

# CSE Harmful Elements Analysis Tool

The CSE Harmful Elements Analysis Tool<sup>1</sup> was created to help parents, school administrators, educators, and other concerned citizens assess, evaluate, and expose harmful elements within comprehensive sexuality education (CSE)<sup>2</sup> curricula and materials. For more information, visit [www.stopcse.org](http://www.stopcse.org).

## Analysis of *Love Notes 3.0 Classic* *CSE Edition*

Based on 15 Harmful Elements Commonly Included in CSE Materials

**CSE HARMFUL ELEMENTS SCORE = [11 OUT OF 15]**

*Love Notes 3.0 Classic* contains [11 out of 15] of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children**. Having several of these elements should disqualify such materials for use with children.

**Program Description:** This program does contain some positives, like lessons on sexting, cyber bullying, and gaming addictions. It also shows the risks of choosing cohabitation over marriage, and tells why decision making in a relationship should be left until after the “love chemicals” settle. That said, there are many concerns with this program, and it is not appropriate for youth. It has students work through multiple sexual scenarios to determine how they would act. It normalizes a range of sexual orientations and gender identities. *Love Notes* normalizes anal and oral sex and has explicit instruction on condom use. This program frequently encourages students to set their own sexual limits and boundaries and communicate them with their romantic partners. In what can only be seen as an attempt to “connect” with teenagers, *Love Notes* uses extremely explicit music videos to convey messages about abuse and other relationship issues.

**Target Age Group:** 14-18 years old

**Planned Parenthood Connections:** None found

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
<p><b>1. SEXUALIZES CHILDREN</b></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</i></p>	<p>Relationship scenario: “When we’re in public or around his friends, he treats me like I’m nothing. The only time he is really kind and considerate is <b>when he wants sex</b>. I’m not going to be his or anybody’s <b>booty call</b>. I deserve better. I’m breaking up with him.” (p. 104)</p> <p>“Consider playing the optional music video, Till It Happens to You, by Lady Gaga (found at the end of the slideshow). It's important to warn <b>there are graphic scenes in the video</b> that some may not wish to view.” (p. 155)</p>

<sup>1</sup> 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](http://www.stopcse.org) for a blank template or to see analyses of various CSE materials.

<sup>2</sup> 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.

*sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.*

Discussion scenario: "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 that 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." (p. 182)

"...rarely are youth engaged in discussions about emotions, about sexual meaning, about intimacy, love, or how healthy relationships may have **something to do with good sex.**" (p. 239)

"Lesson 11 Materials: Music video: **S.E.X., by Lyfe Jennings**" (p. 243)

***Note:** This music video is inappropriate for a high school audience. It portrays a couple beginning a sexual relationship and includes lyrics such as, "...he'll tell you all kind of things to get in your pants..."*

"What if she had sex with him thinking it meant he had feelings for her and then she finds out she was **nothing but a good lay** to him." (p. 247)

"Many young women **fake orgasms.** What are we to make of that? Doesn't sound like **beautiful, affirming sex.**" (p. 248)

"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, a gentle kiss to French kissing, increasing physical affection, caressing, **greater sexual touch, to intercourse.**" (p. 249)

Relationship scenario: "A lot of my friends are **pushing their girlfriends to have sex all the time,** but nothing seems to last." (p. 249)

Lesson 11 scenario: "Annie and CJ got **sexually involved almost from the start.** A lot of their time together is focused on sex." (p. 251)

Lesson 11 scenario: "His idea of spending time together is having her hang out with his friends or **being alone with her getting it on sexually.**" (p. 252)

Lesson 11 scenario: "Before re-examining my priorities, I would exclusively pick girls who appeared promiscuous and troubled, just like me. Entering the relationship, I believed that I was **there for sex with a 'throw-away' girl,** and would have no trouble dropping her if the relationship got to be trouble or too taxing." (p. 255)

Lesson 11 scenario: "Seth, 22: '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.'" (p. 256)

Lesson 11 scenario: "Cassie, 18-year-old mother: '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.** They

don't have any concept of sex as something special. It makes them feel worthless after a while. There's no real pleasure. They aren't enjoying it. I know, I've been there.” (p. 256)

“Couples who use sex as an expression of love and commitment **may get more out of sex**, whatever their identity, gender, or sexual orientation.” (p. 257)

“This biology information might help your participants understand why sex among teens isn't mutually satisfying very often. **Many females fake orgasms**. And this is especially so if a person is in a sex relationship with someone who is **in just for his or her own sexual pleasure**, whether you are a teen or in your twenties.” (p. 261)

“**Offer some insights about ‘friends with benefits,’** i.e. casual sex:

- Females who hook up often have hopes of it evolving into a relationship.
- Males and females often differ in their expectations about no-strings-attached sex.” (p. 262)

“This biological discussion may help you think more deeply about why some partners are not on the same page and **what intimacy and mature relationships might have to do with good sex.**” (p. 262)

Students watch a film from Scenarios USA called *Toothpaste* wherein two high school girls **prepare to have sex with their boyfriends**. They go to the drugstore to buy condoms and then attend a party where both couples split off to have sex. One couple decides to wait while the other **has unprotected sex** and the girl ends up pregnant. Midway through the film, students are told the following: “Make a prediction. **Will they have sex or not?**” (p. 264)

Students read a poem called *Reflections* written about a girl who **had sex for the first time at 13-years-old and then went on to have “countless encounters.”** She has three children and at least one STD. (p. 272)

Students move to either a true or false sign depending on how they feel about the statements in this “**Test Your Sex Smarts!**” quiz:

- It seems almost all teens are having sex.
- You can't get pregnant the first time you have sex.
- A female can't get pregnant if she has sex during her period.
- Sperm can live up to five days inside a woman's reproductive tract.
- If the guy pulls out, a girl can still get pregnant.
- Jumping up and down, rinsing out the vagina (douching), or peeing after sex will prevent pregnancy.
- Gay and lesbian teenagers who have sex don't get pregnant.
- You can't get STDs **from oral sex**. Besides, it's not really sex.
- You don't have to go 'all the way' to get an STD.
- If a female is on birth control she's protected from STDs.
- Birth control pills are effective, even if a woman misses taking them for a couple of days in a row.

- A woman can use an IUD even if she has not given birth.
- After giving birth, a woman can become pregnant, even before she has her first period.
- The implant has one of the highest rates of effectiveness of all methods, next to abstinence.
- **Emergency contraception** requires a doctor's visit and prescription." (pp. 281-284)

Students watch a video called *Reflections* wherein **three female high school friends discuss their sex lives**. One has a baby, one has multiple sex partners, and one is a virgin whose first sexual encounter with a college boy starts on-screen with the couple kissing on a bed. The teenage mother gets into a fight with another high school girl who claims to have the same "baby daddy." The **girl with multiple sexual partners** is shown in bed with a guy as they discuss condom use. All three decide to get tested for STDs together. The one who was a virgin at the beginning of the film is the one that was HIV positive. (p. 286)

"You need a plan if you are going to pace your involvement more slowly. 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." (p. 299)

*Note: This program seems to be insinuating that "kissing and touching skin-on-skin" is considered slow-paced sexual behavior.*

Role play scenario: "Everyone thinks what you say about **hitting it with lots of girls** is true. It makes you feel big – gives you rank. Yeah, you know you exaggerate to your buddies. **You've had sex twice, and, well, it was sort of quick and sketchy**. But what the heck why not? This is what guys do. You're starting to wonder about your friend Marcos. Is he gay or something?" (p. 309)

Role play scenario: "Your best friend, Sherita, has recently fallen for a guy 3 years older than her. He's good-looking, fun, and drives a nice car. He parties a lot with the older guys. You know through rumors that **he's had sex with more than a few girls**. You're afraid he'll pressure Sherita... Too many girls are doing stuff, even **giving oral sex to guys** who could probably care less about them. You want Sherita to slow down and think." (p. 310)

Role play scenario: "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.**" (p. 311)

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.” (p. 311)

***Note:** Even role plays designed to prevent intercourse still normalize the idea of kissing and touching as something all teens do.*

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.**” (p. 312)

Role play scenario: “Jake (or Maria) is at a party and has been drinking. \_\_\_\_\_ has been dancing with someone who is really hot. Later in the evening they find themselves off in a room, and **she/he is really coming on to him/her sexually.** Despite the alcohol, \_\_\_\_\_ has got a feeling they should stop things. They hardly know each other. \_\_\_\_\_ always planned to wait on sex until he/she was older. But \_\_\_\_\_ has **never had someone come on so strong** and doesn't exactly know what to do or say – but knows getting out of there is a good idea.” (p. 313)

“Tips to Avoid Sliding: You need a plan to pace it slowly. What are the ground rules on touch? What’s okay and what is not? **Touching skin-on-skin** moves you into the danger zone for going further.” (p. 315)

***Note:** Again, this program normalizes intimate touching over clothes as something that all teens do.*

“Put an ‘X’ on the scale above to indicate **where you draw your line...** Setting a clear line makes it more likely you can hold to that line.

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

## **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*

“**Now let’s talk about consent.** What is consent, in your opinion?’ Pause for their ideas... Especially emphasize and discuss with students what is not considered consent in sexual assault and when one cannot give legal consent; and that **consent is an on-going process.**” (p. 154)

Students watch a video entitled “Tea and Consent.” This video uses offering tea as an analogy for offering sex. **People can consent to sex or decline it** in the

<p><i>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>same way they consent to or decline an offer of tea. (p. 155)</p> <p><b>“Consent is a clear ‘yes’ to sexual activity.</b> Not saying ‘no’ does not mean you have given consent. To consent means that:</p> <ul style="list-style-type: none"> <li>• You are able to say what you want to do.</li> <li>• You are sober (not under the influence of alcohol or drugs).</li> <li>• You know and understand what is going on (you are not unconscious or blacked out or intellectually disabled).” (p. 161)</li> </ul> <p>“Consent is an ongoing process, not a one-time question. <b>If you consent to sexual activity,</b> you can change your mind and choose to stop, even after sexual activity has started. Past consent does not mean future consent.” (p. 161)</p> <p><b>“Saying yes to a sexual activity</b> is not consent for all types of sexual activity.” (p. 161)</p> <p>“And a person needs to be able to <b>talk about their sexual values and boundaries</b> confidently with a partner and have agreement.” (p. 299)</p>
<p><b>3. PROMOTES ANAL AND ORAL SEX</b></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>“Leader Note: Potential troubleshooting on the scale of physical intimacy and <b>oral sex:</b> There may well be some discussion on <b>where oral sex falls on the scale,</b> given the trend among some youth to think of it as no big deal. For all kinds of reasons, we place it next to or in tandem with intercourse. There are several tracks for engaging discussion on this issue if it comes up...” (p. 267)</p> <p>“True/False: You can’t get STDs <b>from oral sex.</b> Besides, it’s not really sex. False. <b>Oral sex is sex.</b> There are three main types of sex: <b>vaginal, oral, and anal.</b> You can get any STD from any form of sex. Herpes, syphilis, chlamydia, gonorrhea, HPV, and HIV can all be acquired from oral sex. The person <b>giving oral sex</b> to a guy who ejaculates, is at higher risk, although any gender with any partner can transmit and receive STDs <b>through oral sex.</b>” (pp. 282-283)</p> <p>“All kinds of sex – <b>oral, vaginal, or anal</b> – transmit STDs and HIV.” (p. 290)</p> <p>“STD infections can enter the body ... through mucous membranes, such as the vulva, vagina, penis, <b>mouth (oral sex), anus,</b> and eyes.” (p. 291)</p>
<p><b>4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR</b></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</i></p>	<p>“All youth, <b>regardless of sexual orientation,</b> have attractions, emotions, and desires for healthy relationships. All youth need skills and knowledge to navigate their relationships and make wise sexual choices. <b>This is a LGBTQ-inclusive curriculum.</b>” (p. vi)</p> <p>“The scenarios, poetry, and stories have all been written by diverse youth. The images in the PowerPoint slides, as well as language in the lessons and scenarios, are <b>inclusive in terms of sexual orientation.</b>” (p. xiii)</p> <p>“These cards have been written by diverse youth in everyday language. <b>Most are gender neutral.</b> Some are clearly heterosexual and <b>some clearly same-sex.</b>” (pp. 87, 88)</p>

sex.

Relationship scenario: “I want **my new girlfriend** to get intimate. She says she wants to pace it slowly. I keep telling her over and over it’s no big deal, **we’re lesbians**. It’s not like we can get pregnant. What’s with her!” (p. 103)

Relationship scenario: “My boyfriend used to do all the talking, interrupting me and making me feel little. I told him it wasn’t okay and we needed to work on communication. I want a good relationship, **like my uncle and his partner Eric**.” (p. 104)

Relationship scenario: “I have a baby. The father and I have no real connection, and besides, **I’ve come out**. My girlfriend is pressuring me to get sexually involved. I need time to sort out my life – so much has happened.” (p. 104)

Relationship scenario: “My girlfriend loses her temper fast and has slapped me when she’s mad. I stayed because I didn’t think **lesbian relationships** could be this way.” (p. 104)

“Consider **playing the song or music video**, Too Good at Goodbyes, by Sam Smith, and discuss the messages.” (p. 125)

***Note:** This music video features break up scenes with heterosexual and homosexual couples.*

“**Regardless of identity or orientation**, youth can be vulnerable to pregnancy involvement. Recent findings have shown that the **pregnancy rate for LGB teens** (both boys and girls) is actually higher than rates for heterosexual youth.” (p. 170)

“Marriage is a legal and social commitment between two people, **regardless of gender, identity, or orientation**.” (p. 180)

Discussion scenario: “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.” (p. 184)

“While this video involved 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.” (p. 246)

“Where do most teens – guys and girls, **straight or LGBTQ** – get their advice about sex?” (p. 247)

“Point out that Annie and CJ are a boy/girl relationship, but their situation can **apply to a couple of any identity or orientation**.” (p. 251)

“But, there are other emotional and social risks that can affect anyone of **any gender, identity, or orientation** that you hear less about.” (p. 255)

“How many even talk enough to find out more about each other? Maybe someone is struggling with figuring out who they are – **their identity, their orientation.**” (p. 255)

“There can be unintended consequences from casual sex to consider: A person could be **confused about their orientation** and trying to see if having sex will answer that. (Instructor note: **LGB teen pregnancy** rates are as high or higher than heterosexual teens.)” (p. 256)

“Couples who use sex as an expression of love and commitment may get more out of sex, **whatever their identity, gender, or sexual orientation.**” (p. 257)

“...for **same sex partners**, there are insights from understanding male and female biology.” (p. 261)

“Downloadable Resources: Two background instructor resources on **sexual risk behaviors of LGBTQ youth** are accessed via hyperlinks in the final PowerPoint slide.” (p. 278)

“Instructor Note: The information below is important for all teens, regardless of sexual orientation. **LGBTQ youth** have often been ignored in pregnancy prevention. But LGBTQ youth are actually more likely to engage in behaviors that may result in unintended pregnancy. **Lesbian and bisexual youth** experience a higher risk of unintended pregnancy than their heterosexual peers. **Lesbian or bisexual girls'** teen pregnancy rate is 12 percent higher than their heterosexual peers.' **LGBTQ youth**, at a rate of almost 60 percent, reported having four or more sexual partners during their lifetimes compared with 11 percent among their heterosexual peers.” (p. 281)

“Have the group form pairs and pass out Ben & Marcos - *Pressure from Friends* (Resource 12d, pg. 309) to half the pairs (have them note that **Marcos can be gay or straight**) and *Advice to a Friend* (Resource 72e, pg. 310) to the other half.” (p. 297)

“The final one (12i, pg. 314) involves a guy who wants to change course. He's decided he wants to stop having sex in his relationship. How will **he tell his boyfriend** and how will he respond?” (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.” (p. 311)

Role play scenario: “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. You want to stop having sex, but still stay together with Tony... 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**. How can Dean raise the topic and **convince his boyfriend**, Tony, that he wants to continue the relationship, but stop having sex?” (p. 314)

	<p>“If you are <b>attracted to the same gender</b>, everything here applies to you... Taking it slow and making real decisions is smart for everyone.” (p. 315)</p> <p>“Unplanned pregnancy and birth (<b>whatever one's sexual orientation</b>) is linked with an increased likelihood of relationship turbulence of which many young people are unaware.” (p. 320)</p> <p>“If you did not have a father in your life – or a positive father presence – think about what a good father should be like. <b>Maybe you have two great mothers.</b> Consider what a great father should be like.” (p. 331)</p> <p>“On the other hand, this technology does give us tremendous opportunities to access information and connect with others. For example, <b>LGBTQ youth</b> can derive benefits from online communication through supportive exchanges with others.” (pp. 368-369)</p> <p>“Most who have sent or posted sexually suggestive content say it’s to a boyfriend/girlfriend or someone they have a crush on. (Instructor, please state to the group: <b>straight as well as LGBTQ use the term boyfriend or girlfriend.</b>)” (p. 386)</p> <p>“Imagine you are a relationship expert, and a couple planning to marry wants your advice (they can be <b>any sexual orientation</b>).” (Student Workbook, p. 18)</p>
<p><b>5. PROMOTES SEXUAL PLEASURE</b></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>Lesson 11 Goal: “To demonstrate better understanding of the <b>sexual arousal process.</b>” (p. 242)</p> <p>“There is a pattern to the changes in the body <b>when you are sexually aroused, turned on, ‘horny,’ etc.</b> There are changes in heart rate, breathing, and blood pressure; genitalia engorges with blood (males, the penis, and females, the vulva) and <b>lubrication occurs.</b>” (p. 260)</p> <p>“Males <b>get turned on fairly easily</b> and the time from the start of arousal to the end (<b>orgasm and ejaculation</b>) for young males is, on average, 30 seconds to 4 minutes. For females, because the arousal process is not just physical, but also emotional, it takes, on average, from 5 to 20 minutes.” (p. 261)</p> <p>“For women, <b>arousal and orgasm</b> is not just simple and straightforward physical stimulation, as it is more typically for young males. Yes, <b>clitoral stimulation is important for a female's orgasm</b>, but it also involves more of her body and mind. Female sexual arousal can easily collapse.” (p. 261)</p> <p>“Affection or an emotional connection and intimacy are typically important to <b>female sexual satisfaction.</b> According to a national survey of adult women, very few said that casual sex was appealing.” (p. 261)</p> <p>“First, slowly draw the gradual line of <b>female arousal building</b>, pointing out by the top wave of lines that females are <b>capable of multiple orgasms.</b> Underscore</p>

	<p>that average time may be 5 to 20 minutes. Remind them, this is on average.” (p. 261)</p> <p>“Then draw the line (fast) of <b>young male sexual arousal to orgasm...</b> It vividly makes the point. If it's a heterosexual couple, she <b>may not even be lubricated (and certainly no orgasm)</b> before it's all over for him.” (p. 261)</p>
<p><b>6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION</b></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><b>No evidence found.</b></p>
<p><b>7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS</b></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>Students watch a video called “Toothpaste.” Two girls discuss the need to buy condoms and use the term “toothpaste” as a <b>euphemism for condoms to make shopping for them more comfortable</b>. Both girls had sex. One girl had sex with a condom, and one had sex without a condom. (p. xiv)</p> <p>“The way for sexually active people to reduce their risks of contracting an STD is to <b>use a condom correctly each and every time.</b>” (p. 292)</p> <p>“Point out that <b>using condoms consistently and correctly can significantly reduce a person's risk of getting an STD or HIV</b>. They are a must for anyone who is sexually active. However, only latex condoms (polyurethane or polyisoprene if allergic to latex) are <b>proven to reduce – though not eliminate</b> – the risk of acquiring STDs, while other types (such as lambskin) do not and are therefore not recommended.” (p. 292)</p> <p><b>Note:</b> No mention is made of condom failure rates.</p> <p>“Let’s review the <b>most common condom mistakes</b>.</p> <ul style="list-style-type: none"> <li>• Late application. Putting a condom on after intercourse has already started. Semen can be in pre-ejaculate fluid.</li> <li>• Unrolling it before putting on, rather than <b>unrolling the condom on the penis</b>.</li> <li>• Failing to leave room at the tip for the semen to collect and pinching the air out of the tip. The condom could break because there is no where [sic] for the semen to go.</li> <li>• Starts to put on upside down and then flips it over, potentially exposing</li> </ul>

	<p>their partner to bodily fluids that will now be on the outside of the condom.</p> <ul style="list-style-type: none"> <li>• Opening condom package with sharp object, teeth, nails and damaging the condom.</li> <li>• No lubrication or wrong lubrication (oil based like Vaseline, baby oil, etc.). Both can cause condoms to break.</li> <li>• Incorrect withdrawal. Failing to promptly and properly <b>withdraw after ejaculation</b>. When a male <b>loses his erection</b>, the condom is no longer fitting tightly and sperm can leak out.</li> <li>• Not looking for expiration date.</li> <li>• Keeping it in a warm place (wallet, glove compartment) for a period of time. It can break down the latex.</li> <li>• Reusing a condom. Obviously a bad idea – contamination.</li> <li>• Using two condoms (double bagging). Actually makes it more likely to rub and break.” (pp. 292-293)</li> </ul> <p>“True/False: 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 <b>nowhere for the ejaculate (‘cum’) to go</b>. Most condoms have a 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 <b>hold it as you roll the condom down the length of the penis.</b>” (p. 304)</p> <p>“True/False: When using a condom, it is important for the man to pull out right after ejaculation. True. After a man ejaculates (‘comes’) <b>he begins to lose his erection</b>. When this happens, the condom is no longer tightly fitted to the penis, and sperm can leak out. This can put a couple at risk of getting pregnant. After the man ejaculates, he should hold the condom <b>on to the base of his penis with his hand while he pulls out.</b>” (p. 304)</p>
<p><b>8. PROMOTES PREMATURE SEXUAL AUTONOMY</b></p> <p><i>Teaches children they can choose to have sex when they feel they are ready or when they find a trusted partner. Teaches children they have sexual rights. 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>“<i>Love Notes</i> empowers youth with the skills needed to further their own personal development, to form and maintain healthy relationships, to <b>make wise sexual decisions</b>, and to work towards success with education and employment.” (p. vi)</p> <p>“<i>Love Notes</i> contains an important missing piece in <b>sexual decision-making</b> and STI/pregnancy prevention by addressing relationship issues. After all, sex is a relationship issue. For example, can young people <b>make wise sexual choices</b> if they: Have never clarified what’s important to them in a partner or relationship?” (p. vii)</p> <p>“<b>Sexual decision-making</b> is embedded within a rich exploration of intimacy and the development of healthy relationships. Activities guide youth in cultivating <b>their own North Star for sexuality</b>. They are asked to <b>develop goals, boundaries</b>, and a context and pace for sexual intimacy that is responsible, protective of their own aspirations in life, and personally meaningful.” (p. viii)</p>

“You need to have a vision of what you want in life, a **plan for how to get it**, and an understanding of the impact that your relationship and **sexual choices** have on those plans.” (p. 13)

“*Love Notes* is about planning for your future relationships... by **making clear relationship and sexual choices** that will help you avoid risks.” (pp. 13-14)

“Underscore that infatuation is exciting and pleasurable. Offer the following tip: Having **clear sexual boundaries** is really important.” (p. 78)

“Do you see eye to eye on issues of drugs, **sexual boundaries**, and alcohol/drugs? Does your partner share your values?” (p. 91)

“Participants will come to appreciate how important it is to decide and not slide when it comes to transitions that can be life-altering, like sex, pregnancy, having a child, living together, or getting married. A **decision-making framework** for relationship transitions will help identify what's needed to make good decisions.” (p. 163)

“The concept Sliding vs. Deciding is a **safety strategy for navigating the terrain** of attractions, relationships, and sex that is relevant to all teens.” (p. 170)

“**Be clear on your sexual boundaries**. Discuss them and make a plan.” (p. 174)

“It takes a lot of motivation not to just slide into sex, but instead to **define your boundaries and the timing and context** for engaging in deeper levels of sexual intimacy that protects not just your body, but your heart.” (p. 239)

“The goal is for youth to **cultivate their own North Star for sexuality**... The goal is for youth to take charge and **make clear decisions** based on what they want and value, rather than simply sliding when it comes to sex and blindly following the current cultural scripts.” (p. 240)

Lesson 11 Goal: “To explore the concept of pacing; to **define one's sexual values** and establish clear intentions.” (p. 242)

“This discussion begins the lesson's exploration of intimacy and sexual meaning to assist youth in **defining a context for sex that is personally meaningful** and protective of their aspirations.” (p. 245)

“But you first need to **reflect upon your sexual values**; that is, what you want. Knowing your values, what you want things to mean, your intentions, puts you in charge and will strengthen your ability to **assert and communicate** with a partner.” (p. 245)

“The goal is to encourage them to **clarify and assert what's important to them** and, ultimately, for them to have a fulfilling and affirming sexual life when they are ready and confident in what they want.” (p. 248)

	<p>“Thinking about the kinds of connections that make up true intimacy and what you'd want each deepening level of physical intimacy to mean might help you <b>make important relationship and sexual decisions</b>, like if or how fast you want to get involved.” (p. 253)</p> <p>“It's for you to <b>decide the value and meaning you place on sex</b>. It's for you to <b>decide your boundaries</b> and pace.” (p. 257)</p> <p>“Knowing how to <b>communicate with a partner about boundaries</b> and knowing how to make plans to follow through on <b>your sexual choices</b> is really, really important.” (p. 266)</p> <p>“Read over the scale of deepening levels of physical intimacy and then think about <b>where you want to set your line</b>, or where you would like to reset your line in your next relationship.” (p. 266)</p> <p>Lesson 12 Goal: “Develop a personal <b>action plan for sexual choices</b>.” (p. 277)</p> <p>“In today’s session we are going to focus on sexual health issues and <b>planning for your choices</b>.” (p. 280)</p> <p>“This curriculum is aimed at building healthy selves and healthy relationships and encouraging youth to <b>make sexual choices that are meaningful</b> to them and then to plan for those choices.” (p. 329)</p> <p>“Now you know the facts. And, you have some knowledge and skills to <b>make good relationship and sexual choices</b> to clear the path for you to reach your goals.” (p. 348)</p> <p>“Avoiding pregnancy and STDs, <b>if sexually involved</b>:</p> <ul style="list-style-type: none"> <li>• Form of birth control and schedule for taking/use:</li> <li>• Agreement on condom use:</li> <li>• Is your partner on board and also taking responsibility? Describe how you will <b>work as a team to avoid pregnancy and/or STDs</b>.” (Student Workbook, p. 53)</li> </ul>
<p><b>9. FAILS TO ESTABLISH ABSTINENCE AS THE EXPECTED STANDARD</b></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</i></p>	<p>“It also takes a lot of motivation to use condoms and contraception correctly and consistently to prevent STIs and pregnancy <b>if sexually active</b>.” (p. viii)</p> <p>“The deeper you get into a relationship, <b>and sexual involvement</b>, the greater the risks and consequences.” (p. 168)</p> <p>“Do you both agree to an effective plan regarding physical affection? This involves agreed-upon rules for touch (what's okay and what is not) and how much time to spend alone making out, if your intention is to <b>wait on sex or pace things slowly</b>.” (p. 174)</p> <p>“If you <b>decide to become sexually involved</b>, how will you make sure it’s a</p>

*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.*

decision and not a slide?” (p. 174)

“And a slower pace gives couples **who choose to have sex** the time to discuss, to see if they are on the same page (and lovable of each other), and to plan for their protective choices.” (p. 241)

“We think of ‘safe sex’ in such narrow terms of protecting bodies from STIs and pregnancy. But **safe sex can be expanded to include relationally safe**, i.e. within a relationship that is emotionally safe and physically safe. The safest sex – emotionally, socially, and healthwise – takes place in the context of a mature and healthy relationship or marriage.” (p. 262)

“*Love Notes* is not about telling you **when you should or shouldn't have sex**. But we do want you to leave here with an understanding of the importance of being deliberate about your personal values, what you want, where you set your line, and how you want to pace it – now or next time.” (p. 267)

“For anyone **who is sexually active**, here are the primary methods of birth control.” (p. 284)

“The only other 100% way to avoid contracting STDs is knowing both partners are STD free and are **only having sex with each other** (monogamous and faithful).” (p. 292)

“**If you decide to have sex**, you need a plan for how you and your partner will avoid pregnancy and/or STDs.” (p. 299)

“**If you have sex**, make it a decision you both agree on **before you have sex**. Have a solid agreement on condom use. Obtain and be on birth control. Get tested for STDs.” (p. 315)

“Are you committed to being tested regularly, since most STDs have no symptoms? Especially every time you **have a new sexual partner**?” (p. 316)

“One thing for sure is that preventing an unplanned pregnancy is something you have some control over. You can decide not to have sex, to pace things more slowly, or to use contraception and condoms consistently and correctly **if/when you are sexually active**.” (p. 348)

“**If you have sex**, what do you want it to mean? How do you want to pace physical intimacy (how slow, how fast, how far) in a relationship?” (Student Workbook, p. 7)

“**If you become involved sexually**, what will you and your partner do to take responsibility to prevent pregnancy and/or STDs?” (Student Workbook, p. 7)

“**Whether you are sexually involved now** or whether you are committed to waiting on sex or pacing things more slowly, you need a plan.” (Student Workbook, p. 36)

	<p><b>“Sexually involved right now? What is your plan to prevent pregnancy and/or to reduce your risks for STDs?”</b> (Student Workbook, p. 37)</p>
<p><b>10. PROMOTES TRANSGENDER IDEOLOGY</b></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>“All youth, regardless of sexual orientation, have attractions, emotions, and desires for healthy relationships. All youth need skills and knowledge to navigate their relationships and make wise sexual choices. <b>This is a LGBTQ-inclusive curriculum.</b>” (p. vi)</p> <p>“Marriage is a legal and social commitment between two people, <b>regardless of gender, identity, or orientation.</b>” (p. 180)</p> <p>“Point out that Annie and CJ are a boy/girl relationship, but their situation can apply to a couple of <b>any identity or orientation.</b>” (p. 251)</p> <p>“But, there are other emotional and social risks that can affect anyone of <b>any gender, identity, or orientation</b> that you hear less about.” (p. 255)</p> <p>“How many even talk enough to find out more about each other? Maybe someone is struggling with figuring out who they are – <b>their identity, their orientation.</b>” (p. 255)</p> <p>“Couples who use sex as an expression of love and commitment may get more out of sex, <b>whatever their identity, gender, or sexual orientation.</b>” (p. 257)</p>
<p><b>11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN</b></p> <p><i>Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.</i></p> <p><i>May encourage the use of contraceptives, while failing to present failure rates or side effects.</i></p>	<p>“It also takes a lot of motivation to <b>use condoms and contraception correctly</b> and consistently to prevent STIs and pregnancy if sexually active.” (p. viii)</p> <p>“What agreements and <b>plans for reducing risks of STIs and pregnancy</b> will you insist on having in place with your partner?” (p. 174)</p> <p>“Deciding not to have sex now as a teen is the surest way to prevent a pregnancy before your life is more settled. <b>The other way is to use contraceptives and condoms</b> correctly and consistently if you are sexually active.” (p. 181)</p> <p>“True/False: A woman can <b>use an IUD</b> even if she has not given birth. True. An IUD does not affect one’s ability to get pregnant in the future and can safely be used by women who have never been pregnant. An <b>IUD can be removed at any time.</b>” (p. 283)</p> <p>“True/False: The implant has one of the highest rates of effectiveness of all methods, next to abstinence. True. The <b>implant and IUD</b> are long-acting contraceptives (LARCs) and, next to abstinence and permanent sterilization, are the <b>most effective forms of birth control.</b>” (p. 283)</p> <p><b>Note:</b> No mention is given here of the substantial risks associated with the use of Long-Acting Reversible Contraceptives. Also, abstinence is a lifestyle choice, not a form of contraception.</p>

“True/False: **Emergency contraception** requires a doctor’s visit and prescription. False. EC pills are available without prescription and can be taken up to 5 days after unprotected sex; however, the sooner taken, the more effective.” (p. 284)

“**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% effective**. It can be removed at any time.” (p. 284)

“The **IUD (intrauterine device)** is inserted through the cervix by a healthcare professional and can be removed at any time. Depending on type (there are hormonal and non-hormonal ones), it can last for 3, 5, or 10 years. It is also **99% effective**. It can be removed at any time.” (p. 284)

“Female or male sterilization (vasectomy) is **99% effective** and is not easily reversible. Some couples after they are done having children opt for this.” (p. 284)

“Depo-Provera is a **hormonal shot** that must be taken every 3 months on schedule. It is **94% effective** if done on schedule.” (p. 284)

“The **birth control pill**, which must be taken every day, is **91% effective**. If days are missed, effectiveness is compromised.” (p. 285)

“**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. **91% effective**.” (p. 285)

“**The ring** is about a two-inch ring that a woman inserts herself 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 **91% effective**.” (p. 285)

“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 88% effective with typical use and the cervical cap is between 77% and 83% effective with typical use.” (p. 285)

“The **male condom** is 82% effective with typical use. The **female condom** is 79% effective.” (p. 285)

“The **foam sponge** is small and donut-shaped and contains a spermicide. It is inserted up into the vagina to the cervix. It is 76% to 88% effective.” (p. 285)

**Note:** *No negative side effects of these birth control methods are discussed.*

“**Fertility Awareness Based Methods** (rhythm) involves daily tracking of a woman's cycle to determine when she is fertile. 76% effective.” (p. 285)

“Emergency contraception: This is not to be used as birth control, but for accidental, unprotected sex or sex against your will. **EC pills are available without prescription** and can be taken up to 5 days after unprotected sex; however, the sooner taken, the more effective.” (p. 285)

“**EC does not cause an abortion.** It prevents fertilization by preventing an egg being released by the ovary. Every day you wait, the chances of becoming pregnant go up significantly. If taken on day one, it is **94% effective**, but that percentage goes down every single day.” (p. 286)

“True/False: Women should ‘take a break’ from the pill every couple of years. False. There is no medical reason why women need to take a break from the pill. **Women may safely use pills for 5, 10, or 20 years without ever taking a ‘break.’**” (p. 304)

“True/False: If a woman is having side effects with one kind of pill, switching to another type or brand might help. True. Different brands of birth control pills have different combinations of hormones, and different dosages too. Some women may react badly to one brand but **have no negative reaction to another.** Talk to your health care provider about the **best options for you.**” (p. 305)

“True/False: In order to get the birth control pill, a woman must have a pelvic exam. False... Many providers will now offer hormonal contraception without conducting a pelvic exam; by taking a woman’s blood pressure and a medical history, a clinician will be able to **determine if hormonal methods are safe for her.**” (p. 305)

“True/False: All IUDs are banned from use in the United States. False. **IUDs are safe and available throughout the United States.** In the 1970s, there was a different kind of IUD on the market that was linked to serious infections in some women. That IUD was banned from sale in the U.S. more than 30 years ago. Today, there are two kinds of IUDs available in the U.S. – hormonal and non-hormonal. **Both are safe and do not cause the serious side effects** linked to the earlier IUD.” (p. 305)

“True/False: Women who use IUDs cannot use tampons. False. The **IUD does not interfere with tampon use.** The IUD sits in the uterus, while tampons are placed in the vagina.” (p. 305)

“True/False: An **IUD cannot be felt by a woman’s partner during sex.** True.” (p. 305)

“True/False: Women using the vaginal ring, NuvaRing, must have it inserted by a doctor or health care provider every month. False. Women must visit their health care provider to get their first NuvaRing prescription, but the clinician does not insert the ring. The **NuvaRing is inserted by the woman using it**, just like a tampon, and it is changed once per month.” (p. 306)

	<p>“True/False: Long-acting methods like the implant or IUD cannot be removed early, even if a woman changes her mind about wanting to get pregnant. False. <b>Long acting methods can be removed at any time, and fertility will return to its normal level.</b>” (p. 306)</p> <p>“True/False: The only way to completely prevent pregnancy is by not having sex. True. Abstaining from sex is the only 100% effective way to prevent pregnancy. However, <b>many birth control methods are safe, effective, and available</b> at a relatively low cost.” (p. 306)</p> <p>“Condoms significantly reduce your risks for HIV. Contraceptives give <i>zero</i> protection from STDs. <b>Condoms are a must.</b>” (p. 316)</p> <p>“Have you, as a female, <b>obtained the most effective form of birth control</b> from a health care provider? Are you both committed to prevention? Longer acting forms of contraception are available today. Find out what is best for you.” (p. 316)</p>
<p><b>12. PROMOTES PEER-TO-PEER SEX ED OR SEXUAL RIGHTS ADVOCACY</b></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><b>No evidence found.</b></p>
<p><b>13. UNDERMINES TRADITIONAL VALUES AND BELIEFS</b></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><b>No evidence found.</b></p>
<p><b>14. UNDERMINES PARENTS OR PARENTAL RIGHTS</b></p> <p><i>May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing</i></p>	<p><b>No evidence found.</b></p>

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.

**15. REFERS CHILDREN TO HARMFUL RESOURCES**

*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.)*

*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](http://www.WaronChildren.org) and [www.InvestigateIPPF.org](http://www.InvestigateIPPF.org))*

“Play the music video by Mary J. Blige, No More Drama... Other possible song choices are Not Afraid, by Eminem, and Starting Over, by Macklemore. Both music videos are powerful, with a message of recovery – deciding to turn around. **There are clean versions (i.e. no swear words), but they lack the visuals.** Preview and decide what to use.” (p. 43)

**Note:** *The recommended songs by Macklemore and Eminem both contain frequent use of the f-word and other profanities. They are wholly inappropriate for a high school audience.*

“Consider playing the optional music video, Till It Happens to You, by Lady Gaga. It's important to warn **there are graphic scenes in the video** that some may not wish to view.” (p. 155)

**Note:** *This music video shows extremely graphic representations of three different rape/sexual assault scenes that are in no way appropriate for any high school audience.*

For more information on Love Notes 3.0, see <https://www.dibbleinstitute.org/our-programs/love-notes-classic/>.