in preventing HIV, other STD and pregnancy, but only if they are used correctly and consistently—**every time a person has sex....** Condoms are available at markets, drugstores, family planning and STD clinics, and online. **Anyone can buy condoms, regardless of age or gender.**" (8th Grade Teacher's Manual, p. 128)

"A male latex condom is a sheath made of thin rubber **that fits over an erect penis**. Condoms also are called "rubbers" or "prophylactics." People allergic or sensitive to latex should use a hypoallergenic condom (e.g. polyurethane or polyisoprene)" (8th Grade Teacher's Manual, p. 133)

"How they work: The condom **fits snugly over the erect penis and catches semen and sperm during ejaculation.**" (8th Grade Teacher's Manual, p. 133)

"**How to use them:** The condom is **unrolled onto the erect penis** before the penis is placed anywhere near the other person's body." (8th Grade Teacher's Manual, p. 133)

"Several studies show that condom breakage rates in the United States are less than 2%. **Condoms are relatively easy to use.** With practice, **they can become a regular, pleasurable part of a sexual relationship.**" (8th Grade Teacher's Manual, p. 134)

"**There are no serious health risks.** Sometimes condoms may irritate the skin, especially if they contain a spermicide. Use of another brand will solve this problem in most cases. People who are allergic to latex can use polyurethane or polyisoprene condoms. Some couples complain that condoms reduce sexual feeling. Others say it makes no difference. Some people complain about having to stop and put on the condom. But **if the couple puts it on together**, it can become a part of their shared responsibility within the relationship." (8th Grade Teacher's

Manual, p. 134)

“Steps for Proper Use of Condoms Before You Have Sex

- 1. Obtain new latex condom from drugstore, family planning clinic, vending machine or other source.
- 2. Check to make sure the package is unopened and the expiration date has not passed.” (8th Grade Teacher’s Manual, p. 135)

“As Soon as an Erection Occurs

- 3. Open the condom package, being careful not to tear the condom.
- 4. Make sure the condom is right side out. Check by unrolling the condom a little over 2 fingers to see if the tip of the condom naturally sticks out.
- 5. Pinch the tip of the condom between your thumb and forefinger to get rid of any air pockets and to create a space for the semen during ejaculation.
- 6. Put the condom against the head of the erect penis before any genital contact.
- 7. With your other hand, unroll the condom to the base of the erect penis. (Note: During class demonstration and practice, unroll the condom over the index and middle finger of your hand.)” (8th Grade Teacher’s Manual, p. 135)

“After Ejaculation

- 8. Hold the condom around the base of the penis and gently pull out the penis (with the condom and its contents) from the partner’s body while the penis is still erect.
- 9. Take the condom off carefully so semen doesn’t spill. Roll it off starting at the base of the penis.
- 10. Dispose of the condom in the trash. Never use a condom twice.” (8th Grade Teacher’s Manual, p. 135)

8. PROMOTES PREMATURE SEXUAL AUTONOMY

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.

***Note:** The following activity normalizes all sexual behaviors as equal to abstinence, as long as body fluids are not exchanged that could spread STDs or cause pregnancy.*

“Tell students they now have a chance to make a promise to themselves about how they will stay safe from HIV, other STD and unintended pregnancy. Read the following questions slowly:

- **What are you going to do now** to prevent HIV, other STD and unintended pregnancy in your life?
- **Will you choose** to kiss, but not go any further?
- **Will you decide** it’s **OK to touch above the waist but not below?**
- **Will you choose** not to have sex until you are older or married?
- **Will you choose** to use condoms **every time if you decide to have sex?**” (8th Grade Teacher’s Manual, p. 22)

***Note:** The following material is for 13-15 year-olds. Disadvantages are given for each type of contraception, but there is no mention of negative consequences of*

	<p><i>sexual activity.</i></p> <p>“Condoms are available at markets, drugstores, family planning and STD clinics, and online. Anyone can buy condoms, regardless of age or gender.” (8th Grade Teacher’s Manual, p. 128)</p>
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE GOAL</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>Note: Draw the Line/Respect the Line <i>fails to set an expected standard for abstinence, emphasizing that students need to “learn how to reduce their risks” rather than how to avoid risks.</i></p> <p>“After students finish writing their promises, ask them to identify ways that people might draw the line to reduce their risk of HIV, other STD and pregnancy. Tell students they don’t have to share their individual responses, just general ideas. (Be sure answers include: choose not to have sex, postpone sex, don’t inject drugs, don’t share needles, use condoms if having sex, have fewer partners.) Point out that each person makes his or her own decision about where to draw the line.” (8th Grade Teacher’s Manual, p. 23)</p> <p>“Question: True or False? And why? If a person tests negative for HIV, that person doesn’t need to use condoms during sex. Answer: False. A negative test doesn’t mean a person can’t get HIV. All people who are having sex should use latex condoms to reduce their risk of getting HIV and other STD.” (8th Grade Teacher’s Manual, p. 57)</p> <p>“Remind students that this information about condoms can be used when they decide they are ready to have sex, which may not be for a long time.” (8th Grade Teacher’s Manual, p. 120)</p> <p>“Not having sex: Also called abstinence, choosing not to have sex means refraining from any sexual activity that can result in pregnancy and STDs, including vaginal, oral and anal sex, as well as skin-to-skin genital contact that can transmit certain STDs.” (8th Grade Teacher’s Manual, p. 127)</p> <p>Note: Draw the Line/Respect the Line <i>makes no mention and gives no attention to “return to abstinence” messages for students that have been sexually active.</i></p>
<p>10. PROMOTES TRANSGENDER</p>	<p>No evidence found.</p>

<p>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>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>Note: <i>The following instruction assumes children will likely be having sex and thus will need contraception. It also fails to inform students that adults, let alone children, often do not use condoms both consistently and correctly which means the failure rates for them will likely be much higher than what the lessons presents.</i></p> <p>“Review the directions for the group activity:</p> <ul style="list-style-type: none"> • Students will work in their small groups as assigned at the beginning of the lesson. • Each group will get a card with a method of protection written on it. (Show students the Protection Cards.) • The group must decide whether the method listed on the card protects against all 3 things, protects against pregnancy only, or doesn’t protect at all. <p>Once the group decides, someone from the group should tape the card on the Protection Chart under the correct category.” (8th Grade Teacher’s Manual, p. 119)</p> <p>“If you are having sex, use condoms every time.” (8th Grade Teacher’s Manual, p. 125)</p> <p>“The IUD is highly effective (more than 99%) at preventing pregnancy. It does this by affecting the way sperm move and preventing sperm from fertilizing an egg.” (8th Grade Teacher’s Manual, p. 127)</p> <p>“The implant is highly effective (more than 99%) at preventing pregnancy, and it provides protection for 3 years. It slowly releases a low dose of the hormone progesterin into the bloodstream.” (8th Grade Teacher’s Manual, p. 127)</p> <p>“Depro-Provera® (the shot): This is an injectable form of birth control that uses a</p>

synthetic hormone (progestin) to prevent pregnancy. It is **extremely effective at preventing pregnancy** (more than 99%), as long as the injections are done on schedule every 12 weeks.” (8th Grade Teacher’s Manual, p. 128)

“Birth control pills: This prescription drug contains different amounts of the hormones estrogen and progesterone. It is **more than 99% effective** at preventing pregnancy if the person takes it every day and uses some other method of protection during the first month.” (8th Grade Teacher’s Manual, p. 128)

“Birth control patch/vaginal ring: The patch is a thin plastic square that can be worn on the skin of the buttocks, stomach, upper outer arm or upper torso (but not on the breasts). The vaginal ring is a soft, flexible ring inserted into the vagina. They are **more than 99% effective** in preventing pregnancy when they are used correctly.” (8th Grade Teacher’s Manual, p. 128)

“A male condom is a sheath made of thin latex rubber that fits over the erect penis and catches semen and sperm when the man ejaculates. **Condoms can be 98% effective** in preventing HIV, other STD and pregnancy, but only if they are used correctly and consistently—every time a person has sex.” (8th Grade Teacher’s Manual, p. 128-9)

“When used correctly and consistently, the **female condom can be 95% effective** in preventing pregnancy, and also provides protection from HIV and other STD. Female condoms may be purchased at drugstores or online without a prescription and are sometimes available at family planning or STD health centers.” (8th Grade Teacher’s Manual, p. 129)

“Withdrawal (pulling out): In this method, when a couple has sex, the man pulls his penis out of his partner’s body before he ejaculates to try to keep semen and sperm from entering his partner’s body. Since the penis is withdrawn before ejaculation, the number of sperm that enter the partner’s body is decreased. Withdrawal is 78% (typical use) to **96% (perfect use) effective in preventing pregnancy**, but it requires a great deal of self-control and needs to be practiced consistently and without fail.” (8th Grade Teacher’s Manual, p. 129)

“Condoms may help prevent HPV, which is the leading cause of cervical cancer. Research has shown that **condom use is linked to lower cervical cancer rates**. However, HPV can occur in both male and female genital areas that are not covered by condoms. **Vaccines are available** for young men and women to help protect against the types of HPV that cause most cervical cancers.” (8th Grade Teacher’s Manual, p. 134)

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

No evidence found.

<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>13. UNDERMINES FAMILY VALUES AND RELIGIOUS 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>No evidence found.</p>
<p>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</p> <p><i>May <u>instruct children they have rights to confidentiality and privacy from their parents.</u> May teach children about <u>accessing sexual commodities or services, including abortion, without parental consent.</u> May instruct children not to tell their parents what they are being taught about sex in school.</i></p>	<p>"Condoms are available at markets, drugstores, family planning and STD clinics, and online. Anyone can buy condoms, regardless of age or gender." (8th Grade Teacher's Manual, p. 128)</p> <p>"Herman went to buy some condoms and took his older brother along to help him." (8th Grade Teacher's Manual, p. 137)</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.,</i></p>	<p>"Obtain new latex condom from drugstore, family planning clinic, vending machine or other source." (8th Grade Teacher's Manual, p. 135)</p>

sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)

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.InvestigateIPPF.org)