

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 *Linking Families & Teens (LiFT)* Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 13 OUT OF 15

Linking Families & Teens (LiFT) contains 13 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: *Linking Families and Teens (LiFT)* is a program administered in the community to youth who are accompanied by a parent or guardian. Part of the program is administered to the whole group and part is then administered to youth and adults separately. Although *LiFT* does not spend much time directly promoting diverse sexual identities, the program language treats a spectrum of gender identities as the unquestioned societal norm. Youth are taught condom use using wooden penis models and instructed on a wide variety of birth control methods and where to obtain them. Planned Parenthood is cited as valuable and reliable resource.

Target Age Group: Ages 13-19

Connections: Published by Planned Parenthood of the Great Northwest, Hawai'i, Alaska, Indiana, and Kentucky

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 active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage</i></p>	<p>“Sexuality is in almost every part of our lives, including relationships, identities, bodies, our values, and how the rest of our lives shape our sexuality.” (Facilitator Manual, p. 5 and p. 15)</p> <p>“Some of the day will be spent thinking about our relationships in general, and some of the day will be thinking about how to talk about topics like sexuality. This doesn’t mean we’re just going to be talking about sex, because sexuality is so much more than that. Sexuality is your body and how you feel about your body, your relationships, your gender identity, who you are sexually and romantically attracted to, as well as your sexual behaviors. It also includes your values about all of these, and how these intersect with your emotional, physical,</p>

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.

<p><i>discussion of sexual experiences, attractions, fantasies or desires.</i></p>	<p>social, and spiritual life. In short – sexuality includes pretty much every aspect of our lives, which is why it’s so important to talk about it.” (Facilitator Manual, p. 17 and p. 20)</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.</i></p> <p><i>Note: “Consent” is often taught under the banner of sexual abuse prevention. While this may be appropriate for adults, children of minor age should never be encouraged to “consent” to sex.</i></p>	<p>“What is consent? STEP 1: Decide if you are ready for the sexual activity. STEP 2: Give consent and get consent from your partner(s).” (Teen Guide, p. 8)</p> <p>“Consent means saying ‘Yes.’ And meaning it. It also means respecting people’s boundaries and asking for permission. This might seem really simple and straightforward, but in real life it’s not always that easy. If there’s any doubt, it’s probably not consent. And when there’s doubt, it’s not OK to continue.” (Teen Guide, p. 8)</p> <p>“Let’s talk about consent when it comes to sex. Consent is...</p> <ul style="list-style-type: none"> • Freely given. No pressure, no manipulation. And all are free from the influence of drugs or alcohol. • Enthusiastic. Being excited about it, not just letting it happen. When people think about consent, ‘no means no’ often comes to mind. But saying ‘yes’ is really important, too. A straight-up ‘yes!’ means that no one has to guess or assume anything, and you’ll know they’re really into it. Sexy! • Informed. Sharing with each other about any known or suspected STDs, deciding together about condoms and birth control, and being genuine about whether either of you are sexually active with others. • Something you can take back. It’s OK to stop or change your mind at any time. Saying ‘yes’ once doesn’t mean saying ‘yes’ forever or ‘yes’ to other sexual activity.” (Teen Guide, p. 8) <p>“Some ways to ask for consent:</p> <ul style="list-style-type: none"> • ‘Would it feel good if I...’ • ‘You ok?’ • ‘Do you want to try...?’ • ‘Are you ready for this?’” (Teen Guide, p. 9) <p>“Some ways to give consent:</p> <ul style="list-style-type: none"> • ‘Yes!’ • ‘That feels good.’ • ‘I really like when...’ • ‘I’m open to trying...’” (Teen Guide, p. 9) <p>“Change your mind? Ways to tell your partner that you want them to stop.</p> <ul style="list-style-type: none"> • ‘Can we stop for a second?’ • ‘Let’s try ___ instead.’ • ‘I don’t want to do this anymore.’” (Teen Guide, p. 9)

<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>“Participants sometimes have questions about dental dams when discussing external condoms. Here is some information to refer to:</p> <ul style="list-style-type: none"> • Dental dams are rectangular sheets of latex or non-latex plastic that can reduce the risk of transmitting or acquiring an STD. Dental dams do not protect against pregnancy. • A person can cut the tip off the condom and cut along one side of the condom to create a flat sheet to use as a dental dam. The dental dam is then placed over the vulva or anus to form a barrier.” (Facilitator Manual, p. 76) <p>Note: <i>Our program reviewer tried cutting a condom to make a dental dam. Latex condoms are very difficult to cut, even with sharp scissors. The material catches and tears, and one must put the sharp scissors inside the condom to cut it lengthwise, increasing the risk of tears and small cuts in the wrong place that would render the barrier useless. Once the condom has been cut lengthwise to resemble a rectangle, the coverage for oral sex is highly insufficient. Most dental dams are 6” x 6” inches. A condom cut in this manner gives the user less than 4” of usable width, plus the condom material continues to want to curl in as it was intended to do.</i></p> <p>“SEXUAL BEHAVIOR? This question will help providers determine what questions they might ask you. If you are sexually active, it is important to be honest about the types of sexual contact you have had. This could include things like oral, anal, and/or vaginal sex.” (Teen Guide, p. 19)</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>“Some of us identify as gay, lesbian, bisexual, asexual, queer, hetero, straight, or questioning, and we are all welcome here.” (Facilitator Manual, p. 24)</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</i></p>	<p>No evidence found.</p>

<p><i>active children.</i></p>	
<p>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</p> <p><i>While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.</i></p>	<p>No evidence found.</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>“Assessment Activities: Teens will label and demonstrate correct steps of condom use.” (Facilitator Manual, p. 5)</p> <p>“Materials and Preparation:</p> <ul style="list-style-type: none"> • Condom Line-Up cards • Wooden penis or other condom demonstration tool to model condom use • Condoms – one per participant to practice.” (Facilitator Manual, p. 12) <p>“Divide the group in half to form two teams. Tell them you’ll be reading off four statements, and each team has to decide if that statement is True or False. Whichever team yells out the correct answer first wins a point... Fun Facts:</p> <ol style="list-style-type: none"> 1. The average condom can hold close to a gallon of liquid – TRUE 2. Rubber tires inspired the modern condom – TRUE 3. Condoms have been around for over 15,000 years – TRUE 4. Before they were made of latex, condoms were made of fish skin, animal bladders, linen, leather, and silk – TRUE” (Facilitator Manual, p. 75) <p>“Share the following information with participants:</p> <ul style="list-style-type: none"> • The condom, also known as the external condom, is the only method, besides abstinence, that can provide protection from both pregnancy and STDs. • Condoms are easy to get, don’t cost a lot – and are sometimes even free. • Condoms are also easy to use, and many teens use condoms successfully. • Straight, gay, bisexual, queer, and people of all gender identities and sexual orientations use condoms. • Many people need to use water-based lubricant or find the right condom size for condoms to be safe and feel good. • There are two types of condoms – internal and external condoms. We are going to focus on the external condom because that is the more

common type of condom.

- Condoms can be used on anything being inserted into anybody else's body. **This can include penises and sex toys.**" (Facilitator Manual, pp. 75-76)

"Steps to using a condom:

1. Give and receive consent. When a teen reads this card, prompt: 'Let's pause here. Who can tell me what consent is?' Validate their answer. State: 'Consent is when both people are ready and wanting to have sex or sexual activity.' Have participants look at the consent pages in their guides for more information.
2. 'Ok, let's jump back into the condom steps.' Step two – Check expiration date and air pocket.
3. Carefully open package.
4. Pinch tip of condom.
5. Roll condom all the way to the base.
6. **Have sex with condom on.**
7. When finished, hold condom on while pulling out.
8. Take condom off and throw in trash." (Facilitator Manual, p. 77)

"When the cards are in the correct order, **demonstrate each step using a wooden penis or other condom demonstration tool and a condom.** Invite teens to read each card aloud as you show that step. Ask who wants to practice the steps themselves and pass out a practice condom to each participant. Remind them that **now is a great time to practice so that they will feel comfortable in the future** if they use condoms or need to share this info with their friends. Guide them through the activity by reading the steps aloud while teens practice by rolling their condom over their fingers." (Facilitator Manual, p. 77)

"If youth don't want to practice themselves, encourage them to **verbally support their peers** in naming the correct order." (Facilitator Manual, p. 77)

"Affirm: Now we will learn how to use a condom – this may feel awkward for some, and for others it's no big deal. **When someone feels more comfortable with condoms, they are more likely to use them!** This is a safe place to make mistakes & ask questions." (Facilitator Manual, p. 82)

"REMEMBER!

- Condoms are easy to use.
- Condoms don't cost a lot of money.
- Condoms protect against pregnancy, STDs, and HIV.
- Teens use condoms successfully.
- The consistent and correct use of latex or polyurethane condoms can help reduce the risk of STDs **if used for oral, anal, and/or vaginal sex, and intimate skin-to-skin contact.**" (Teen Guide, p. 10)

1 Give and receive consent.

2 Check expiration date & for air bubbles, then carefully open package.

3 PINCH TIP & ROLL DOWN

Pinch tip of condom & roll all the way to the base. Have sex with condom on.

4 When finished, hold condom on while pulling out. Take condom off, tie off open end & throw in trash.

(Teen Guide, p. 10)

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.

“Teens will state steps to seeking sexual healthcare and demonstrate understanding of the process of **obtaining sexual healthcare services and advocating for their needs.**” (Facilitator Manual, p. 5)

Scenario 3: “This last one is about sexual health. **You are thinking that you might be getting close to having sex with the person you’re hanging out with you want to be prepared.**” (Facilitator Manual, p. 60)

“We’ve been talking about connecting with your adults and talking about sexual health. But, ultimately **you make the decisions about your health.**” (Facilitator Manual, p. 82)

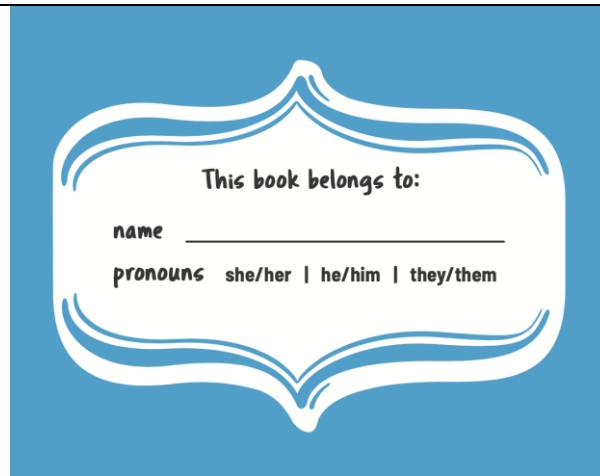
“Marta’s Goals:

- Get information to **figure out the best type of birth control for her.**
- Learn her rights to get healthcare as a teen.
- Feel supported by her friend.
- Learn how to use a condom.” (Facilitator Manual, p. 96)

“Shawn **knows that he can get tested for STDs at the local family planning clinic,** but he is not sure how to schedule an appointment or what he will need to bring with him. Also, Shawn is really nervous about talking to his guardian (his grandma) about STD testing because he is worried his grandma will talk to Liam’s parents. Liam has not yet told his parents about his relationship with Shawn because he is not sure how they will feel about him dating a guy. Shawn **decides to call the local family planning clinic to get some answers to his questions,** before talking with his grandma.” (Facilitator Manual, p. 98)

	<p>“What is consent? STEP 1: Decide if you are ready for the sexual activity. STEP 2: Give consent and get consent from your partner(s).” (Teen Guide, p. 8)</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>“Some of us are in a sexual relationship, or some may be choosing to delay, wait, or abstain from sex, and we are welcome here.” (Facilitator Manual, p. 25)</p> <p>“Some of us might be sexually active now, some have been in the past but aren’t now, some of us will be soon, and others may not for a long time. Still others may never want to be sexually active.” (Facilitator Manual, p. 75)</p> <p>“Reed and Marta have been best friends since 3rd grade and tell each other everything. Marta is 17 and has been hanging out with Justin for a few months. Marta and Justin have been talking about having sex, but Marta has mixed feelings about it. She really likes Justin and loves when they are together. They have been physical in different ways for two months, but three days ago they had unprotected sex. She feels good about being with Justin but nervous and a little embarrassed she had unprotected sex. She is pretty sure she is not pregnant but is still really nervous, and she definitely wants to get on birth control so that she won’t have to worry about this again. Ever. Marta wants to use a method of birth control that she doesn’t have to think about so she can just be in the moment. Reed and Marta live in a small town and Marta is super nervous about going to the local clinic because her parents don’t know that she is going to get on birth control. Reed is over at Marta’s house when Marta starts asking Reed what she should do.” (Facilitator Manual, p. 96)</p> <p>“Shawn and Liam have been dating for a couple years, now. Shawn recently turned 17, and Liam will be 17 very soon. Last week they decided to have sex for the first time, and they did not use a condom. In the moment, they both agreed to this decision and were okay not using a condom. Shawn is now concerned about STDs. While he knows his chances of getting an STD are low (they have both only ever had sexual activity with each other), he still wants to get tested for STDs.” (Facilitator Manual, p. 98)</p> <p>“SEXUAL BEHAVIOR? This question will help providers determine what questions they might ask you. If you are sexually active, it is important to be honest about the types of sexual contact you have had.” (Teen Guide, p. 19)</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</i></p>	<p>“Sexuality is your body and how you feel about your body, your relationships, your gender identity, who you are sexually and romantically attracted to, as well as your sexual behaviors.” (Facilitator Manual, p. 17 and p. 20)</p> <p>“Introductions: Name, gender pronouns (if you wish)” (Facilitator Manual, p. 20)</p> <p>“Some of us identify as male/female/transgender/gender-queer, gender-fluid, or non-conforming, and we are welcome here.” (Facilitator Manual, p. 24)</p>

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.



(Teen Guide, p. 1)

“This question is **less about gender and more about designated sex at birth**. It’s important to give the clinic accurate information while still being true to your identity. You can check a box, leave it blank or **fill in your own identity**. No matter what you put, you won’t get in trouble.” (Teen Guide, p. 19)

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.

“Condoms can protect against unwanted pregnancy and STIs. **Teens of all genders and sexual orientations can successfully use condoms for protection.** It is important to use condoms correctly.” (Facilitator Manual, p. 74)







































“No matter where you are, **knowing about condoms is very important.** Condoms are just one way that a person can take care of their sexual health, and they are the **only birth control method that prevents pregnancy and STDs.** Even if you don’t need this information for yourself, it is great to know to share with a friend.” (Facilitator Manual, p. 75)

“Alex learned that some types of birth control can last for over four years. **They live in a state where they can get birth control without their parent’s consent, but they have decided it would be great to have some advice about this decision.** Alex and their parent learned more about implants and IUDs together. They learned that an implant is a small matchstick-sized rod that is inserted into a person’s arm, and that the IUD is a small device that is inserted into a person’s uterus. Both methods last a long time and would still be effective when Alex goes away to college in two years. After talking it over they agreed that the implant would be a good method.” (Facilitator Manual, p. 100)

“Alex schedules an appointment **at the local Planned Parenthood clinic to get an implant.** They arrive 10 minutes early and check in, answering the questions the person at the front desk asks them. Alex then fills out the intake form. They are brought back into the room. The healthcare provider comes in, takes Alex’s blood pressure, gets their height and weight and asks some questions about their medical history, including some questions about their health, relationships, and sexual behaviors. After that, the provider **inserts the implant in their arm.** Alex is surprised by how little it hurt and how they can’t even tell the implant it is in their arm. Alex goes home with some follow-up instructions about how to

keep the skin around the implant site clean over the next few days.” (Facilitator Manual, p. 100)

“Condoms are the only type of birth control that can protect from both pregnancy and STDs. Condoms can be used on anything that can be inserted into a person’s body. **There are two types of condoms – external and internal condoms.** Straight, gay, bisexual, queer, and people of all gender identities and sexual orientations use condoms.” (Teen Guide, p. 10)

<h2>GREAT More than 99% effective</h2> <p>Works hassle-free up to...</p> <table border="1"> <tr> <td> 3 YEARS  The implant </td> <td> 3 YEARS  IUD (Skyla) </td> <td> 5 YEARS  IUD (Mirena) </td> <td> 10 YEARS  IUD (ParaGard) No Hormones </td> </tr> </table> <p>PRESCRIPTION REQUIRED</p>				3 YEARS  The implant	3 YEARS  IUD (Skyla)	5 YEARS  IUD (Mirena)	10 YEARS  IUD (ParaGard) No Hormones	<h2>CONDOMS</h2> <p>Internal & External</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">  <p>Internal Condoms</p> </div> <div style="border: 1px solid black; padding: 5px;">  <p>External Condoms</p> </div> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Condoms can be used with all other types of birth control methods. <input checked="" type="checkbox"/> Condoms are the only type of birth control that prevent against pregnancy and STDs and HIV. <input checked="" type="checkbox"/> Condoms are 98% effective at preventing pregnancy if used perfectly each time. Most people aren't perfect, so in real life condoms are about 82% effective. <div style="background-color: #2e8b57; color: white; padding: 10px; text-align: center;"> <p>Abstinence is the most effective way to prevent pregnancy and STDs.</p> </div>
3 YEARS  The implant	3 YEARS  IUD (Skyla)	5 YEARS  IUD (Mirena)	10 YEARS  IUD (ParaGard) No Hormones					
<h2>VERY GOOD 91 - 94% effective</h2> <p>Needs to be used...</p> <table border="1"> <tr> <td> DAILY  The pill </td> <td> WEEKLY  The patch </td> <td> MONTHLY  The ring </td> <td> EVERY 3 MONTHS  The shot (Depo-Provera) </td> </tr> </table> <p>PRESCRIPTION REQUIRED</p>				DAILY  The pill	WEEKLY  The patch	MONTHLY  The ring	EVERY 3 MONTHS  The shot (Depo-Provera)	
DAILY  The pill	WEEKLY  The patch	MONTHLY  The ring	EVERY 3 MONTHS  The shot (Depo-Provera)					
<h2>GOOD 76 - 88% effective</h2> <p>Must be used each time you have sex to be effective.</p> <table border="1"> <tr> <td>  Withdrawal </td> <td>  Diaphragm </td> <td>  Cervical Cap </td> <td>  Fertility Awareness </td> </tr> </table> <p>NO PRESCRIPTION REQUIRED</p>				 Withdrawal	 Diaphragm	 Cervical Cap	 Fertility Awareness	
 Withdrawal	 Diaphragm	 Cervical Cap	 Fertility Awareness					

(Teen Guide, p. 11)

ABORTION You are allowed to get an abortion without a parent or guardian's permission:

At any age. At age _____. At age _____ except in certain cases.

Other info: _____

SEXTING

(Teen Guide, p. 15)



(Teen Guide, p. 15)

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

May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote abortion.

“Being informed, **knowing your rights** to access sexual healthcare, and meeting with a healthcare provider are all ways to be in control of your sexual health.” (Facilitator Manual, p. 74)

“You as a **teen have rights to your sexual healthcare**. You can find the rights for this state in the guide.” (Facilitator Manual, p. 80)

“Being informed, **knowing your rights to access sexual healthcare**, and meeting with a healthcare provider are all ways to be in control of your sexual health.” (Facilitator Manual, p. 84)

“**Get Informed & Know Your Rights:** Read the information about birth control and your state’s Teen Healthcare Rights in your guide. Using that information, talk about some of the following questions with your group. You may write brief answers on easel paper if you like.

- How could someone tell what type of birth control method would work for them?
- What are some of the **sexual health rights that teens have** in your state?” (Facilitator Manual, p. 95)

13. UNDERMINES TRADITIONAL VALUES AND BELIEFS

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

“Sexuality is more than just sex. It includes: your body and how you feel about your body, your relationships, your **gender identity, who you are sexually and/or romantically attracted to, your values about all of these things, and your sexual behaviors.**” (Facilitator Manual, p. 17 and p. 20; Teen Guide p. 3)

“And it is also important for you to listen to your supportive adults and to consider their opinions. They were teens once, and **their experiences may be able to help you make decisions.** But, in the end, **you will be the one who needs to make your own decisions** about your health. So, we want to make sure that you feel comfortable making those decisions. Review the definition of sexuality. Share that one of the goals of LiFT is to make sure that **each teen feels that they can take care of their sexual health.** During the next few hours, the group will be focusing on different ways a teen can take care of themselves.” (Facilitator Manual, p. 75)

“Scenarios 3 & 4 are good chances to create your own scenarios and use other

	<p>Tough Talks that have come up in the space to ensure cultural relevancy. For example, you could create a scenario relating to drug or alcohol use, a teen identifying as LGBTQ, pornography, schoolwork and goals, or other topics that have come up during the day and are relevant to your group.” (Facilitator Manual, p. 129)</p>
<p>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</p> <p><i>May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.</i></p>	<p>“Some of you may be here with a parent, and others may be here with another important adult in your life. To make sure that we are all on the same page, over the course of the program, I will be using different words for the adult that is here in the program, including names like adult, parent, supportive adult, and family member.” (Facilitator Manual, p. 18)</p> <p>“You and your supportive adult keep butting heads because they don’t like your friend, Toni.” (Facilitator Manual, p. 65)</p> <p>“Does it ever feel like your supportive adult just doesn’t get it?” (Teen Guide, p. 1)</p> <p>“You may want to ask some of these questions:</p> <ul style="list-style-type: none"> • ‘Can I get services at your office without my parents’ permission?’ • ‘Can my parent see my records?’ • ‘Will my parent see the bill?’ • ‘Do you offer free or reduced cost services?’” (Teen Guide, p. 16) <p>“Did you know? In many states, if you use your supportive adult’s insurance they will receive a statement listing the service you received. If you don’t want this to happen, talk with health center to see if there are other ways you can pay for services without insurance.” (Teen Guide, p. 17)</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</i></p>	<p>“Teen’s Sexual Healthcare Rights – on page 14 of each Teen Participant Guide, fill in the Teen’s Sexual Healthcare Rights page with the laws that exist in your state. These two websites provide detailed information about teens’ rights to sexual healthcare in each state:</p> <ul style="list-style-type: none"> • https://sexetc.org/action-center/sex-in-the-states/ • https://www.guttmacher.org/state-policy/explore/overview-minors-consent-law.” (Facilitator Manual, p. 12) <p>“Remind the group that condoms are just one way to prevent an unintended pregnancy. They can find more information about all birth control methods in their guides, as well as websites and apps in their guides that have good information about birth control methods. Have a list of resources available to draw from if teens struggle to give ideas. You can also provide websites, apps or other online resources.” (Facilitator Manual, p. 78)</p> <p>“Begin this section by stating: ‘One great way to take care of our sexual health is to know how to use condoms and know about other types of birth control. Another important way is to know what types of sexual health resources are available in your community. This could be medical providers that you have</p>

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)

seen and know you can trust, **places to get free condoms, healthcare clinics that see teens for free or at low cost**, or an adult that you know is a good person to go to if you need to talk about something.” (Facilitator Manual, p. 78)

“Ask participants to brainstorm what **sexual health resources** are available in their community.” (Facilitator Manual, p. 78)

“Check out some of our **favorite websites and apps** at the very back of this guide. These have a ton of information, quizzes, and ways to connect with other teens to make sure you are informed about your sexual health. Make sure you know about consent, condoms, and birth control. See the previous pages in this guide and **look at some of our favorite websites.**” (Facilitator Manual, p. 74)

“Some **health centers offer free and confidential services**, which means your adult wouldn’t find out. The guide has more info on how to find these.” (Facilitator Manual, p. 80)

“Teens brainstorm **sexual health resources in their community**. Write responses on Taking Care of Your Sexual Health poster. Teens write resources in their guides.” (Facilitator Manual, p. 83)

Text messages sent to youth and adults who opt to receive them:

- “Where can teens get sexual healthcare near you? Look at one of our favorite websites to learn more about pregnancy prevention methods: <https://www.bedsider.org/>”
- Busy? Don’t let the hustle stop you from asking important questions about your health: www.plannedparenthoodchat.org.
- Think you know it all? Take this quiz with your family to see how many pregnancy myths and facts you know! Sexetc.org/info-center/post/pregnancy-myths-debunked.
- AMAZE is full of fun animated videos to give you the answers you want to know about sex, your body, and relationships. amaze.org/” (Facilitator Manual, pp. 143-144)

“Remember: By law, some people can’t consent to sexual activities at all. This includes people who are under the influence of drugs or alcohol, mentally disabled, and/or under the legal age to be able to give consent in your state. Check out sexetc.org/action-center/sex-in-the-states/ for more info.” (Teen Guide, p. 9)

Note: *The above website from Sex, Etc. aims to help students “know your rights to sex ed, birth control, and more.”*

“The best type of birth control is the one that you’ll always use correctly, works well with your body, and fits your needs. Check out plannedparenthood.org/learn/birth-control for more info.” (Teen Guide, p. 11)

“For more information on your state rights:

- Talk with your LiFT facilitator
- Text with a **Planned Parenthood** provider: text PPNOW to 774636
- Visit www.sexetc.org/states” (Teen Guide, p. 14)

“Resources:

- **Planned Parenthood:** www.plannedparenthood.org/teens – Schedule an appointment, chat, find quizzes, articles and information just for teens about your body, birth control, STDs, sex, LGBTQ issues, dating, friends, and family.
- **Sex, Etc.:** www.sexetc.org – An online magazine with videos, blogs, and games about written by teens and for teens, about birth control, pregnancy, your body, LGBTQ, relationships, violence and sex.
- **Scarleteen:** www.scarleteen.com – An online magazine with blogs and articles about identity, relationships, reproduction, birth control, STDs, and more.
- **Love is Respect:** www.loveisrespect.org – Quizzes and info about relationships. Get help if you or someone you know is in an unsafe relationship.
- **The GLBT National Help Center:** www.glbthotline.org – Provides peer support, communication, connections, and info to people regarding sexual orientation and/or gender identity. Call 1-888-843-5464 or visit their website.
- **Spot On:** Spot On is a period tracking app run by Planned Parenthood. You can use it to track your period and record what you notice about your body, mood, and activity. The best part? It’s not gender specific.
- **Roo:** www.plannedparenthood.org/learn/roo-sexual-health-chatbot - A free and private chat bot that will answer all of your awkward questions about sexual health, relationships, growing up, and more.” (Teen Guide, p. 24)