

CSE Harmful Elements Analysis Tool

Analysis of
Love Notes 3.0 – Sexual Risk Avoidance Adaptation
Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = [10 OUT OF 15]

Love Notes 3.0 – SRA Adaptation contains [10 out of 15] of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children**. Having several of these elements should disqualify such materials for use with children.

Program Description: This program does contain some positives, like lessons on the dangers of sexting, cyberbullying, and online pornography. It also explains why decision making in a relationship should be left until after the “love chemicals” settle. That said, there are many concerns with this program, despite it being labeled as a Sexual Risk Avoidance Adaptation. It has students work through multiple sexual scenarios to determine how they would act. It recognizes a range of sexual orientations and normalizes anal and oral sex. *Love Notes* encourages students to set their own sexual limits and boundaries and communicate them with their romantic partners.

Target Age Group: Older teens and young adults

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 discussion of sexual experiences, attractions, fantasies or desires.</i></p>	<p>“If I ever got a girl pregnant, I would expect to have a say in what she chooses to do.” (Teacher’s Manual, p. 52)</p> <p>“Sex: To you, is sex connected with love and commitment? Marriage? Do you expect a boyfriend or girlfriend to respect your sexual values?” (Student Workbook, p. 7)</p> <p>“When is it time to start a discussion with a girlfriend or boyfriend about your sexual values and boundaries?” (Student Workbook, p. 7)</p> <p>“Pregnancy: If you ever slipped up and went further than you intended, and a pregnancy resulted would you expect to raise your child together? Would you plan to get married? What are your views about how an unplanned pregnancy might affect a child?” (Student Workbook, p. 8)</p> <p>“We got sexual right away. It was a mistake. I told my partner I want to leave sex out for now and develop our relationship in a lighter way. My partner threatens to spread rumors about me if I don’t continue having sex.” (Activity Card 7A: Warning Signs, p. 29)</p>

“My boyfriend (or girlfriend) **pressured me into having sex** when I didn’t want to. But since we’re in a relationship, I guess there’s nothing I can do about it.” (Activity Card 7A: Warning Signs, p. 30)

“I know **he forced himself on me**. I guess it’s my fault because I was drunk.” (Activity Card 7A: Warning Signs, p. 30)

“So many of **my friends were pressured to have sex** when they didn’t really want to. What I’ve noticed is that people who have sex at 13, 14, and 15 go on to have **lots of casual sex**.” (Student Workbook, p. 31)

“On average, **how long do you think people generally wait these days before having sex?** I am not looking for a scientifically accurate answer here and obviously, it can vary greatly. But what do you see and hear in music or the movies? Or from people around you?” (Teacher’s Manual, p. 69)

“It’s true that **sex happens early in relationships for some people. Some relationships today almost begin with sex**. Let’s look at a couple that got sexually involved right away... It got seriously very fast. **You could say these two slid into sex** before knowing each other.” (Teacher’s Manual, p. 69)

“The thing about sex is it always carries expectations. It can mean no more than, ‘We had sex today and **I expect we’ll have sex tomorrow**.’” (Teacher’s Manual, p. 69)

“In fact, one feels the only time there is a real show of interest and kindness is **when they are about to have sex**.” (Teacher’s Manual, p. 70)

“My hunch is that **without sex, there would not be much interest**.” (Student Workbook, p. 20)

“I’m happy with our level of physical affection and not ready to go any further. But my partner keeps **telling me everyone’s doing it and I’m just being weird**. Maybe I should just get over it and have sex.” (Teacher’s Manual, p. 101)

“But, today we are going to discuss sex from a different angle – **what makes sex good**. And why the context in which sex takes place matters.” (Teacher’s Manual, p. 233)

“The relationship is **based almost exclusively on sex**.” (Activity Card 6A: Six Types of Relationships, p. 17)

“Situation: **When he heard she was pregnant**, the relationship just went downhill. She knew he wasn’t faithful and told him it was over. But then when the baby came, he was caring and promised to be faithful. She left her mom’s place and moved in with him right after the birth. They never did talk about their expectations on commitment and marriage. What Happened Next: He’s back to his same old player ways. He stays out late at night, and she’s really raising her

child alone. This isn't the kind of relationship she wants... but now she's **just found out she's pregnant again.**" (Activity Card 8D: High-Cost Slides, p. 34)

"Situation: There's chemistry between them. She thinks this time it's the real thing. To her, **sex means a lot.** She's shared her body and her deepest feelings. They haven't talked about whether they are seeing other people, but she's sure, since her feelings are so strong, her partner's must be the same. What Happened Next: **She finds out her partner has been having sex with others...** and always had. She's furious and feels utterly betrayed." (Activity Card 8D: High-Cost Slides, p. 34)

"Situation: He believes sex was a big deal and wanted to wait until he was married. His buddies kept teasing him and one night at a party a girl came on pretty strong to him. **He was drinking and ended up having sex with her.**" (Activity Card 8D: High-Cost Slides, p. 37)

"Situation: When he was a teen, he knew he was not attracted to girls in a romantic way. He struggled trying to figure things out and denied it for a while. Then one day they had a speaker who said questioning teens should just give themselves time. The speaker also said **sex is a big deal for gay or straight youth** and it wasn't a bad idea to hold off on sex. What Happened Next: Although he planned to wait on sex until he was older and had figured himself out more, **he ended up having unprotected sex.** He's scared, awaiting an HIV test. It makes him sick to think he hardly knew this guy." (Activity Card 8D: High-Cost Slides, p. 37)

"When I was younger, **I used to engage in casual sex all the time** and found no real gratification in it. It was just a physical thing. Now things are totally different. It not just about me. I really care about my partner." (Student Workbook, p. 31)

"This section is meant to help you think about your boundaries and **what meaning you attach to different levels of physical intimacy.** The questions on this page and the next can help you think about the benefits or the risks involved with your line. Staying in the green zone is optimal, moving into the yellow and orange zones puts you in risky situations.

- Holding hands and hugging
- Gentle kiss on the cheek or lips
- French-kissing
- Intense, passionate, and prolonged kissing
- Touching breast and genital areas outside the clothes
- Touching breast and genitals under the clothes
- **Stimulation to orgasm outside the clothes**
- **Stimulation to orgasm under the clothes**
- **Oral sex**
- **Intercourse.**" (Student Workbook, p. 34)

“Your Sexual Values: In thinking about your future, what do you want sex to mean? And **what is the right context and timing for sex?** How does that relate to your values?” (Student Workbook, p. 35)

“Physical: This connection pertains to the physical part of intimacy. There exists a whole continuum of physical intimacy, from lesser to greater. It doesn’t have to be all or nothing. **This continuum can go from holding hands, hugging, or a gentle kiss to French kissing, increasing physical affection, greater sexual touch, and intercourse.**” (Teacher’s Manual, p. 238)

“Physical: Annie and CJ got sexually involved almost from the start. **A lot of their time together is focused on sex.**” (Teacher’s Manual, p. 240)

“Emotional: Annie’s not close to her family. She wants this relationship with CJ to last forever and **she feels close when they’re together sexually.**” (Teacher’s Manual, p. 240)

“Social: His idea of spending time together is having her hang out with his friends **or being alone with her getting it on sexually.** She wants to do more things with him, but he’s not that into her interests or what she thinks is fun. Even so, they both like watching movies. A lot of their time is spent inside the house.” (Teacher’s Manual, p. 240)

“Before re-examining my priorities, I would exclusively pick girls who appeared promiscuous and troubled, just like me. Entering the relationship, I believe that **I was there for sex with a ‘throwaway’ girl** and would have no trouble dropping her if the relationship got to be trouble or too taxing... The promiscuity, I’m guessing, was a way to get attention. I picked up on this, **not wanting to wait more than one date for the sex** and went for whichever girl seemed to be the fastest way to the bedroom.” (Teacher’s Manual, p. 243)

“Sex always carries expectations. One person may expect some or assume that sex means something, like tender and mutual feelings for each other, a relationship, or love. **For some, it merely may mean we did it and we’ll do it again.** It can hurt to find out you were not on the same page whatsoever. How many people have a deep discussion about their sexual values?” (Teacher’s Manual, p. 244)

“Conduct a brief brainstorm by asking teens to identify **what kinds of situations they think make a slide into sex more likely.** Then add the following if not mentioned:

- Drinking, under the influence of substances.
- Going with someone older than you.
- Being alone and kissing and touching for long periods of time; listening to sexy music.
- Not having talked about your sexual values and boundaries earlier.
- Not having an agreement on touch and time alone.
- Not having positive reasons in your own mind to waiting on sex.

- Not having clear reasons for why you don't want to get or make someone pregnant at this time in your life.
- Not knowing the facts about pregnancy and STDs." (Teacher's Manual, p. 250)

"Toothpaste is a short film written by teens from Texas and produced by Hollywood film makers from Scenarios USA. It involves two couples – one with a healthy relationship where they are able to talk honestly about their decision to wait on sex. Cristina, on the other hand, has recently fallen for someone and **thinks she's ready to have sex** but at the last moment has second thoughts. By that time, she's in a sticky situation. Unfortunately, **she is not prepared to resist his subtle pressures**. They have not talked honestly and openly about sexual values, and boundaries, or expectations." (Teacher's Manual, p. 251)

***Note:** The film Toothpaste also promotes using condoms to minors. The two teenage girls walk into the family planning section of the pharmacy. They are shopping for condoms to use later that night.*

"Cristina & Bobby – Let's Analyze

1. What were Christina's feelings for Bobby and his for her? Were they on the same page about the meaning of sex?
 2. **What pressure lines did Bobby use in the bedroom?**
 3. Cristina had a condom in her purse downstairs. Why didn't she go get it?
 4. Did her friend Jennifer think it was a good idea for Cristina to have sex? Why?
- Cristina could have insisted on a condom to reduce the risk of pregnancy and STDs, but what about the emotional and social risks, even if they'd had protected sex?" (Teacher's Manual, p. 258)

"Point out a few factors **associated with greater risk for STDs/HIV**: The earlier one starts having sex; The number of partners you or your partner have had; A large age difference between partners (the younger one is less likely to assert themselves, use refusal skills or insist on condoms); Drinking or being high makes you **far more likely to do sexual things** you might not want to do normally." (Teacher's Manual, p. 278)

"**When two people spend a lot of time alone kissing and touching skin-on-skin, sexual arousal is likely to take over**, despite one's values or intentions. Everyone needs a plan." (Teacher's Manual, p. 287)

"Pregnancy is much less likely to occur if a couple **has sex standing up**. False. Pregnancy can occur if a couple is standing up, sitting down, lying sideways, or in any other position you can think of. There is no sex position that provides protection against pregnancy." (Teacher's Manual, p. 293)

"Your friends talk a lot about sex. You think you must be the last person on earth that hasn't made a move on a girl. Your friend **Ben especially brags a lot about how much sex he's had**." (Teacher's Manual, p. 296)

“Everyone thinks what you say about **hitting it with lots of girls** is true. It makes you feel big – gives you a rank. Yeah, you know you exaggerate to your buddies. You’ve **had sex twice**, and, well, it was sort of quick and sketchy.” (Teacher’s Manual, p. 296)

“Your best friend, Sherita, has recently fallen for a guy 3 years older than her. He’s good looking, fun, and on the football team. He parties a lot with the older kids. **You know through rumors that he’s had sex with a few girls.** You’re afraid he’ll pressure Sherita. She is so crazy about him; you worry she’ll fall for his lines and do something she might regret. You’re worried she’ll get drunk and then have sex.” (Teacher’s Manual, p. 297)

“Later in the evening they find themselves off in a room and she/he is really **coming on to him/her sexually.**” (Teacher’s Manual, p. 300)

“You have a new boyfriend named Tony. **You and Tony have both been sexually active in the past and haven’t been too consistent with condoms.** You heard in health class that STDs and HIV have been going up among teens and frankly you are worried. You are thinking you’d like to get tested and want Tony to also. But there is more on your mind. **There’s so much casual sex going on** and you’d like to just have a good relationship with someone, without the focus all on sex.” (Teacher’s Manual, p. 301)

Poll Questions: “How common would you say each of the following is among people your age (1 = not common at all; 2 = not very common; 3 = fairly common; 4 = very common)

1. Sending sexy messages to someone else.
2. Sharing sexy messages with people other than the one(s) they were meant for.
- 3. Sending sexy pictures/video of oneself to someone else.**
- 4. Posting sexy pictures/video of oneself online.**
5. Sharing sexy pictures/video with people other than the one(s) they were meant for.
6. What do you think are the reasons that teens send/post sexy messages or pictures/videos of themselves?” (Teacher’s Manual, p. 363)

“Are teens **more forward or sexually aggressive when they sext** than in real life? Does exchanging sexts make dating or hooking up more likely? Does sexting make it ‘expected’ that they’ll hook up or date?” (Teacher’s Manual, p. 362)

“At 16, Nicole had a baby and dropped out of school. She went to live with her baby’s father and his friends, but the situation was not good for the baby. Things fell apart about nine months after the birth. **He was cheating on her, and she tried to make him jealous by getting involved with someone else.** Unexpectedly, she got pregnant with the new guy.” (Teacher’s Manual, p. 382)

2. TEACHES CHILDREN TO CONSENT TO SEX

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.

Note: “Consent” is often taught under the banner of sexual abuse prevention.

“Your partner needs to appear to be the boss, especially in front of others. You have little say in what happens. **Your partner pressures you to have sex**, but you do not want to at this point in your life.” (Activity Card 6A: Six Types of Relationships)

“**Now let’s talk about consent.** What is consent, in your opinion? Pause for their ideas. Pass out the handout, What Does Consent Mean?” (Resource 7d, p. 152), and discuss all the points.” (Teacher’s Manual, p. 141)

“Especially emphasize and discuss with the students what is not considered consent in sexual assault, when one cannot give legal consent, and that **consent is an ongoing process.**” (Teacher’s Manual, p. 141)

“**Consent is a clear ‘yes’ to sexual activity.** Not saying ‘no’ does not mean you have given consent. To consent means that:

- You are able to say what you want to do.
- You are sober (not under the influence of alcohol or drugs).
- You know and understand what is going on (You are not unconscious or blacked out or intellectually disabled.)” (Teacher’s Manual, p. 152)

“Remember: **Consent is an ongoing process**, not a one-time question. If you consent to sexual activity, you can change your mind and choose to stop, even after sexual activity has started. Past consent does not mean future consent. Saying yes to a sexual activity is not consent for all types of sexual activity.” (Teacher’s Manual, p. 152)

Role play scenario: “You and your boyfriend/girlfriend have been going out for a while. You’ve been kissing a lot and you really like him/her. You enjoy a lot of the same interests, and the relationship is a lot of fun, but you aren’t ready to have sex. In fact, you just don’t want to get that serious while you’re still in high school. But you don’t want to lose the relationship and sometimes you think you’re just behind everyone else. You’re in his/her basement watching a movie. **You’ve been kissing and touching**, and parent(s) aren’t home.

Person 1: Why are you stopping now?

Person 2: Because I don’t want to go any further.

Person 1: Why not? I thought you liked being with me.

Person 2: Yeah, I do. It’s a fun relationship. There’s so much I like about us being together.

Person 1: **Then why not go all the way? You know I’ll use protection.** Person 2: I just don’t want to

Person 1: Come on. Sex is part of being close. Don’t you trust me? Person 2: I trust you.

Person 1: Everyone who’s this close has sex. What’s the matter with you?

Person 2: I know, I know... I’m really behind socially. But... I just don’t know.

Person 1: Hey, I’ll use protection. There’s nothing to worry about. I care about you. I can show you.

Person 2: Well... I guess so... But, I’m a little afraid.” (Teacher’s Manual, p. 298)

Role play scenario: "You're at a party with a girl you really like. You met as freshmen on the basketball team. **She's come out, but you're still questioning and not sure.** You've been developing a cool relationship. You can really talk, you both love dancing and going to parties aside from your sports interests. Tonight, you're at a party. Parents aren't home and some people are leaving – **maybe to have sex.** She talks you into going upstairs and you start kissing and touching. You're not ready to have sex and want to go back to the party.

Person 1: Hey, let's go upstairs where we can take a break and be alone for a little while.

Person 2: Okay, and then let's come back and dance.

Person 1: (Upstairs in bedroom) You know I really like you. We've got something so special.

Person 2: **I wish you'd stop touching me there.**

Person 1: Why? It must feel so good. I've been looking forward to being alone like this.

Person 2: I'm not ready to get that involved.

Person 1: Don't you care about me? I thought you did.

Person 2: I do, I do really like you.

Person 1: Then loosen up. You're too uptight. I can make you feel good.

Person 2: I don't know...

Person 1: Hey, **it's not like we can get pregnant.** It's safe. Just a way to show our feelings. What are you afraid of?

Person 2: Well, I guess so... I guess I shouldn't worry." (Teacher's Manual, p. 298)

Role play scenario: "You and your girlfriend/boyfriend have been going together a while now. It's your six-month anniversary. You really like each other. You're alone in a park, no one is there, it's a warm balmy night and the stars are out. **Your girlfriend/boyfriend wants to have sex,** but you decide to tell him/her you are not ready.

Person 1: It's great being out here under the stars. Person 2: ____.

Person 1: I love being alone with you and holding you. Person 2: ____.

Person 1: I've been looking forward to this night. It's our six-month anniversary.

Person 2: ____.

Person 1: Let's make it special. **Let's make love.** Person 2: ____.

Person 1: I just want to feel you and get closer. Person 2: ____.

Person 1: Why not? You can trust me. **I'll pull out before I come.** Person 2: ____.

Person 1: Your feelings must not be the same. Person 2: ____." (Teacher's Manual, p. 299)

Role play scenario: "Jasmine likes Marcus but wants a relationship where they have more fun. **It seems like all they do is spend time alone getting physical.** And she always told herself that **when she does decide to have sex,** she'd insist on condoms. This afternoon, they are alone at her mom's apartment. They are in her bedroom and kissing. Things are heating up.

Marcus: What's the matter. Why are you pulling away? Jasmine: ____.

Marcus: Hey babe, you know I care about you. Jasmine: ____.

Marcus: Come on babe, we got something special. You got to show me. Jasmine: ____.

	<p>Marcus: You can trust me. I'm clean. Are you accusing me of something? Jasmine: _____. Marcus: I don't know why I bother with you. Jasmine: _____.” (Teacher’s Manual, p. 299)</p>
<p>3. PROMOTES ANAL AND ORAL SEX</p> <p><i>Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.</i></p>	<p>“Oral sex is sex. There are three main types of sex: vaginal, oral and anal.” (Teacher’s Manual, p. 270)</p> <p>“Too many girls are doing stuff, even giving oral sex to guys who could probably care less about them.” (Teacher’s Manual, p. 297)</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>“My new girlfriend wants to get intimate. She says we’re lesbians so it’s no big deal – we can’t get pregnant. I told her no; I was not ready for that. She respected me and stopped pushing.” (Teacher’s Manual, p. 101)</p> <p>“While this video is involved in a heterosexual couple, it’s just as easy for LGBTQ couples not to be on the same page and misinterpret each other’s motivations and expectations.” (Teacher’s Manual, p. 234)</p> <p>Note: This is referring to the music video <i>S.E.X.</i> by Lyfe Jennings.</p> <p>“Not all LGBTQ-identified teens have sex. Those that do may have sex only with the same-sex partner, with the opposite-sex partners, or both. LGBTQ teens may have sex with a person of the opposite sex for any number of different reasons. Some teens may be exploring or questioning. Some are exploited by others.” (Teacher’s Manual, p. 262)</p> <p>“Gay and lesbian teenagers who have sex don’t get pregnant. False. LGBT teens that have sex with members of the opposite sex are significantly less likely to use birth control, which results in a much higher pregnancy rate. Not all LGBTQ identified teens have sex. Those that do may have sex with a same-sex partner, with an opposite sex partner, or both. Every teenager, regardless of gender, identity, or sexual orientation needs the skills to build healthy relationships and healthy selves.” (Teacher’s Manual, p. 269)</p> <p>“Besides, you recently met an older gay couple in their early 30’s that seemed really happy together. They said it’s not weird for you to want to leave sex out of your teen relationships. They encouraged it. You don’t know how you’ll tell Tony this. He’ll probably think you’re cheating and think you’re weird if you’re gay and don’t want sex.” (Teacher’s Manual, p. 301)</p> <p>“Most who have sent or posted sexually suggestive content says it’s to a boyfriend/girlfriend or someone they have a crush on. (Instructor, please state to</p>

the group: **straight as well as LGBTQ use the term boyfriend or girlfriend.**)” (Teacher’s Manual, p. 364)

“Tabitha had questions about herself as a teen. **She was attracted to girls but didn’t know what to make of it.** Her family was quite conventional, as was the small town she came from. She never saw a gay couple in her town, and at school the kids used words like ‘lesbos’ and ‘fags’ in a way that told her it wasn’t cool. She buried her confused feelings in lots of wild partying and alcohol. Problem is, she wound up pregnant with some guy she barely knew. After she had the baby, she was determined to clean up her act and start college to improve her life. She moved to a larger city, and at college she **discovered an LGBTQ group.**” (Teacher’s Manual, p. 384)

5. PROMOTES SEXUAL PLEASURE

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.

“Sex is not only for touching a person’s body, it is also meant to touch the soul. Sex can be experienced emotionally, spiritually and physically and when it’s embodied in a loving, long-term commitment, **it can yield great pleasure and meaning.**” (Student Workbook, p. 32)

“Sexual Arousal:

- There is a pattern to the **changes in the body when you are sexually aroused, turned on, ‘horny,’ etc.**
- There are changes in heart rate, breathing, and blood pressure; the genitalia engorge with blood (males: the penis, females: the vulva) and the lubrication occurs.

Time:

- **Males get turned on fairly easily** and the time from the start of arousal to the end (orgasm and ejaculation) for young males is from 30 seconds to 4 minutes.
- For females, because the arousal process is not just physical, but also emotional, it can take from 4 to 20 minutes.” (Teacher’s Manual, p. 248)

6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION

While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.

No evidence found.

<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>“When putting on a condom, it is important to leave a space at the tip: TRUE. If there is no space at the tip, the condom may break when the man ejaculates, because there is nowhere for the ejaculation (‘cum’) to go. Most condoms have small area at the tip of the condom, called the ‘reservoir tip,’ which is built in to make room for the man to ejaculate without breaking the condom. If you are using a condom without this special tip, just make sure to pinch a small area at the tip of the condom and hold it as you roll the condom down the length of the penis.” (Teacher’s Manual, p. 291)</p> <p>“After a man ejaculates (‘comes’) he begins to lose his erection. When this happens, the condom is no longer tightly fitted to the penis, and the sperm can leak about. This can put a couple at risk of getting pregnant. After a man ejaculates, he should hold the condom on to the base of his penis with his hand while he pulls out.” (Teacher’s Manual, p. 291)</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 young people have never considered what deepening levels of physical intimacy mean to them and the optimal context to achieve that meaning, then how are they to make wise sexual decisions and stick to their choices? Sex is not just about bodies, risks, and protection. It’s about knowing oneself and one’s values and possessing the skills to navigate this terrain. It is ultimately about the heart and aspirations.” (Teacher’s Manual, p. vii)</p> <p>“The love chemicals produce strong feelings. Some people believe it’s okay for a couple to have sex if they feel they are in love. But love is more than a feeling that the love chemicals produce.” (Teacher’s Manual, p. 77)</p> <p>“Teens engage in personal decision-making on sexual boundaries and decide when, under what conditions, and with whom they’d move their line. They explore the risks and benefits of their sexual choices, and especially the benefits of waiting until they become adults or married.” (Teachers Manual, p. 230)</p> <p>“This discussion begins the lesson’s exploration of intimacy and sexual meaning to assist teens in defining a context for sex that is personally meaningful and protective of their aspirations.” (Teachers Manual, p. 233)</p> <p>“Your sexual values: What do you want sex to mean? What would you want each level of deepening physical intimacy to mean? What is the right context and timing of sex? Under what conditions, when, and with whom?” (Lesson 11 PowerPoint, slide 23)</p>
<p>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</p>	<p>“Since the love chemicals can surge in the early weeks or months, consider holding off on decisions about being in a relationship (and especially about</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>sex). Taking it to the next level when caught up in love chemicals is risky.” (Teacher’s Manual, p. 76)</p> <p>“She told me sex means a lot to her – like it’s something you do with someone you love and want to marry. Hey, I haven’t thought beyond next week, and my values on sex... well... why not get what you can whenever you can?” (Teacher’s Manual, p. 101)</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>No evidence found.</p>
<p>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</p> <p><i>Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.</i></p>	<p>“If the guy pulls out, a girl can still get pregnant. True. The pull-out method is one of the least effective methods to prevent pregnancy and there is zero protection from STDs. Withdrawal is difficult to get exactly right, especially consistently, since it requires a lot of self-control. And that control is especially hard for younger guys. Even if he pulls out before he ejaculates, there is still a chance she can get pregnant. And if he pulls out and ejaculates near enough to her vagina that the semen is able to come into contact with her vulva, she can get pregnant.” (Teacher’s Manual, p. 268)</p> <p>“Jumping up and down, rinsing out the vagina (douching), or peeing after sex will prevent pregnancy. False. None of these things after intercourse will get rid of the sperm. In fact, douching can actually increase the chance for pregnancy, since it can push the sperm further up. Jumping does nothing for 200-500 million sperm vigorously swimming upstream and which live for up to 5 days inside the</p>

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

women's body. Urine comes out of the urethra, a totally different opening than the vagina." (Teacher's Manual, pp. 268-269)

Students discuss the following contraceptive methods:

1. "The **implant** is a hormonal contraceptive that is a tiny rod the size of a matchstick. It is inserted into the upper, inside arm by a healthcare professional. It lasts for up to 3 years and is 99.99% effective.
2. The **IUD (intrauterine device)** is inserted through the cervix by a healthcare professional and can be removed at any time. Depending on type, it can last for 3, 5, or 10 years. It is 99.2% to 99.99% effective.
3. **Female or male sterilization (vasectomy)** is 99.5% to 99.85% effective and not reversible. Some couples, after they are don't having children, opt for this.
4. **Depo-Provera** is a hormonal shot that must be taken ever 3 months on schedule. It is 96% effective if done on schedule.
5. The **birth control pill**, which must be taken every day is, 93% effective. If days are missed, effectiveness is compromised.
6. The **patch** is a thin, square, plastic patch with hormones that is placed on the belly, arm, upper torso, or buttocks. A new patch is put on once a week for 3 weeks; no patch is worn for the fourth week. 93% effective.
7. The **ring** is about a two-inch ring that a women inserts into her vagina up to the cervix. It is left in for 3 weeks, taken out, and then a week later, a new one is inserted. It is 93% effective.
8. The **diaphragm and the cervical cap** are both flexible cups that are inserted into the vagina up close to the cervix each time before sex. A health care professional needs to determine the size. Both are used with spermicide. The diaphragm is 83% effective.
9. The **male condom** is 87% effective with typical use. The **female condom** is 79% effective.
10. The **foam sponge** is small and donut-shaped and contains a spermicide. It is inserted up into the vagina to the cervix. It is 86% effective for women who have never had a baby and 73% for women who have had a baby.
11. **Fertility Awareness Based Methods** (rhythm) involves [sic] daily tracking of a woman's cycle to determine when she is fertile. It is 77% to 98% effective." (Teacher's Manual, pp. 271-272)

"A woman can use an IUD, even if she has never had a child: TRUE. **A woman can use an IUD, even if she has never given birth.** It is now clear that the IUD does not affect your ability to get pregnant in the future and can be safely used by women who have never been pregnant or had a baby. After the IUD is removed, most women are able to become pregnant as quickly as women who have never used an IUD." (Teacher's Manual, p. 292)

"**An IUD cannot be felt by a woman's partner during sex:** TRUE. It is very unlikely that a women's partner will feel an IUD. The actual IUD stays inside the women's uterus, and there are two very fine thin strings that descend into the vaginal canal. Women using an IUD periodically should check that these strings are in

	<p>place, but it is rare that her partner would feel them during sex, and impossible to feel the IUD itself.” (Teacher’s Manual, p. 292)</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>No evidence found.</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>No evidence found.</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>No evidence found.</p>
<p>15. REFERS CHILDREN TO HARMFUL RESOURCES</p> <p><i>Refers children to harmful websites, materials or outside</i></p>	<p>“I would expect my fiancé to get tested for STI’s. Respect and love mean not putting your loved one in harm’s way. Most STIs have no symptoms. It’s wise for engaged couples to get tested.” (Teacher’s Manual, p. 52)</p>

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.)

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

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

Students are referred to www.relateinstitute.com for a Couples' Compatibility Assessment. (Lesson 3 PowerPoint, slide 9)

Note: www.relateinstitute.com has a hidden link under couples' counseling for LGBTQ and Transgender Therapy. It leads you to www.pridecounseling.com.

"A person with an STD, and especially HIV, typically has symptoms or doesn't look healthy. A person would know if a sex partner had something. False. Most people with STDs, including HIV, have no symptoms or are not recognized. Most STDs are transmitted when people are unaware. Any untreated/uncured or viral STD that a partner's former partner(s) may have had can be passed to you. **It really means that when a person has sex, he or she is potentially exposed to every person their partner has ever had sex with and who had an untreated/uncured or viral STD.** This is why any couple, including those getting married, must get tested beforehand. If a partner is unwilling to be tested before any sexual contact, it is a sign the relationship is not ready for sex." (Teacher's Manual, pp. 269-270)

"In this section, teens will view *Reflections*, (https://www.youtube.com/watch?v=izXqyB_x5pU) a short film written by teens and produced by Scenarios USA. It tells the story of **three young friends who are faced with the issue of HIV/AIDs.**" (Teacher's Manual, p. 273)

"**Testing is critical for anyone who is sexually active.** Otherwise, they will pass it on to others and not get treated themselves." (Teacher's Manual, p. 276)