

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

Get Real: Comprehensive Sex Education That Works High School, 2nd Edition

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = [15 OUT OF 15]

***Get Real – High School* 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: *Get Real – High School* contains the kind of highly inappropriate material you would expect in a program written by Planned Parenthood. It teaches radical gender ideology as fact and encourages students to develop their own beliefs on sexual matters. *Get Real* normalizes oral, anal and vaginal sex and teaches students that oral sex and mutual masturbation are low-risk behaviors. Students learn detailed information about every STI and contraceptive method, and they are required to successfully complete the steps of condom use in pairs. The program teaches how to access contraceptives and sexual health care and gives students a multitude of internet resources to research any sex-based question.

It's important to note that this curriculum is aligned to the CDC's National Health Education Standards (NHES), SEL, and the National Sexuality Education Standards (NSES). Many states have adopted the NHES, thereby opening the door for programs like this one to be taught.

Target Age Group: 14-16 years old (intended for Grades 9-10)

Planned Parenthood Connections: This curriculum was written by Planned Parenthood League of Massachusetts and frequently refers students to Planned Parenthood resources.

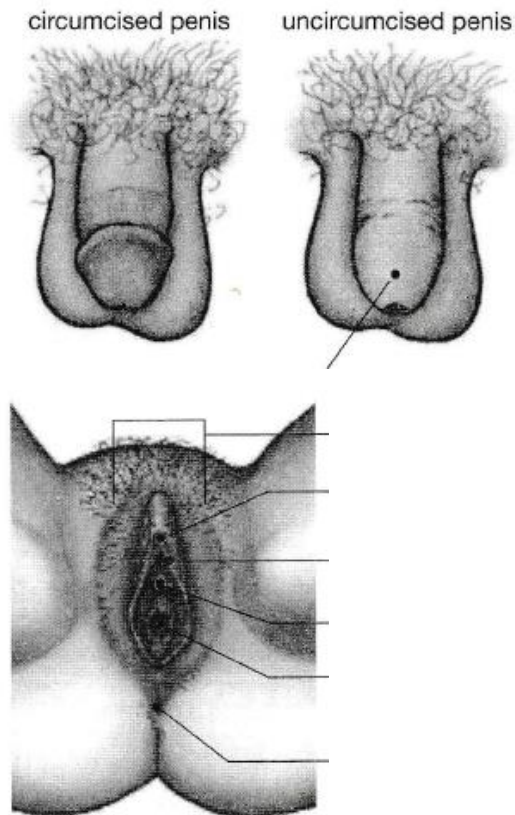
HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<p>1. SEXUALIZES CHILDREN</p> <p><i>Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply many of their peers are sexually</i></p>	<p>“For each statement, write ‘A’ if you agree with the statement and ‘D’ if you disagree:</p> <ul style="list-style-type: none">• If two teens are in a relationship, they are probably sexually active.• Almost all teens have vaginal intercourse.• You can be intimate with someone without having sex.• Oral sex is no big deal.• ‘Sexting,’ sending sexy pictures over email or cell phone, is no big deal.

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.

active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.

- People who want to **use a condom during sex** don't trust their partners.
- People can't know for sure that they're gay until they've had sex with someone of the same gender.
- Most people who have HIV know that they've been infected.
- **Sex will be better** with an older partner:
- Anyone who is able to become pregnant is responsible for preventing an unwanted pregnancy.
- Once people have sex, they can no longer be abstinent.
- Alcohol and other drug use can affect sexual decision making.” (Student Workbook, p. 3)



Diagrams of the male and female reproductive systems, including the images above are used to **label genitalia and are enlarged into posters** for the classroom. (Student Workbook, pp. 9-10)

Students complete a fill-in-the-blanks story about the process of fertilization. “Scooter, a(n) _____ (adjective) _____ (sex cell of a **person with a penis**), was _____ (verb ending in -ing) around... when they received a(n) _____ (adjective) message from the brain: **‘Arousal alert! Arousal alert! We have an erection!’**” (Student Workbook, p. 11)

Students are provided a chart with **detailed information on the transmission method, symptoms, possible complications**, and treatment of the following STIs: chlamydia, gonorrhea, syphilis, trichomoniasis, scabies and crabs, HPV, genital herpes, HIV, Hepatitis B. (Student Workbook, pp. 33-34)

“Explain that sexuality can include feelings about oneself and others, as well as values and beliefs, body awareness, **intimacy, gender and sexual identity**, and

sexual health.” (Facilitator Manual, p. 2)

“Sexual and Reproductive Anatomy Lesson Goal: **Explain the functions** of the parts of the internal and external **sexual and reproductive anatomy.**” (Facilitator Manual, p. 7)

“Penis: an organ made of soft, spongy tissue and blood vessels, used for reproduction, urination **and pleasure**. When the **penis becomes erect or “hard,”** it becomes filled with blood. This is called an erection. Explain that erections are a normal part of being human. Explain that erections may occur because of certain thoughts or feelings, be caused by a stimulus, or may happen for seemingly no reason at all.” (Facilitator Manual, p. 9)

“Divide students into four groups. Give each group a large piece of paper with one of these headings:

- **GUY WHO HAS SEX**
- **GIRL WHO HAS SEX**
- GUY WHO DOESN'T HAVE SEX
- GIRL WHO DOESN'T HAVE SEX” (Facilitator Manual, p. 21)

***Note:** Activities like this where students are given posters with statements about sex in large letters serve to break down inherent standards of modesty and desensitize students to sexual things.*

“Why is it important to effectively communicate about **previous sexual experience** in a relationship?” (Facilitator Manual, p. 56)

“Have students **choose a partner**. Read through the scenario together and then guide students through the process of scripting the beginning of a conversation between Chris and Terry. Have students follow along and write down the scene as it's created. Then, have students **work with their partner to complete the script**. Once they have their script, they should **read through the scene aloud** in their seats so that both people have a chance to play each role.” (Facilitator Manual, p. 57)

***Note:** The conversation between Chris and Terry includes the negotiation of sexual behavior.*

“Sexual Behaviors and Risk

- High Risk: **Anal sex** without a condom; **vaginal sex** without a condom
- Some Risk: **Oral sex** on a penis without a condom; oral sex on a vulva without a dental dam; vaginal sex with a condom; **anal sex with a condom**
- Low to No Risk: Touching over clothing; **touching under clothing; mutual masturbation; masturbation; oral sex with a dental dam or condom;** massage; kissing; holding hands; consistent monogamy with an uninfected partner
- Can Raise the Risk: One-night stand; dating an older partner; not

communicating sexual boundaries; **having sex with multiple partners**" (Facilitator Manual, p. 68)

"Have the class **brainstorm answers** to the following questions and record their answers on the board:

- What are reasons **people choose to have sex**?
- What are reasons people choose not to have sex?" (Facilitator Manual, p. 70)

"Explain that **each group** will be given a large sheet of paper on which they should write answers to one of the following questions:

- What are **common lines** that people have heard used to **convince a partner to have sex**?
- What are common lines people have heard used to **convince a person not to use protection**?" (Facilitator Manual, p. 70)

Students discuss social media and if the following status update should be shared publicly, privately, or if it depends: "**I got laid! Finally!**" (Facilitator Manual, p. 80)

Students discuss social media and if the following status update should be shared publicly, privately, or if it depends: "**My girlfriend has the sexiest body.**" (Facilitator Manual, p. 81)

"Read the following prompts. For each statement, ask students to stand if they agree with the statement. Be sure to emphasize that there are **no right or wrong answers for this activity, as it is based on people's personal values.**

- It's OK to **send sexy pictures** to someone as long as you are in a committed relationship.
- It's OK for **teens to date people in their 20s.**" (Facilitator Manual, pp. 84-85)

Students are to **publicly state** whether they feel the following relationship prompts are something they can deal with or if they are a deal breaker:

- "Your partner lies to you about their age.
- Your partner **sends naked pictures of you** to friends.
- Your partner **refuses to use protection.**
- Your partner gets mad at you for thinking other people are attractive." (Facilitator Manual, pp. 85-86)

Test Question Bank: "Which of the following activities has the lowest risk of STI transmission?"

- a) **Anal sex**
- b) **Vaginal sex**
- c) **Oral sex**
- d) **Mutual masturbation**" (Facilitator Manual, p. 96)

Test Question Bank: "Which of the following behaviors is considered low risk?"

- a) **Anal sex with a condom**
- b) **Vaginal sex without a condom**
- c) **Vaginal sex with a condom**
- d) **Oral sex with a condom or dental dam**” (Facilitator Manual, p. 98)

Test Question Bank: “Which of the following situations can **raise someone’s risk** level for an STI?

- a) Consistent monogamy with someone without STIs
- b) Kissing
- c) Unprotected sex with multiple partners
- d) Assertive communication” (Facilitator Manual, p. 98)

Test Question Bank: “**Write a 500-word essay** in response to the following prompt: Imagine a society in which **not using protection during sex is considered abnormal**, and people discuss sexually transmitted infections as openly as they do common colds. What would that look like? How is that different from the society you live in now? How might this form of open, honest communication make the whole society safer and healthier?” (Facilitator Manual, p. 99)

“The following Rights and Responsibilities will set a positive and safe tone for the classroom environment: **Feel positive about your sexuality**. Affirm that, although it might be embarrassing to talk and learn about sexuality, **it can be a fun and positive experience.**” (Facilitator Manual, p. 105)

“Sexuality refers to who people are as human beings. Sexuality can change and develop through a person’s life. **Sexuality includes**, but is not limited to, the following:

- **Sexual behaviors, sexual relationships and intimacy**
- How people express themselves (including the way they talk, dress, and relate to others)
- Values, beliefs and attitudes
- How people feel in their own bodies and **their sense of their own gender** (gender identity)
- Who people are romantically, emotionally, physically and **sexually attracted to** (sexual orientation)...” (Facilitator Manual, pp. 108-109)

Sample question and suggested answer: “What is the **average size of a penis**? Lots of people want to know what's considered average. Sometimes people worry that their penises are too big or too small. The average size of a penis for adults ranges from **2.5 to 4 inches if it is soft (flaccid), and 4 to 6 inches if it is hard (erect)**. ‘Average’ means that most fall within this range, but some are smaller or larger.” (Facilitator Manual, p. 113)

“**Penis:** This organ is made up of soft, spongy tissue and blood vessels. The penis serves three purposes in the body: (1) reproduction, (2) urination, and (3) **pleasure**. When the **penis becomes erect, or ‘hard,’** it becomes filled with blood. This is called an erection.” (Facilitator Manual, p. 118)

	<p>“Clitoris: There is an internal and external part of the clitoris. The external part is about the shape and size of a pea. It has many sensitive nerve endings and is made of the same erectile tissue as the penis. It is sensitive to touch and is protected by a hood of skin. Just like the penis, the clitoral tissue fills with blood when sexually aroused, causing the clitoris to become firm and erect. The internal part of the clitoris fans out to support the external part of the clitoris and attaches to the internal tissue.” (Facilitator Manual, p. 119)</p> <p>“‘Consistent monogamy with an uninfected partner’ refers to two people who have both tested negative for STIs and are engaging in a sexual relationship only with each other.” (Facilitator Manual, p. 149)</p> <p>“When guiding the class through answering the question: ‘What are the reasons people choose to have sex?’ make sure to focus on the positive. The point of this brainstorm is to frame consensual sex as being a positive and pleasurable interaction between people.” (Facilitator Manual, p. 153)</p> <p>“Protected sex is mutually consensual intercourse during which a barrier and/or hormonal protection method is used correctly.” (Facilitator Manual, p. 166)</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>Negotiation scenario: “Chris and Terry have made out a few times in the past. They both really like one another and enjoy spending time together, but they haven't discussed or labeled their relationship. This time, while kissing, Chris asks Terry if they have a condom. Terry doesn't feel ready to have sex with Chris, but is worried that if they say no they'll never have another opportunity. They're also afraid that Chris will be angry. Terry doesn't know what to do and doesn't know what to say to Chris. Script an assertive and realistic scene for these two characters.” (Student Workbook, p. 39)</p> <p>“How might someone start a conversation about sexual boundaries with a partner? What are ways that partner could respond in order to make the other person feel heard and respected?” (Student Workbook, p. 41)</p> <p>Negotiation scenario: “‘My boyfriend really wants me to give him oral sex. He knows I did it for a guy last summer, but I didn't like it and don't want to do it again.’ Pretend you're a famous advice columnist and this person has written to you asking what they should do in this situation. What might you tell the main character to say to their boyfriend? How can they communicate their sexual boundaries assertively and effectively? How would you explain consent to this person?” (Student Workbook, p. 43)</p> <p>Negotiation scenario: “‘My girlfriend says she'd rather have sex without condoms because she doesn't like the way they feel. I was trying to be responsible about pregnancy, but she seems fine going without. I guess if she's OK with it, I should be OK too.’ Pretend you're a famous advice columnist and this person has written to you asking what they should do in this situation. What might you tell the main character to say to their girlfriend?” (Student</p>

Workbook, p. 44)

Lesson 9.7 Goal: “**Communicate assertively in sexual relationships.**” (Facilitator Manual, p. 55)

“Is it easy or hard to demand the use of protection and **refuse to have unprotected sex** if a person is in a committed relationship? Why?” (Facilitator Manual, p. 57)

Lesson 9.8 Goal: “**Identify ways to negotiate protection** within relationships.” (Facilitator Manual, p. 69)

“Consent means ‘giving permission.’ **Get Real defines sexual consent** as requiring a sober ‘yes’ from all partners, free from intimidation or pressure. **Consent is an ongoing process**, and a ‘yes’ to something once doesn’t mean a ‘yes’ to something always.” (Facilitator Manual, p. 70)

Test Question Bank: “Which of the following is **required for sexual consent**?

- a) Sobriety
- b) Open, honest communication between partners
- c) A clear ‘yes’ from everyone involved
- d) All of the above” (Facilitator Manual, p. 96)

“Remind students of these facts about condoms before they **write their advice for negotiating protection**:

- Other than abstinence, the condom is the only protection method that, when used correctly and consistently, protects against both pregnancy and STIs.
- When it comes to HIV prevention, using condoms is 10,000 times safer than not using condoms.
- Acquiring external condoms does not require a doctor’s prescription or parent permission.
- Most health clinics, as well as some other community locations and schools, give condoms away for free.” (Facilitator Manual, p. 154)

“The following are some **talking points on consent**:

- Sexual consent requires a sober, enthusiastic ‘yes!’ from both partners.
- Any sexual behavior (talking, kissing, touching, intercourse) **should be mutually consensual**. This means both people have agreed to engage in the behavior.
- **Consent is an active decision**, which means people cannot give consent if they are drunk or asleep.
- ‘Yes’ means yes. ‘No’ means no. If a person has not clearly said ‘yes’ to something, then the answer should be considered ‘no.’ Silence should be considered a ‘no.’
- People can change their minds and stop consenting at any time. Partners should check in with each other. Language such as, ‘Is this OK?’ or ‘Does this feel good?’ or ‘Tell me what you want’ or ‘I like...but I don't like...’

	<p>can be used to communicate comfort and boundaries. Consent can be sexy and caring.</p> <ul style="list-style-type: none"> • Consent means ‘giving permission.’ <i>Get Real</i> defines sexual consent as requiring a sober ‘yes’ from all partners, free from intimidation or pressure. Consent is an ongoing process, and a ‘yes’ to something once doesn't mean a ‘yes’ to something always. • Consent should be mutual, not hesitant or coerced. If both partners are not definitively on the same page, they should slow down and check in with each other.” (Facilitator Manual, pp. 161-162)
<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>Step to correct condom use: “Have vaginal, oral or anal sex.” (Student Workbook, p. 27)</p> <p>Negotiation scenario: “My boyfriend really wants me to give him oral sex. He knows I did it for a guy last summer, but I didn't like it and don't want to do it again.” (Student Workbook, p. 43)</p> <p>“Internal Condom: Made of Nitrile (latex-free material). Inserted into the vagina or anus.” (Facilitator Manual, p. 38)</p> <p>“Dental Dam: The dental dam is a thin layer of latex, plastic, or polyurethane that acts as a barrier between partners when placed over the vulva (outside of vagina) or anus during oral sex... Dental dam may slip out of place if not held around the area receiving oral sex.” (Facilitator Manual, p. 39)</p> <p>“Lesson 9.7 Terms to Use: Oral, anal, vaginal sex” (Facilitator Manual, p. 55)</p> <p>“Be sure to mention that some behaviors would need to be moved depending on which risk was being discussed (e.g., unprotected oral sex carries moderate risk for herpes and gonorrhea, some risk for syphilis, and low risk for HIV, chlamydia, HPV, trichomoniasis and hepatitis B).” (Facilitator Manual, p. 56)</p> <p>“Sexual Behaviors and Risk:</p> <ul style="list-style-type: none"> • High Risk: Anal sex without a condom • Some Risk: Oral sex on a penis without a condom, oral sex on a vulva without a dental dam, anal sex with a condom • Low to No Risk: Oral sex with a dental dam or condom” (Facilitator Manual, p. 68) <p>“Definitions of sexual intercourse:</p> <ul style="list-style-type: none"> • Vaginal sex – penetration of the vagina • Anal sex – penetration of the anus • Oral sex – mouth to penis; mouth to vulva; mouth to anus” (Facilitator Manual, p. 109) <p>“An external condom is a thin layer of latex or polyurethane that covers the penis during vaginal, anal or oral sex.” (Facilitator Manual, p. 133)</p> <p>“Internal Condom: ...This condom can also be used for anal sex, but the inner</p>

	<p>ring should be removed first.” (Facilitator Manual, p. 135)</p> <p>“Dental Dam: Made of a thin layer of latex, a dental dam is placed over the vulva or anus during oral intercourse and acts as a barrier between partners for protection against STIs.” (Facilitator Manual, p. 136)</p> <p>“Of the three forms of sexual intercourse defined in <i>Get Real</i>, anal sex carries the highest risk of HIV transmission. Vaginal sex has the second-highest risk, followed distantly by oral sex.” (Facilitator Manual, p. 143)</p> <p>“Use barriers such as condoms and dental dams when engaging in oral sex. Latex dental dams can be applied to the vulva to prevent the transmission of STIs through vaginal fluid.” (Facilitator Manual, p. 144)</p> <p>“Anal and vaginal sexual activities without a condom both carry a high risk for STIs.” (Facilitator Manual, p. 149)</p> <p>“Oral sex on a penis without a condom carries some risk for STIs, rather than a high risk, because it is less likely for some STIs to spread through oral sex than through vaginal or anal sex. According to the American Sexual Health Association and CDC, unprotected oral sex carries moderate risk for herpes and gonorrhea, some risk for syphilis, and low risk for HIV, chlamydia, HPV trichomoniasis and hepatitis B.” (Facilitator Manual, p. 149)</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>“Sexual Orientation: A term that refers to a person’s feelings of emotional, romantic, physical and/or sexual attraction to others. (Examples: straight, gay, pansexual, bisexual, asexual, etc.)” (Student Workbook, p. 17)</p> <p>“Straight: A person who is emotionally, romantically, physically and/or sexually attracted to people of another gender.” (Student Workbook, p. 19)</p> <p>“Gay: A person who is emotionally, romantically, physically and/or sexually attracted to people of the same gender.” (Student Workbook, p. 19)</p> <p>“Lesbian: A woman who is emotionally, romantically, physically and/or sexually attracted to other women.” (Student Workbook, p. 19)</p> <p>“Bisexual: A person who is emotionally, romantically, physically and/or sexually attracted to two genders.” (Student Workbook, p. 19)</p> <p>“Asexual: A person who does not experience sexual attraction, but may experience other forms of attraction (e.g., intellectual, emotional).” (Student Workbook, p. 20)</p> <p>“Pansexual: A person who is emotionally, romantically, physically and/or sexually attracted to people regardless of their sex, gender and/or gender identity. Attraction is based on personality, characteristics and traits.” (Student Workbook, p. 20)</p>

“**LGBTQ+**: An acronym for Lesbian, Gay, Bisexual and Transgender. Q can stand for Questioning or Queer. The plus exists because these are not all of the sexual and gender identities a person may have.” (Student Workbook, p. 20)

“**Questioning**: A term used to describe people who are in the process of exploring their sexual orientation or gender identity.” (Student Workbook, p. 20)

“**Queer**: A word that may be used to describe people who identify as gay, lesbian, bisexual, transgender or many other sexual identities. The term ‘queer’ is currently used by some people within the LGBTQ+ community as an **affirmation of their sexual and gender identities** as different and wonderful, as in, ‘I’m queer and proud.’ The term ‘queer,’ however, has historically also been a derogatory word used against gay and lesbian people or those suspected of being gay or lesbian. Caution should be exercised in using the word because of this historical association.” (Student Workbook, p. 20)

“**Ally**: A person who is not LGBTQ+ but shows support for LGBTQ+ people and **promotes equality** in a variety of ways.” (Student Workbook, p. 20)

“**Heteronormative**: The assumption that everyone is heterosexual (or straight) and that this sexual orientation is superior, or the norm for all people.” (Student Workbook, p. 20)

“Jai thinks **they might be bisexual** but has only dated boys. Jai is looking for a new partner and their friend is helping them make an online profile. Jai asks their friend, ‘Should I even bother including women? I’ve never even had a girlfriend.’

- What might Jai be feeling?
- Where do you think Jai’s hesitation to **identify as bisexual** might be coming from?
- What could Jai’s friend say/do to be an ally in this situation?” (Student Workbook, p. 22)

“The *Get Real* program understands that traditional sex education is rarely inclusive of LGBTQ+ young people, and therefore **strives to be as inclusive as possible**, not just in the gender and sexual identity lesson, but throughout the entire curriculum.” (Facilitator Manual, p. v)

“Raise your hand if... You have only ever been in classes where it’s **assumed sex only happens between a man and a woman**.” (Facilitator Manual, p. 4)

“Explain to students that there are four aspects to a person's gender and sexual identity: sex assigned at birth, gender identity, gender expression and **sexual orientation**.” (Facilitator Manual, p. 28)

“Every person has a sex assigned at birth, a gender identity, a way of expressing their gender, **and a sexual orientation**. And each of these is unique to every individual person.” (Facilitator Manual, p. 29)

Students discuss social media and if the following status update should be shared publicly, privately, or if it depends: “So happy that Mark is **finally out of the closet!**” (on the day when Mark came out to his close friends and family)” (Facilitator Manual, p. 78)

Students discuss social media and if the following post should be shared publicly, privately, or if it depends: “A picture of **two girls making out** at a recent party.” (Facilitator Manual, p. 82)

Test Question Bank: “Which of the following is not **part of a person’s sexuality**?”

- a) Values and beliefs
- b) Body image
- c) Astrological sign
- d) Sexual orientation” (Facilitator Manual, p. 96)

“This lesson intentionally uses **language that is heteronormative**. The reason is that this lesson aims very specifically at pregnancy prevention. And although this activity focuses on vaginal intercourse, it's important to remember that **sexual behavior does not always align with sexual orientation**... It may be valuable to explicitly name that **you know this activity is heteronormative** and to explain why this is.” (Facilitator Manual, p. 124)

“The lesson is also focused on stereotypes. Therefore, point out to students that the focus on **heteronormative relationships and the gender binary is also an example of a cultural stereotype**. This way, by the end of the lesson, they can identify that one way to push back on stereotypes is to **not use heteronormative language or expect everyone to fit themselves into the gender binary**.” (Facilitator Manual, p. 124)

“Be sure to use the term ‘**sexual orientation**’ rather than ‘sexual preference.’” (Facilitator Manual, p. 127)

“Students may conflate sexual behavior and sexual orientation. They often **equate certain sexual behaviors with certain sexual orientations**. It's important to distinguish between the two. **Sexual behavior does not tell us a person’s sexual orientation**, and vice versa – sexual orientation does not dictate sexual behaviors.” (Facilitator Manual, p. 127)

“**Normalize different sexual identities and sexual behaviors**. Remember that sexual identity and sexual behavior do not always coincide.” (Facilitator Manual, p. 127)

“It's important for students to understand that, **for many people who identify as LGBTQ+**, hiding parts of identity is part of their everyday life. Help students make the connection to what it means to be an ally within their school community and to feel that the community you are creating in the class is one in which every aspect of their identity is valued and respected.” (Facilitator Manual, p. 129)

	<p>“Why not define <i>homosexual</i>? The term <i>homosexual</i> is an outdated clinical term typically used to classify people based on sexual orientation, and therefore can feel derogatory within the LGBTQ+ community. <i>Gay</i> and <i>lesbian</i> are more commonly accepted terms. However, if a person self-identifies using the term ‘homosexual,’ it is important to use whatever term that person uses.” (Facilitator Manual, p. 129)</p> <p>“Any time the discussion is focused on pregnancy prevention, there is potential for the lesson to become heteronormative (i.e., not inclusive of LGBTQ+ students). Note that students who identify as gay are significantly more likely to report having had or caused a pregnancy than heterosexual youth (15% vs. 4%). This being the case, it is important when discussing pregnancy prevention that the teacher use inclusive language (e.g., use of ‘they,’ ‘them,’ ‘partner’ and anatomical language) and encourage students to do the same.” (Facilitator Manual, p. 133)</p> <p>“In presenting the activities in this lesson, it's important to be inclusive. Some students may have never been in a relationship. Others may identify as LGBTQ and feel as though the conversation does not pertain to them.” (Facilitator Manual, p. 161)</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>“What are some pleasurable, low-risk activities that people in a relationship could do if they weren't ready to engage in sexual intercourse?” (Student Workbook, p. 41)</p> <p>“Explain that using a lubricant can increase pleasure as well as efficacy of condoms.” (Facilitator Manual, p. 36)</p> <p>“Explain that sexual activity is meant to be pleasurable and enjoyable, but it can also carry risk.” (Facilitator Manual, p. 56)</p> <p>“What are some pleasurable, low-risk activities that two people in a relationship could do if they weren't ready to engage in sexual intercourse?” (Facilitator Manual, p. 58)</p> <p>“The point of this brainstorm is to frame consensual sex as being a positive and pleasurable interaction between people.” (Facilitator Manual, p. 153)</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</i></p>	<p>“Low to No Risk Sexual Behaviors: Mutual masturbation, masturbation” (Facilitator Manual, p. 68)</p> <p>Sample question and suggested answer: “What is masturbation? Masturbation is defined as touching, rubbing, and/or fondling one's own sex organs for pleasure and stimulation. There are no medical or safety concerns for people who choose to masturbate. It is a personal decision and a normal behavior for people of all ages. People may have different opinions about masturbation, often based on cultural or religious reasons. It's important to know that it's OK to choose to masturbate, and it's OK to choose not to masturbate.” (Facilitator</p>

<p><i>addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.</i></p>	<p>Manual, p. 112)</p> <p>“Mutual masturbation and masturbation are both low-to-no risk behaviors. Mutual masturbation is touching someone else's genitalia for sexual pleasure. Masturbation is touching one's own body for sexual pleasure. In both scenarios, the risk for STI transmission is very low.” (Facilitator Manual, p. 149)</p>
<p>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</p> <p><i>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.</i></p>	<p>“Steps to Correct External Condom Use:</p> <ul style="list-style-type: none"> • Discuss with partner the decision to have sex. • Discuss protection methods with partner. • Check expiration date on condom. • Check the package of the condom for holes, tears, or any sign of damage. • Carefully open condom package and remove condom. • Penis is erect. • Place the condom on the head of the penis. • Hold the tip of the condom to squeeze out any air. • Roll the condom down to cover the entire penis. • Use lubricant. • Have vaginal, oral or anal sex. • Keep condom on penis until done (whether ejaculation occurs or not). • Hold onto the rim of the condom at the base of the penis. • Withdraw the penis. • Carefully take the condom off the penis. • Throw the condom in the garbage. • Use a new condom if both partners want to have sex again.” (Student Workbook, p. 27) <p>“Comprehensive Protection Methods Lesson Goals: Identify all the steps of correct condom use.” (Facilitator Manual, p. 33)</p> <p>“Materials Checklist: Protection methods kit, condom, demonstration tool for condom” (Facilitator Manual, p. 33)</p> <p>“The teacher should demonstrate the steps using an external condom and demonstration tool or fingers, and remind students to study the steps on the handout as homework.” (Facilitator Manual, p. 36)</p> <p>“Explain that using a lubricant can increase pleasure as well as efficacy of condoms. However lubricants used with condoms must be water- or silicone-based. Most lubricants designed specifically for sex are safe with condoms, but lubricants designed for other purposes may not be.” (Facilitator Manual, p. 36)</p> <p>“As an optional activity, the teacher can show that using oil-based lubricant is not safe. This can be demonstrated by inflating a condom with air and vigorously rubbing Vaseline on the outside of the condom. The condom will break.” (Facilitator Manual, p.36)</p> <p>“Optional: If there is time, show students an internal condom and explain</p>

how it is used.” (Facilitator Manual, p. 36)

“**Dental Dam**: The dental dam is a thin layer of latex, plastic, or polyurethane that acts as a barrier between partners when placed over the vulva (outside of vagina) or anus during oral sex. **Can also use a condom cut in half.**” (Facilitator Manual, p. 39)

Lesson 9.6 Materials Needed: “Condoms, **demonstration tool for condoms**” (Facilitator Manual, p. 45)

“Using the steps on the handout, **have students pair up and take turns putting a condom on a demonstration tool or their fingers.** The student who is not currently demonstrating should use the checklist to see if the demonstrator is following all of the correct steps. After a correct demonstration, have students switch so everyone has a chance to practice these skills.” (Facilitator Manual, p. 48)

“Demonstrate added **obstacles to condom use**, including intoxication.

- Once all students have completed their condom demonstrations, explain that students will now try the activity again, with a twist. Pick two student volunteers and give them blindfolds. These two volunteers will be **racing to complete all of the steps for condom use** without being able to see.
- Each competitor will be allowed to have one assistant. The **assistant will hold the demonstration tool** and can read the steps and the expiration date but may not physically help with placing the condom on the model. If time allows, other students can try to compete.
- Ask students what was different this time around. Ask students how it felt to try putting a condom on properly while one of their senses was impaired. Did they feel as confident that they were following the steps correctly? Draw a parallel between the blindfold and the use of alcohol or other drugs.” (Facilitator Manual, p. 49)

Test Question Bank: “Which of the following **should come first sequentially**?

- a) Squeeze air out of the tip of the condom
- b) Check expiration date on the condom
- c) Carefully remove the condom away from partner’s body
- d) **Place the condom on the head of the penis**” (Facilitator Manual, p. 97)

“When used correctly and consistently, condoms are 98% effective at preventing pregnancy. However, typical use (which takes into account human error) is 85% effective. In order to reach 98% efficacy, **all steps to condom use must be followed**, including the following:

- Before use, there should be an open, honest discussion about not only the decision to engage in sex, but also the choice to use protection.
- Condoms should be stored at room temperature and not in cars or wallets.
- The expiration date on the condom must be checked, and the packaging

must be checked for holes or tears.

- The penis should be fully erect before the condom is put on. **If the penis is not fully erect**, the condom is more likely to not fit correctly, break or become uncomfortable during the sexual act.
- When the **condom is placed on the penis**, the top must be pinched so there is no air inside. A small amount of space should remain at the top to contain semen in case of ejaculation.
- If the condom is placed on backward, it cannot be turned around. In order to ensure that it is put on the right way, the user should roll the condom down slightly on a finger before placing it on the head of the penis.
- The condom must be **rolled down to cover the entire penis** and must be left on for the **entire duration of the sexual act**, whether ejaculation occurs or not.
- Before the penis is withdrawn, the condom should be held at the base to ensure that it does not come off during withdrawal.
- If ejaculation does occur, the penis should be withdrawn right away **before it becomes soft or flaccid**.
- The condom should be removed and thrown away in the garbage. If the two people **want to engage in sex again**, a new condom must be used.
- The use of water-based or silicone-based lubricant to increase comfort is suggested. However, oil-based lubricant will break down the condom and should not be used.” (Facilitator Manual, pp. 133-134)

“Made of a thin layer of nitrile, the internal condom is inserted into the vagina and acts as a barrier between partners. When used correctly and consistently, it is 95% effective at protecting against pregnancy. With typical use, it is 79% effective. It is actually more effective at protecting against skin-to-skin STIs than the external condom because it covers most of the vulva. **The internal condom is inserted by squeezing the inner ring and pushing it into the vagina**. Silicone or water-based lubricant can be used to make this process easier. The internal condom will not get stuck or lost in the vagina; the average vagina is generally only 3 to 5 inches long, so the condom should be easy to remove once intercourse is over. Internal condoms are available by prescription only, although **some reproductive health centers may provide them for free**. The internal condom can be inserted into the vagina up to 6 hours before intercourse. This condom **can also be used for anal sex**, but the inner ring should be removed first.” (Facilitator Manual, p. 135)

“The following are some additional **talking points** to use when going through the **condom demonstration**:

- Generally, condoms have a shelf life of about 5 years. If a condom has expired, the latex or polyurethane has begun to wear down and the condom is much more likely to break.
- Condoms must be stored at room temperature in a place where the wrapper will not become punctured or worn down. Storing a condom where it is too hot or cold, or where the package's integrity is compromised, will cause the latex or polyurethane to wear down.

	<ul style="list-style-type: none"> • When an external condom is placed on the penis and rolled down, it must be rolled down in the correct direction. If the condom will not roll, it is because it has been placed on incorrectly. After being placed incorrectly, the condom should not be used. This is because the condom may have come into contact with pre-ejaculate fluid from the erect penis. Pre-ejaculate fluid can contain STIs and may contain up to 20,000 sperm. • Before the condom is rolled down, the air must be squeezed out of the tip and a small amount of room left at the top of the condom. This is because, like a balloon, a condom is more likely to break if air is trapped inside. Also, if no space is left at the tip of the condom, it is more likely to break when the person ejaculates because the fluid will have nowhere to go. • Condoms should be thrown away in the garbage rather than flushed down the toilet because they can clog plumbing.” (Facilitator Manual, p. 139) <p>“This lesson focuses on the external condom because the internal condom is harder to access. If there is time in this lesson, guide students through an internal condom demonstration using your hand.” (Facilitator Manual, p. 140)</p> <p>“Each student must go through the step-by-step process of putting the condom on correctly. Research shows that skill acquisition increases when students are given the opportunity to practice a new skill rather than just observing someone demonstrate it.” (Facilitator Manual, p. 146)</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>“If people choose to be sexually active, using condoms can reduce their risk by preventing transmission of fluids.” (Student Workbook, p. 31)</p> <p>“Whose responsibility is it to protect a couple from STIs and/or pregnancy? Who should make the decisions regarding sexual behaviors? Why?” (Student Workbook, p. 52)</p> <p>“Personal Risk Assessment: Put a checkmark next to the statements that are true for you. Put a star next to the statements you have thought about trying and will work on in the future.</p> <ul style="list-style-type: none"> • I've talked with my friends about what protected sex is. • I've found where the condoms are at the drugstore. • I've found where to get free condoms in my community. • I've found where to access confidential sexual health care in my community. • I've waited or will wait to get involved sexually with someone until I know my partner well enough to be able to talk about it first. • I've learned about the different methods of protection. • I understand the difference in how hormonal methods and condoms prevent pregnancy. • I've waited or will wait to start a relationship with someone until I feel ready.

	<ul style="list-style-type: none"> • I've asked questions about how my body works so I know what's normal. • I've thought a lot about making up my own mind about sex and protection. • I've corrected a classmate who had wrong information about sex, even though it was hard to do. • I've thought a lot about and worked on knowing my rights when it comes to my body." (Student Workbook, p. 53) <p>"Introduction to Sexuality Lesson Goal: Identify personal values and beliefs about sexuality and sexual health." (Facilitator Manual, p. 1)</p> <p>"When should the discussion of condom use begin in a dating relationship?" (Facilitator Manual, p. 48)</p> <p>"What are some decisions high school students can make about sex and sexuality that will keep them healthy and safe?" (Facilitator Manual, p. 58)</p> <p>Lesson 9.8 Goal: "Identify and maintain boundaries." (Facilitator Manual, p. 69)</p> <p>"Condoms can be found in drugstores, doctor's offices, health clinics, some school nurse's offices and most supermarkets. There is no age restriction on the purchase of condoms." (Facilitator Manual, p. 134)</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>"The <i>Get Real</i> high school curriculum is designed to help students develop the skills needed to delay sex and to encourage correct and consistent use of protection methods when they become sexually active." (Facilitator Manual, p. iii)</p> <p>"As a result of participating in the <i>Get Real</i> program, students will be able to:</p> <ul style="list-style-type: none"> • Describe consequences of sexual activity and ways to reduce the risk of negative consequences. • Demonstrate assertive communication and refusal skills for delaying sexual intercourse and avoiding unprotected sexual activity. • Identify ways teens can access sexual health care. • Identify and describe common protection and contraception methods." (Facilitator Manual, p. iii) <p>"While abstinence from sex is the most effective way to avoid sexually transmitted infections and unintended pregnancy, adolescents require a comprehensive understanding of sexual health, sexuality and protection methods, which they will need when they become sexually active." (Facilitator Manual, p. iii)</p> <p>"When addressing abstinence with teens, educators must recognize that there is a range of ways in which people might define this term, from no sexual contact at all, to abstaining only from sexual intercourse. <i>Get Real</i> adopts the definition from the Sexuality Information and Education Council of the United States (SIECUS), which defines abstinence as voluntarily choosing not to engage in</p>

certain sexual behaviors, including any sexual behaviors that can result in pregnancy or sexually transmitted infections (STIs), including HIV.” (Facilitator Manual, p. iv)

“The health goal of the curriculum is to promote positive sexual health behaviors and beliefs among students who have participated in the *Get Real* high school comprehensive sexuality education curriculum, resulting in a delay of sexual initiation, a **reduction of unintended pregnancies**, and **higher use of protection methods.**” (Facilitator Manual, p. xi)

“The behaviors targeted are as follows:

- Delay initiation of sex.
- **Increase correct and consistent use of condoms and/or other protection methods.**” (Facilitator Manual, p. xi)

“In a **sexual relationship between a guy and a girl**, who is responsible for protection and why?” (Facilitator Manual, p. 22)

“Ask the class what it would take to change attitudes toward shared sexual responsibility. Have students brainstorm concrete ways in which everyone can **take responsibility for protection.**” (Facilitator Manual, p. 22)

“**Using protection during sexual activity** is the most effective way to ensure sexual health. For people who **engage in vaginal intercourse**, there are a number of ways to help prevent unintended pregnancy.” (Facilitator Manual, p. 35)

“**How are all STIs preventable?** (Getting tested, using protection, healthy relationships, communication, sequential/monogamous partners, abstinence, etc.)” (Facilitator Manual, p. 47)

Note: *Abstinence is the only way to prevent STIs. The other items mentioned may reduce the risk of acquiring an STI, but they do not prevent them.*

“Ways to **Reduce Risk**:

- Abstinence, when practiced correctly and consistently, is the only 100% certain way to avoid STIs. To work, it must include two components:
 - Keep blood, ejaculate, pre-ejaculate, vaginal fluid and rectal fluid from entering the body.
 - Be aware that pre-ejaculate appears on the penis during an erection and can contain both sperm and STIs.
- Don’t touch sores or growths that are caused by STIs.
- **Avoid having multiple sexual partners.** Having more than one sexual partner at a time greatly increases the risk of a person becoming infected with an STI, including HIV.
- If people **choose to be sexually active**, using condoms can reduce their risk by preventing transmission of fluids.” (Facilitator Manual, p. 51)

	<p>Note: <i>This quote shows the skewed view of abstinence put forth by this program. It seems to align with the common CSE definition of abstinence, which is no exposure to bodily fluids that can transmit STIs. All other behaviors (including so-called protected sex) are deemed acceptable.</i></p> <p>Sexual behaviors that “can raise the risk” of STIs: “Having sex with multiple partners” (Facilitator Manual, p. 68)</p> <p>Note: <i>This statement is completely misleading to young people. Having sex with multiple partners absolutely increases the risk for contracting STIs.</i></p> <p>Lesson 9.8 Goal: “Identify ways to negotiate protection within relationships.” (Facilitator Manual, p. 69)</p> <p>“In your opinion, is it easy or hard for teens to talk to partners about sex and protection? If it’s hard, what could make it easier?” (Facilitator Manual, p. 87)</p> <p>“Abstinence means voluntarily choosing not to engage in any sexual behavior that could lead to pregnancy or STI transmission (such as vaginal, anal or oral intercourse).” (Facilitator Manual, p. 133)</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>“For each body part below, indicate whether it is part of the reproductive system of a person with a penis and related parts (P), the reproductive system of a person with a vagina and related parts (V), or both reproductive systems (B).” (Student Workbook, p. 7)</p> <p>Note: <i>This exercise is medically inaccurate because it designates the anus as part of the reproductive system. It is part of the digestive system. This is clarified in the teacher’s guide, but not in the student manual.</i></p> <p>Students complete a fill-in-the-blanks story about the process of fertilization. “Scooter, a(n) _____ (adjective) _____ (sex cell of a person with a penis), was _____ (verb ending in -ing) around... when they received a(n) _____ (adjective) message from the brain: ‘Arousal alert! Arousal alert! We have an erection!’” (Student Workbook, p. 11)</p> <p>“Sex Assigned at Birth: A term referring to how a person is assigned a sex at birth based on their external genitalia. (Examples: male, female, intersex)” (Student Workbook, p. 17)</p> <p>Note: <i>This is medically inaccurate. Male and female are not examples of biological sex; they are the two categories of biological sex. Intersex is a category of genetic disorders known as “Disorders of Sexual Development.” It is not a third biological sex.</i></p> <p>“Gender: Often refers to the roles, characteristics and behaviors that society expects from people based on their assigned sex at birth. (Examples: man, woman, non-binary, transgender, cisgender, etc.)” (Student Workbook, p. 17)</p>

“Intersex: A general term that encompasses people who are born with chromosomes, hormones, genitalia and/or other sex characteristics that are not strictly male or female.” (Student Workbook, p. 19)

“Gender identity: A term that refers to a person's deeply personal feeling of **identifying as a man, woman or some other gender**, which may or may not line up with the sex assigned to the person at birth.” (Student Workbook, p. 19)

“Gender expression: How a person expresses their gender to the world. This can include, for example, a person's name, clothing, hairstyle, behavior, body language and mannerisms.” (Student Workbook, p. 19)

“Transgender: An umbrella term for people whose gender identity and/or gender expression is different from what might be expected based on the sex assigned at birth.” (Student Workbook, p. 19)

“Cisgender: A term used to describe a person whose gender identity and expression are aligned with the sex they were assigned at birth.” (Student Workbook, p. 19)

“Gender nonconforming: A term used by people whose gender expression falls outside what is generally considered typical for their assigned sex at birth.” (Student Workbook, p. 19)

“Genderqueer: A term used by people whose gender identity differs from the traditional binary structure.” (Student Workbook, p. 19)

“LGBTQ+: An acronym for Lesbian, Gay, Bisexual and Transgender. Q can stand for Questioning or Queer. The plus exists because these are not all of the sexual and gender identities a person may have.” (Student Workbook, p. 20)

“Questioning: A term used to describe people who are in the process of exploring their sexual orientation or gender identity.” (Student Workbook, p. 20)

“Queer: A word that may be used to describe people who identify as gay, lesbian, bisexual, transgender or many other sexual identities. The term ‘queer’ is currently used by some people within the LGBTQ+ community as an affirmation of their sexual and gender identities as different and wonderful, as in, ‘I’m queer and proud.’ The term ‘queer,’ however, has historically also been a derogatory word used against gay and lesbian people or those suspected of being gay or lesbian. Caution should be exercised in using the word because of this historical association.” (Student Workbook, p. 20)

“Ally: A person who is not LGBTQ+ but shows support for LGBTQ+ people and promotes equality in a variety of ways.” (Student Workbook, p. 20)

“Misgendering: Using the wrong pronoun to refer to a person.” (Student Workbook, p. 20)

“**Cam is trans** and is at a movie with their friends. **They** know **they're** going to have to use the bathroom at some point, and there are no gender-neutral restrooms at the theater.

- What might Cam be feeling?
- What might be challenging about this situation for Cam?
- What could a friend say/do to be an ally to Cam?” (Student Workbook, p. 21)

“This time, while kissing, Chris asks Terry if they have a condom. Terry doesn't feel ready to have sex with Chris, but is worried that if they say no they'll never have another opportunity.” (Student Workbook, p. 39)

***Note:** This program uses gender-neutral names and pronouns and identifies individuals according to their genitals in order to reinforce gender ideology.*

“Ask students what they think the term sexuality means. Emphasize that sexuality is not just about **sex assigned at birth** or sexual behavior...” (Facilitator Manual, p. 2)

“Teacher Note: Be sure to take a moment to **explain the difference between sex assigned at birth and gender identity to students**, as this may be the first time they've heard these terms.” (Facilitator Manual, p. 3)

“Raise your hand if... You have never had someone **discuss gender identity** with you.” (Facilitator Manual, p. 4)

“Many **people with vaginas** are born with no visible hymen.” (Facilitator Manual, p. 10)

“Explain that **sex assigned at birth** refers to how a person is most often assigned a sex at birth (male, female, intersex) based on their external genitalia. However, **gender is about more than the sex a person was assigned at birth**. Gender refers to the roles, characteristics and behaviors that society assumes about people based on their sex assigned at birth or, more often, their individual feelings of identity and self-expression.” (Facilitator Manual, p. 4)

“Explain to the class that, for the purpose of this activity, we are going to continue to **focus on binary stereotypes**, and, therefore, to focus on sexual relationships between ‘guys’ and ‘girls.’ Reinforce that not all relationships happen **on this binary** and that the activity is **intentionally heteronormative**.” (Facilitator Manual, p. 21)

“Gender and Sexual Identity Lesson Goals:

- Explain the importance of **gender and sexual identity being self-identified**.
- Identify **proper vocabulary** for describing gender and sexual identity.
- Explain the difference between **sex assigned at birth, gender identity, gender expression and sexual orientation**.” (Facilitator Manual, p. 25)

“Lesson 9.4 Terms to Use: sexual identity, **sex assigned at birth**, intersex, **gender identity**, gender expression, **transgender**, **cisgender**, masculine, feminine, androgynous, **gender nonconforming**, **genderqueer**, sexual orientation, straight, gay, lesbian, bisexual, asexual, pansexual, LGBTQ+, **questioning**, queer, ally, **misgendering**, heteronormative.” (Facilitator Manual, p. 25)

“Explain to students that there are **four aspects to a person's gender and sexual identity**: sex assigned at birth, gender identity, gender expression and sexual orientation.” (Facilitator Manual, p. 28)

“Explain that a person's gender identity is how they define their own gender, which **may or may not be the same as their sex assigned at birth** a person's gender expression is how they share their gender with the world.” (Facilitator Manual, p. 29)

“**Every person has a** sex assigned at birth, a gender identity, a way of expressing their gender, and a sexual orientation. And each of these **is unique to every individual person.**” (Facilitator Manual, p. 29)

“Whose responsibility is it to decide **what a person's gender and sexual identity are?**” (Facilitator Manual, p. 29)

“The term *sex* can refer to sex assigned at birth or to sexual behavior. *Sex assigned at birth* refers to **how a person is most often assigned a sex** (male, female, intersex) at birth **based on their external genitalia.**” (Facilitator Manual, p. 109)

“Another important part of sexuality is gender identity. Gender identity is a term that refers to a person's deeply personal feeling of **identifying as a man, woman or some other gender**, which may or may not line up with the sex assigned to the person at birth.” (Facilitator Manual, p. 109)

“Once a **person with a penis** begins puberty, the testes begin to make sperm, which is the sex cell of a **person with a penis.**” (Facilitator Manual, p. 117)

“Unlike **people with a penis**, who continuously produce sperm after puberty, **people with a vagina** are born with all the eggs they will ever have.” (Facilitator Manual, p. 118)

“When talking about reproductive anatomy it's important to **model inclusive language**. For this reason the *Get Real* curriculum does not use ‘person with a penis’ and ‘man’ or ‘person with a vagina’ and ‘woman’ interchangeably. A person's sex assigned at birth and gender identity **are potentially different** and, although a person may be born with certain sexual and reproductive anatomy, that person **may not identify in a gender binary way.**” (Facilitator Manual, p. 121)

Note: *Though not all examples are noted here, the terms “people with a penis”*

and “people with a vagina” are used frequently in this program.

“Why are there so many terms used to **describe people assigned male at birth** in different stages of their lives? For example: ‘boys,’ ‘guys,’ ‘young men,’ ‘men,’ etc. And yet there are far fewer **options for people assigned female at birth**. The options are rather limited to ‘girls’ and ‘women.’” (Facilitator Manual, p. 123)

“The lesson is also focused on stereotypes. Therefore, point out to students that the **focus on heteronormative relationships and the gender binary is also an example of a cultural stereotype**. This way, by the end of the lesson, they can identify that one way to **push back on stereotypes** is to not use heteronormative language or expect everyone to fit themselves into the gender binary.” (Facilitator Manual, p. 124)

“Why are pronouns important? People share pronouns, or ask others to share pronouns, in order to **avoid making assumptions about gender identity**. Pronouns are the words a person might use to describe another person when not using their name. For example, instead of saying ‘That is X’s chair,’ a person might say, ‘That is her chair,’ or, ‘That is his chair,’ or, ‘That is **their** chair,’ or, ‘That is hir chair,’ etc. If someone tells you their pronouns, it is important to be respectful and **not misgender them**. If someone told us their name, we wouldn’t refuse to use it. Pronouns are no different. If you make a mistake and use the wrong pronoun, the respectful thing to do is apologize and tell the person you will **work hard not to make the mistake again**.” (Facilitator Manual, pp. 129-130)

“**Gender Spectrum**: An understanding of gender as **encompassing a wide range** of identities and expressions.” (Facilitator Manual, p. 130)

“**Gender Binary**: Some students may struggle with the concept of what the gender binary is. The **gender binary is a socially constructed system** of viewing gender as consisting solely of two categories, ‘man’ and ‘woman,’ in which no other possibilities for gender are believed to exist. The gender binary is inaccurate because it does not take into account the diversity of gender identities and gender expressions among all people. **The gender binary is oppressive** to anyone who does not conform to dominant societal gender norms.” (Facilitator Manual, p. 130)

“**Transition**: The process through which **trans people begin to live as the gender with which they identify**, rather than the one typically associated with their sex assigned at birth. This does not necessarily mean a person will choose to begin hormone therapy and/or have surgery. A person can **identify as trans** and never pursue any medical intervention.” (Facilitator Manual, p. 130)

“HPV vaccines are available to **individuals with a uterus** through age 26 and to **individuals with a penis** through age 21.” (Facilitator Manual, p. 141)

**11. PROMOTES
CONTRACEPTION/ABORTION TO
CHILDREN**

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.

May encourage the use of contraceptives, while failing to present failure rates or side effects.

Students are given a chart **detailing the description, effectiveness, benefits, side effects, and availability of the following birth control methods:** abstinence, external condom, internal condom, copper IUD, progestin IUD, the implant, the shot, the pill, the patch, the ring, emergency contraception, diaphragm and cervical cap, spermicide, dental dam, laparoscopic tubal ligation, vasectomy. (Student Workbook, pp. 25-26)

“Introduction to Sexuality Lesson Goals: Promote SEL skills to **encourage the correct and consistent use** of condoms and/or other protection methods.” (Facilitator Manual, p. 1)

“Materials Checklist: **Protection methods kit**, condom, demonstration tool for condom” (Facilitator Manual, p. 33)

“For people who engage in vaginal intercourse, there are a **number of ways to help prevent unintended pregnancy**. Post the signs that show the names of protection **methods commonly used by teens** (abstinence, condoms, the pill, the patch, the ring, the shot, the implant, emergency contraception, IUD).” (Facilitator Manual, p. 35)

“Process Questions:

- What did people consider the **most popular method for teens**? Why do you think that is?
- What makes a method easy to use? What can be confusing about using a method properly?
- **Which methods are the easiest to get**? Why?
- What are some **obstacles a person can encounter** in trying to obtain certain methods?” (Facilitator Manual, pp. 35-36)

“Ask students what **facts they know about the different methods**, correcting and prompting as needed. As you go through the prompts, review key facts about use, effectiveness and access for all methods posted. Be sure to emphasize ways to move from the ‘typical use’ rate to ‘perfect use’ rate (e.g., taking the pill around the same time each day, etc.). **Pass around sample materials from the Protection Methods Kit**, and refer students to the Protection Methods Chart in the Student Workbook.” (Facilitator Manual, p. 35)

Note: *Facilitator teaches the following contraceptive methods – abstinence, condoms, the pill, the patch, the ring, the shot, the implant, IUD, emergency contraception. Abstinence, however, is a lifestyle and not a contraceptive method.*

Test Question Bank: “Which of the following methods is **most effective at preventing pregnancy** when used correctly and consistently?

- a) Internal condom
- b) IUD
- c) Emergency contraception
- d) External condom” (Facilitator Manual, p. 97)

Test Question Bank: “The shot is a **hormonal birth control that must be injected**

every ____ in order to be 99.9% effective:

- a) day
- b) 7 days
- c) 3 months
- d) year” (Facilitator Manual, p. 97)

“**The ring:** Is a vinyl acetate ring inserted into the vagina. The ring contains hormones that flow into the bloodstream. The hormones work in the same way as those in birth control pills. Each ring is worn in the vagina for 3 weeks, which is followed by a week without a ring. A new ring is inserted after the week without a ring. When used correctly, the ring is **up to 99% effective** at preventing pregnancy. The ring does not protect against STIs. Like the pill, the patch and the shot, the ring must be prescribed by a doctor. Common side effects of the ring are headaches, increased vaginal discharge, vaginal irritation and nausea.” (Facilitator Manual, p. 137)

“**Intrauterine device (IUD):** An IUD is a device inserted into a uterus that changes the environment of the uterus, preventing a sperm and an egg from meeting. IUDs may be either copper or plastic, and plastic IUDs also contain progesterone. IUDs must be inserted by a medical practitioner and **can be left in place for 3 to 5 years** (progesterone IUD) or up to 12 years (copper IUD). The IUD is **over 99% effective at preventing pregnancy**. The IUD does not protect against STIs. Side effects may include changes to menstruation such as breakthrough bleeding, increased cramping, and heavier or longer periods. The copper IUD can be inserted **as a form of emergency contraception**, and then left in place as a regular form of birth control.” (Facilitator Manual, p. 137)

“**The implant:** Is a small, matchstick sized piece of plastic that is inserted under the skin of the upper arm. The implant contains the hormone progesterone, which is absorbed into the bloodstream. The hormone works the same way as those in birth control pills. The implant must be inserted by a medical practitioner and can be left in place for up to 3 years. **The implant is over 99% effective at preventing pregnancy**. The implant does not protect against STIs. Side effects may include irregular bleeding and lighter to no periods after 1 year of use.” (Facilitator Manual, p. 137)

“**Emergency contraception (EC):** Emergency contraception (sometimes called the ‘morning-after pill’) is a method of pregnancy prevention that works after intercourse has occurred. It was designed to be used when another method has failed or when nothing was used. If exposure to an STI has occurred, emergency contraception will not prevent an infection. **There are different types of emergency contraception**. Commonly used is a pill, or a series of pills, that are taken after unprotected intercourse. Emergency contraceptive pills work by keeping the ovary from releasing an egg for longer than usual. The copper IUD also acts as emergency contraception when it is inserted after unprotected intercourse. The copper IUD works by creating an environment in the uterus that is disruptive for sperm.” (Facilitator Manual, p. 137)

“The curriculum suggests **passing around the various protection materials for**

	<p>students to touch. This can be a great teaching tool, especially for kinesthetic learners in the class. However, it is suggested that you not pass around any materials until the end of the lesson because they can easily become a distraction and make discussion much more difficult. The teacher should also make a point to tell the students that the protection methods being passed around are expired, so as to avoid students' taking the methods and trying to use them. However, depending on your school's policy, this could be a time to distribute condoms to students." (Facilitator Manual, p. 138)</p> <p>"Acquiring external condoms does not require a doctor's prescription or parent permission." (Facilitator Manual, p. 154)</p> <p>"Most health clinics, as well as some other community locations and schools, give condoms away for free." (Facilitator Manual, p. 154)</p>
<p>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</p> <p><i>May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote abortion.</i></p>	<p>"At the end of this curriculum, each student will be responsible for creating an artistic final project that will promote positive ideas relating to sexual health. Capstone Projects may be completed independently or in groups of two or three." (Student Workbook, p. 4)</p> <p>"Invite student groups to present their artistic representations of what sexual health means – collages, movement pieces, songs, poems, etc. – and identify their positive sexual health messages. Ask students which messages mean the most to them. Which messages would they want to pass on to younger relatives or friends?" (Facilitator Manual, p. 92)</p> <p>"One project option is to design a sexual health bumper sticker. This can be a message that incorporates words and/or images. The message should be something students wish others knew about sexual health, sexual health care, relationships, or any other topics discussed during <i>Get Real.</i>" (Facilitator Manual, p. 165)</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>"Introduction to Sexuality Lesson Goal: Identify personal values and beliefs about sexuality and sexual health." (Facilitator Manual, p. 1)</p> <p>"Every person has a sex assigned at birth, a gender identity, a way of expressing their gender, and a sexual orientation. And each of these is unique to every individual person." (Facilitator Manual, p. 29)</p> <p>"Gender Spectrum: An understanding of gender as encompassing a wide range of identities and expressions." (Facilitator Manual, p. 130)</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</i></p>	<p>"Raise your hand if... You live in a home where sexuality isn't talked about." (Facilitator Manual, p. 4)</p> <p>"Raise your hand if... You wish you felt more comfortable talking about sexuality with parents or other caring adults." (Facilitator Manual, p. 4)</p> <p>"Acquiring external condoms does not require a doctor's prescription or parent</p>

<p><i>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>permission.” (Facilitator Manual, p. 154)</p> <p>“Explain to students that there are confidentiality laws regarding sexual health services for teens. Teens may access these services for protection methods and STI testing without parental consent. However, if teens use their parents' insurance to pay for testing, birth control or other services, this may show up on an insurance statement. At many clinics, teens can receive these services for free or at low cost.” (Facilitator Manual, p. 155)</p> <p>“Family planning clinics can provide STI testing and protection methods to teenagers without parental consent. At many clinics, teens can receive testing and protection for free or at low cost. These services are confidential.” (Facilitator Manual, p. 167)</p>
<p>15. REFERS CHILDREN TO HARMFUL RESOURCES</p> <p><i>Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.)</i></p> <p><i>Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.</i></p> <p><i>(For more information on how Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigatethePPF.org)</i></p>	<p>Sexuality Resources: “Planned Parenthood Federation of America; 1-800-230-PLAN; www.plannedparenthood.org; 24 hours a day, 7 days a week; Planned Parenthood provides help with locating the nearest health centers. Trained health center staff and volunteers are available to discuss a wide range of issues related to birth control, pregnancy options, STIs (including HIV/AIDS) and other aspects of reproductive health.” (Student Workbook, p. 1)</p> <p>“Websites:</p> <ul style="list-style-type: none"> ● Planned Parenthood Federation of America (PPFA): www.ppfa.org ● Advocates for Youth: www.advocatesforyouth.org/parents/index.htm ● I Wanna Know: www.iwannaknow.org ● Go Ask Alice!: www.goaskalice.columbia.edu ● Parents, Families and Friends of Lesbians and Gays (PFLAG): www.pflag.org ● SIECUS: Sexuality Information and Education Council of the United States: www.siecus.org” (Student Workbook, p. 2) <p>“Choose one location that would be easy for you to go to for sexual health care. Call or visit this location to find the answers to the following questions.</p> <ul style="list-style-type: none"> ● Name of clinic, hospital or health center ● Address ● How would you get there? ● What are the hours? ● Can you go on weekends? ● Do they have walk-in hours? ● Do they have a website? (If so, what is it?) ● What protection methods are available there? ● How much does STI testing cost for teens? ● Is there a sliding scale or student rate available? ● Who could go with you?” (Student Workbook, p. 30) <p>“Pick two apps related to sexual health and write a short review of each. In each review, discuss:</p> <ul style="list-style-type: none"> ● What is helpful in the app?

- What additional information or services do you wish the app provided?
- Would you recommend this app to other high school students? Why or why not?" (Student Workbook, p. 50)

"Explain to students that, in addition to being able to communicate effectively with a partner, people also need the ability to **access sexual health care** when necessary." (Facilitator Manual, p. 71)

"Teacher Note: Be prepared to discuss **local resources** where young people can **access sexual health care** in your community." (Facilitator Manual, p. 72)

"Lesson 9.1 Resources

- The Gay & Lesbian Alliance Against Defamation: www.glaad.org
- GLBT National Help Center: www.glnh.org
- **Gay, Lesbian, and Straight Education Network:** www.glsen.org
- I Wanna Know: www.iwannaknow.org" (Facilitator Manual, p. 115)

"Lesson 9.2 Resources

- Genitalia and Sexually Related Body Issues: www.kinseyconfidential.org/resources/bodies
- **Info for Teens: My Body:** www.plannedparenthood.org/teens/my-body
- **Planned Parenthood, Menstruation:** <http://www.plannedparenthood.org/learn/womens-health/menstruation>" (Facilitator Manual, p. 122)

"Lesson 9.3 Resources

- I Wanna Know: www.iwannaknow.org
- **Advocates for Youth:** www.advocatesforyouth.org/publications/1655" (Facilitator Manual, p. 126)

"Lesson 9.4 Resources

- **The Gender Unicorn:** <http://www.transstudent.org/gender>
- Gay-Straight Alliance Network: www.gsanetwork.org
- Parents, Families and Friends of Lesbians and Gays: www.pflag.org
- Gay, Lesbian, and Straight Education Network: www.glsen.org
- **Sex, Etc. Glossary:** <http://sexetc.org/sex-ed/sex-terms>
- **Human Rights Campaign:** www.hrc.org
- Advocates for Youth: www.advocatesforyouth.org" (Facilitator Manual, p. 131)

"Lesson 9.5 Resources

- Birth control information from **Planned Parenthood:** www.plannedparenthood.org/health-topics/birth-control-4211.htm
- Birth control information **from Bedsider:** <http://bedsider.org/methods>
- I Wanna Know: www.iwannaknow.org
- Reproductive Health Technologies Project: www.rhtp.org" (Facilitator Manual, p. 140)

“Lesson 9.8 Resources

- I Wanna Know: www.iwannaknow.org/teens/index.html
- **Seriously Sexuality:** www.seriouslysexuality.com” (Facilitator Manual, p. 155)

For more information on *Get Real – High School*, see <https://www.etr.org/ebi/programs/get-real/>.